

Kansas Family Physician

Volume 69 Number 1 • Winter 2015



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FAMILY PHYSICIANS
CARING FOR KANSANS

Meaningful Use

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remote Haitian community*

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Day program healthy

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Official Publication of the Kansas Academy of Family Physicians



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Kansas Family Physician

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Established in 1948, the Kansas Academy of Family Physicians is the largest medical specialty society in the state. Currently there are more than 1,000 active members of the KAFP and 1,570 total members. The premier mission of the Academy is the delivery of the highest quality health care for patients throughout Kansas. The KAFP is a constituent chapter of the American Academy of Family Physicians, which has over 77,000 members active in family practice.

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Cover photo:
Cascade Pichon, Southeast Haiti.



"Live" Every Day

A month ago I was watching the Jimmy V basketball tournament. During the broadcast, his ESPY 1993 speech "Live Every Day" at the V Foundation for Cancer Research was replayed. Even though I had seen it many times, I found myself watching it. If you haven't seen it, or you haven't seen it recently, go watch it on Youtube and read this later!

The speech showed incredible insight into how to live every day. He said three things that we should do each day: "Number one is laugh. You should laugh every day. Number two is think; you should spend some time in thought." Number three is you should "have your emotions be moved to tears." He talked about perseverance: "Never give up! Failure and rejections are only the first step to succeeding."

In a similar way, my friend and nurse practitioner, Lisa, is fighting brain cancer and she is amazing with words herself. Her occasional facebook posts are loaded with insight and inspiring thoughts. She is battling a recurrence at this time and even though she is fighting an uphill battle she is not giving up. Her attitude is good and she lives each day as Jimmy V prescribes, "Don't give up, don't ever give up."

Another quote of Jimmy V's is "Be a dreamer; if you don't know how to dream, you're dead." So how 'bout I dream a little bit.' I'm starting my 2015 Christmas list early, with this dream that Santa could bring everything a family physician would like. Here it goes:

Dear Santa,

This year I would like to be able to spend as much time as I need with each patient and not be behind when I walk out the door. I would like to have all of my patients who smoke, quit. I would like all my patients who are obese to become normal weight. I would like scope of practice issues to be resolved. I would like fair reimbursement that is easy to understand. I would like my patients to not have to worry about paying for medicine that they need. I would like my patients to not have to worry about paying for their office visits or procedures. I would like my patients who need mental health care to have easy access to it. I would like to have enough partners to not feel overworked.

I know it's a lot, but if you do all this, I will put extra cookies out for you.

Thanks,

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It's all about focus

Focus on Advocacy

The mission of the KAFP is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.

As you note our mission statement has two major themes: education and advocacy. We have a committee for both of these themes – I call them “missional” committees. They are Professional Development, chaired by Beth Loney Oller MD for education and Governmental Advocacy, chaired by

Wakon Fowler MD for advocacy. In the Spring issue I will focus my letter on education. As we have entered the 2015 legislative session here are some thoughts about how you, as a busy family physician, can make a difference through advocacy!

Be familiar with Legislative Priorities: Our Board of Directors has adopted 10 Legislative Priorities for the year and they are featured on page 8. They are the board's top 10 known issues for the session. Be sure to check the weekly e-newsletter for the column by our lobbyist Dodie Wellshear. It will cover legislative activities and how our priorities fare during the session.

Contact your local legislator: Whether in person or on the phone be succinct but take the time to point out the effects of legislative decisions on your practice and patients. Don't assume that an individual legislator understands every eligibility, reimbursement and coverage issue of Medicare, Medicaid and other programs. Most do not have the time, staff and other resources to understand these nuances. Simple stories of how legislative decisions affect the average Kansans in their district can be very insightful and helpful. Almost all of our priorities could be the basis for a story for you to share with your legislator about your practice and family medicine that would capture their attention.

What to say to a legislator: Each person has a personal style in approaching interactions. I suggest that you should be respectful, attentive, and that you should listen during your conversations. I also suggest that you should not be shy to bring up issues you care about. You can suggest action on a particular topic and then outline why it would be in your legislator's best interest to support that action. It's always appropriate to say thank you for their time as you begin, and then you can speak about current events in your district. Be resourceful and willing to talk with a legislator in any environment, whether at your hospital, clinic, hometown, or in Topeka. There's a balance between being succinct and interjecting a comment at the proper moment.

How to set up a meeting: If you are not sure who represents you in the legislator, please contact me and we can tell you. If you need assistance in setting up a meeting

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continued on page 8 >>



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<< continued from page 6

we have contact information for the legislators' Topeka offices and back home in the district.

Serve as Family Doctor of the Day (FDOD): Our FDOD program is a GREAT opportunity to spend a day in Topeka, see the Capitol and schedule a time to meet or have lunch with your legislator. The calendar on our website is up-to-date and we still have several days open! It entails being there between 9 a.m. and 3:30 p.m. to provide limited medical services. Our FDOD office is stocked as an aide station, equipped with a blood pressure cuff, otoscope, ophthalmoscope, some pharmaceuticals, disposable supplies and oxygen. You'll need to bring your prescription pad and stethoscope. The FDOD program is a very important part of our presence in the Capitol, and legislators sincerely appreciate the availability of help for themselves, their staff and visitors to the Capitol building. See page 18 for details on volunteering.

Advocacy Day: Each year we hold a special day in January when you can learn about legislative issues in the state and meet and visit with your legislators. This year it was Jan. 21. We had a great program with input from a number of leaders, and then a reception that evening to have time to socialize with the legislators. We hope you'll make time next year to participate!

As always I close with a word of thanks for the honor to work with and for you as your Executive Director. Please let me know if you have questions, concerns, ideas or issues. Thanks, and may God bless you.

Sincerely,
Carolyn Gaughan
kafp@kafponline.org
316-721-9005



2015 Legislative Priorities

1. KAFP supports integrated practice arrangements of APRNs in clinical settings in collaboration with a practicing, licensed physician. KAFP also supports regulation of APRNs by a joint committee of physicians and APRNs established by the Board of Nursing and the Board of Healing Arts to lead the development of joint regulations on APRN licensure, discipline, regulation and scope of practice.
2. KAFP supports legislative and regulatory efforts to insure that the term "doctor," when used in the clinical setting, also includes the degree (i.e., MD, DO, DNP, DPT, PhD for psychologists, etc.) used to obtain licensure to practice. Furthermore KAFP supports retention of the use of the word "physician" for only doctors of allopathic and osteopathic medicine.
3. KAFP supports legislation that addresses access to affordable health care for all Kansans based on the model of a "patient-centered medical home" that is directed by a primary care physician.
4. KAFP supports expanding the number of Medicaid beneficiaries to include adults earning up to 133 percent of the federal poverty level.
5. KAFP supports legislation to provide adequate funding for graduate and undergraduate medical education for family medicine, including full funding for the Kansas Medical Student Loan Program, the KUI Scholars in Rural Health program and other initiatives encouraging students to enter family medicine.
6. KAFP supports activities, programs and legislation to encourage physicians to practice in rural and underserved areas, and to retain their services once established there.
7. KAFP supports public health efforts to increase immunization rates, decrease obesity and encourage positive lifestyle changes.
8. KAFP supports legislation that ensures adequate payment for physician services.
9. KAFP supports comprehensive legislation to protect Kansas citizens from the risks of secondhand smoke.
10. KAFP supports legislation that would reduce administrative hassles and paperwork, such as prior authorizations, for physicians and their patients.

KAFP is proud to provide the Family Doctor of the Day program to the legislature, now in its 37th year of service to Capitol legislators, staff and visitors.

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The Kansas Academy of Family Physicians is the largest medical specialty organization in Kansas, representing more than 1,630 family physicians, family medicine residents and medical students. Founded in 1948, its mission is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.



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The Lawrence you knew in school has gotten even better. Of course it is still the vibrant, progressive environment you remember, with great restaurants, brew pubs and bars with live music. And we still enjoy KU basketball and football and watch soccer and track and field at the new Rock Chalk Park. World class shows and concerts are available at the Lied Center and world leaders give lectures and take questions at the Dole Center. In addition to all this, in the past twelve years we have built the 40,000 square foot Lawrence Arts Center with classes in all the arts for children and adults. Community support erected a \$7 million theater for Theatre Lawrence (formerly Lawrence Community Theater) and a new, state of the art, \$18 million Lawrence Public Library just opened. Most recently, the Sports Pavilion Lawrence at Rock Chalk Park opened a 181,000 square foot facility with 8 full sized basketball courts, which can convert to 16 volleyball courts for youth leagues, as well as an indoor soccer field, gymnastic studio, weight room, cardio equipment and 1/8th mile indoor track. Of course the Lawrence School System remains one of the best in the state. All in all, a great place to raise a family, with the convenience of a small town and the amenities of a city. If you need more, Kansas City is only a half hour away and Kansas City International airport is 45 minutes by interstate to take you to the rest of the world.

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By Michael Engelken, MD



Meaningful Use

A Physician's Experience at a Remote Haitian Community

As the fog and rain rolled over the mountain top above the falls at Cascade Pichon, Haiti, and mid-afternoon took on a softer form, I had time to reflect on the meaning of usefulness. A long way from home, I wondered, is this where I can be most useful? Is this more meaningful than service in my home community? Could my most precious personal commodity, my time, be better spent elsewhere? Is what our team is doing the best way to be helpful to the patients in this remote Haitian community?

When I ask my first-time traveling colleagues why they went to a particular international location, sometimes the answers are surprising. Some literally use serendipity as a strategy, for example, an RN said she used "the first website I visited." But it seems most decided based on knowing someone who recently returned from a site or from knowledge of an international organization or church. After hours on (Non-Governmental Organization) NGO websites over several weeks, my method was a chance conversation with Dr. Sheryl Beard at the KAFP Advocacy Day who suggested I talk to Dr. Amy Seery, who co-founded the Wichita-based Southeast Haiti Medical Project. They had an open slot for a physician in their upcoming rotation into Heart to Heart International's (HHI) primary clinics in SE Haiti. Three months later I was looking up at the falls.

In the September-October, 2013 issue of *Family Practice Management* two articles pertinent to volunteer work in the Developing World appear. Particularly the Dr. Mishori et al article was a helpful reminder to consider the ethical considerations of "short term volunteerism – including adequate follow-up, insufficient involvement of local health providers, insufficient involvement of the local community; and to local needs or the community's perception of its needs." Dr. Iserson's article, "Practical Realities of Doing Volunteer Medical Work in the Developing World" was a sobering reminder to come physically and educationally prepared and to understand the potential challenges and risks involved. Both authors suggest that health care providers select an organization that shares your goals and values, and one that will place you in a role that utilizes your skill set – e.g. primary care, hospital based, procedural, medical education, public health, or research.

Speaking the language is a bonus, especially for primary care. I found it humorous when after asking a question in English, the interpreter would have a long conversation in Creole with the patient and then give me the patient's reply in one word, "no."

In the AAMC's Medical School Questionnaire, more than 30 percent of medical school graduates in each of the last 4 years

reported participation in global health activities. More than two-thirds of U.S. family medicine residencies and all of Kansas family medicine residencies now offer international medicine experiences. The next generation of family physicians is more likely to have traveled, to be multilingual and they are passionate about pursuing international medical experiences and practice. And they, like me, are looking for resources and guidance.

In April 2014, the AAFP created the Center for Global Health Initiatives. They are tasked to become primary contact for AAFP members interested in global health – per a resolution from Alaska's delegation at the 2014 Congress of Delegates, they will be working to make their website "more visible, centralized, easily researchable and more member-centric." They pledge to get there by December 2015. Since 2003, the AAFP has sponsored the Family Medicine Global Health Workshop with the next event Oct. 2-4, 2015 in Denver, Colo. The National Conference of Family Medicine Residents and Students has an annual Global Health Event included. We are fortunate to have local educational



Dr. Amy Seery holds one of her patients.



Community families take advantage of having a physician on-site.

resources including the Family Medicine programs at Via Christi International Fellowship, and INMED, KC, Mo. Heart to Heart International is based out of Olathe, Kan. Dr. Mishori's article contains a listing of faith-based, AAFP related, Crisis Response and other medical organization. Dr. Todd Stephens, director of the Via Christi International Medicine Fellowship, would add Samaritan's Purse to that list.

So how did my resources and method work out? Famously – but I was fortunate to have an organized team that included a Haitian physician, excellent leadership from Dr. Seery and an experienced NGO (HHI) doing the logistics. This made our role professionally manageable and integrated us into a local health care system working toward sustainability. While I do love the spirit that prompts a young ICU RN to leave her home and her 5-year-old daughter and sign up for a mission trip to Haiti, I have even greater admiration for the SE Haiti Medical Project Founders' desire to leave a legacy of some kind during my lifetime. That for me is what defines "meaningful use."

Mike Engelken, MD is a hospitalist in Topeka, Kan. He is also a Clinical Assistant Professor at the University of Kansas School of Medicine, Department of Family Medicine. He serves as co-chair of the KAFP Communications Committee.

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MEMBERS IN THE NEWS

Tessa Rohrberg, MD was awarded the AAFP/Bristol Myers Squibb Award at the BMS Breakfast during the AAFP Assembly in October. The Kansas awardee was well-celebrated by her husband, proud parents, fellow residents, PD, Department Chair, AAFP Board Directors, CMMS Chair, and Kansas Chapter Executive.

BMS Breakfast with Rick Kellerman, MD, Dr. Rohrberg's parents,



husband Travis Rohrberg, Tessa Rohrberg, MD; Gretchen Dickson, MD; Sheila Owens, MD; John Michael Watson, MD and Mike Munger, MD.

Kansas leaders at AAFP Congress of Delegates

Thank you to all of our Kansas leaders who participated on Reference Committees, providing thoughtful, discerning input to the Congress of Delegates in Washington, DC this fall. Serving as Kansas Delegates were Jen Brull, MD and Terry L "Lee" Mills, MD. Kansas Alternate Delegates were Mike Kennedy, MD and Gretchen Dickson, MD. Amanda Steventon, MD, was one of the Resident Delegates.

AAFP new appointments

Gretchen Dickson MD, MBA (Wichita) has been appointed as a new AAFP-Foundation Trustee and Wendy Biggs MD (Kansas City) has been appointed to the AAFP Commission on Education. Congratulations!

Nason Family Outstanding Family Medicine Award winner announced

Jane Zaudke, MD is the recipient of the Nason Family Outstanding Family Medicine Faculty Award. The Nason family presented her the award for carrying on the tradition of valuing education, through philanthropy.



Pictured L to R: Corky and Herb Nason presenting the award to Dr. Jana Zaudke

Freeman one-pager published

Congratulations to Josh Freeman, MD (KU Medical Center-Kansas City, Family Medicine Department Chair) whose article *Graham Center Policy One-Pager: Accounting for Complexity: Aligning Current Payment Models with the Breadth of Care by Different Specialties* was published in the American Family Physician Graham Center on December 1, 2014. You may read it online at <http://www.aafp.org/afp/2014/1201/p790.html>

Mark Stovak, MD, Program Director at the Via Christi Family

Medicine Residency Program, is a member of the American Medical Society for Sports Medicine (AMSSM) Task Force on Musculoskeletal Ultrasound. The goal of the task force is to create a pathway for sports medicine fellows to obtain the necessary skills to perform ultrasound as it relates to sports medicine. Their progress is discussed in the Oct. 2 edition of AMSSM Weekly Digest. Dr. Stovak is also co-author of "American Medical Society for Sports Medicine recommended sports ultrasound curriculum for sports medicine fellowships" recently published in the British Journal of Sports Medicine.

Stephens on AAFP Advisory Board

Todd Stephens, MD, Via Christi, is a board member for the Center for Global Health Initiative Advisory Board for the American Academy of Family Physicians.

WBJ health Care Heroes

John Dorsch, MD, Todd Stephens, MD, Via Christi, and Wichita Clinical Assistant Professors, Kim Hartwell, MD, and Terry Poling, MD, were honored as Health Care Heroes by the Wichita Business Journal at the Hyatt Regency Hotel, Oct. 16.

Radio story on primary care

The public radio story on KMUW "Why Is There An Imbalance Between Primary Care Doctors And Specialists?" by Aileen Leblanc featuring Rick Kellerman, MD, Rachel Svaty, MD, and Cayle Goertzen, MD, received the 2014 Edward R. Murrow Award for Investigative Reporting. <http://kmuw.org/post/whythere-imbalance-between-primary-care-doctors-and-specialists>.

The grand opening of the JayDoc Outreach Clinic was Sept. 25. It is located in the Rycon building downtown near the Lord's Diner. It will operate semimonthly. The 10th anniversary of the JayDoc Community Clinic was held Oct. 9 at Botanica.

The clinic directors and faculty advisor Scott Moser, MD, at the 10th Anniversary Celebration of the JayDoc Community Clinic, Oct. 9, at Botanica are pictured below:

L to R: Ellie Kraft, Dr. Moser, Mike Sorensen, Caitlin Chiles, Catherine Koertje, Katie Tran, Holly Montgomery, Claire Thomas, Jordan Groskurth, Christina Bourne, Pat McEmulty and Max Jolly.



Maureen Murphy, MD, KU grad awarded NC FPOY

Maureen Murphy, MD, of Concord NC won the North Carolina Family Physician of the Year award in December. Dr. Murphy is a proud KU graduate, and states that she shared a cadaver table with Dr. Bob Moser. She is passionately committed to patients while striving to educate and mentor the next generation of family physicians. Dr. Murphy began

her career in communications, working as a television reporter and public relations writer. This path led her to join the Society of Teachers of Family Medicine as their membership and public relations director in 1977. It was in this role where Dr. Murphy would discover her true life's calling: family medicine. Murphy currently serves patients as a member of the teaching faculty at Cabarrus Family Medicine in Concord. Congratulations to Dr. Murphy, pictured here receiving the award from NCAFP Board Chair, William Dennis, MD!



Rosas featured by media

Hiawatha family physicians Pete and Julie Rosa say the KU School of Medicine–Wichita gave them more than just the knowledge to practice medicine: it also influenced them to do it in a small town. “We were city kids, tried and true,” Pete Rosa says. Now they’re happy in Hiawatha, Kansas, population 3,172. The Rosas, both from the greater Kansas City

area, met at medical school and completed their medical degrees on the Wichita campus. While residents in KU School of Medicine–Wichita’s Smoky Hill Family Medicine program, they were part of weekly discussions about what it means to be a doctor in a small town. Had that not happened, Julie says, “I would never have been ready to come to Hiawatha.” Read the

full article at: <http://wichita.kumc.edu/news/hiawatha-feature-061814.html>

Dr. Phillippe’s passion for Haiti

Jonathan Phillippe, M.D., MPH, a resident in University of Kansas Medical Center’s Department of Family Medicine, has a passion for helping underserved populations. Growing up in Haiti, his community had limited access to health care, and he witnessed many people suffering as a result. Easily treatable conditions become major problems because many Haitian people simply cannot afford to see a doctor. The full article is available at: <http://www.kumc.edu/news-listing-page/ku-family-medicine-resident-jonathan-philippe-gives-back-to-his-home-country-of-haiti.html>

Scott Couty family physicians comfortable

continued on page 16 >>

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The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults age 50 to 75 years.

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When it comes to family physicians, Scott County enjoys a position that most communities envy. The western Kansas county of about 5,000 boasts five family physicians - all graduates of the KU School of Medicine. They see patients in a two-year-old \$24 million hospital and outpatient clinic, whose exterior resembles a lake lodge as much as a medical facility. "We've never been better served than we are now," says Dr. Daniel Dunn. "For 30 years, we were always recruiting physicians." Dr. Dunn (class of 1974) is retiring soon, but the oldest of the county's remaining family doctors is 40, and none show signs of leaving any time soon. For more, see the full article at: <http://wichita.kumc.edu/news/scott-county-feature-073114.html>

Wesley Family Medicine Residency Program faculty member, Mary Boyce, MD and residents, Micah Hall, MD, Kathryn Watkins, MD, and John-Michael Watson, MD assisted Dr. Phillip Hagan with the medical tent at the Prairie Fire Marathon on October 12, 2014 in Wichita, Kan. <http://kmuw.org/post/jay-docs-marks-10-years-guadalupe-clinic>

LeMaster champions Bhutanese refugees health care

Joe LeMaster, MD, MPH (Kansas City) is featured in this story in the Heartland Health Monitor article, Solving The Puzzling Mental Illness of Bhutanese Refugees: <http://kcur.org/post/solving-puzzling-mental-illness-bhutanese-refugees>

Wellington docs shine

KU School of Medicine News featured Shana Jarmer, MD and Lacie Gregory, MD of Wellington in the article, 5,000 new patients? All in a summer's work for Wellington docs. Full article is here: <http://wichita.kumc.edu/news/wellington-feature-121514.html>



Time magazine article on DPC features 3 Kansans

Three Kansas members were featured in Time Magazine article about Direct Primary Care.

Joshua Umbehr MD (Wichita); Doug Nunamaker, MD (Bel Aire) and Michael Palomino, MD (Wichita). Full article is here: <http://time.com/3643841/medicine-gets-personal/>

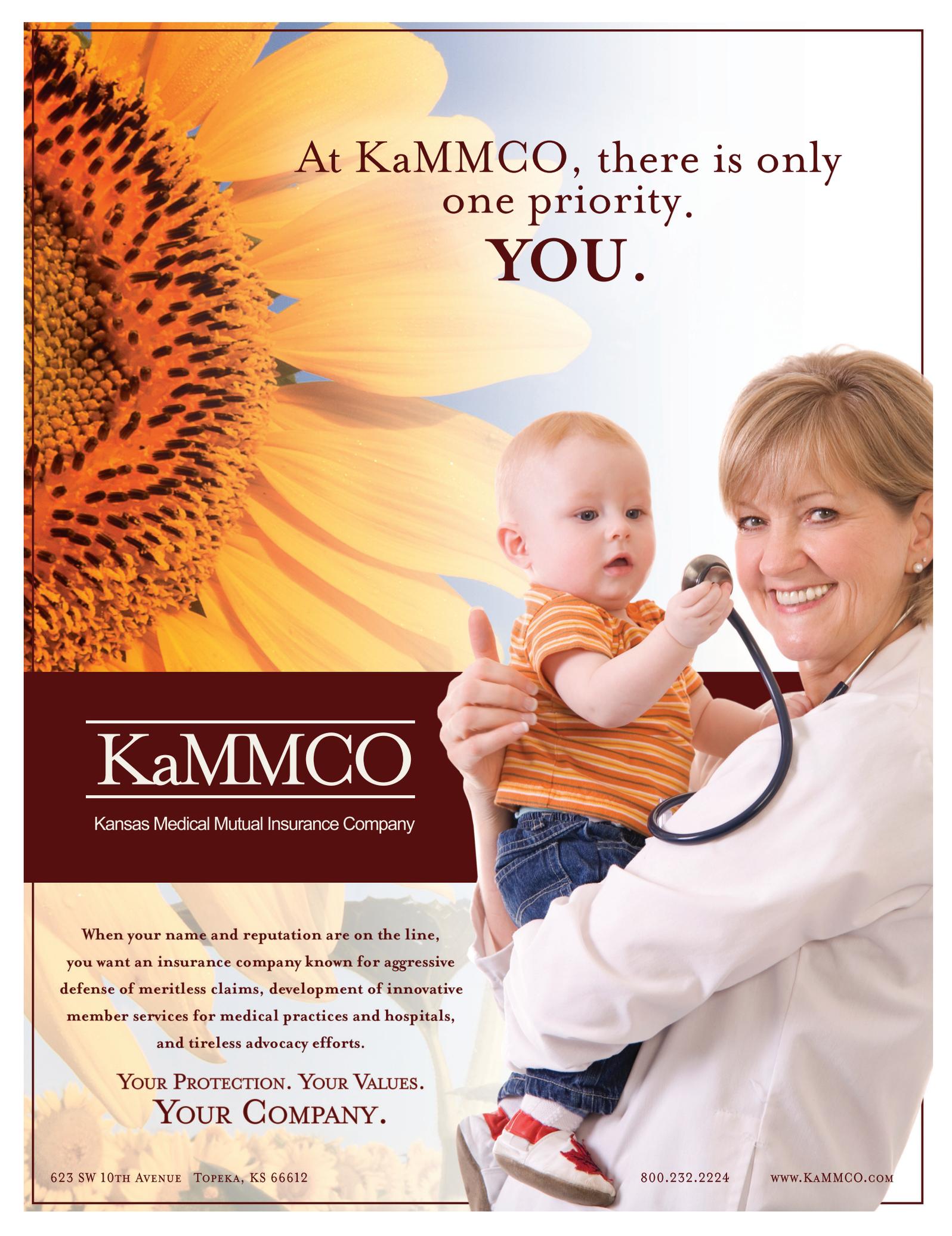
Awards from DFCM

Recipients of Department of Family and Community Medicine Scholarships at the Family Medicine Winter Symposium are: Erik Calderon, Caitlin Chiles, Scott Moser, MD, Stephanie Shields and Whitney Weixelman. Erik received the Monte Maska, MD Scholarship, Caitlin and Stephanie a Harry Horn, MD, Scholarship and Whitney received the Edward P. Donatelle, MD Scholarship. *Photo courtesy of KU School of Medicine.*

Cayle Goertzen, MD (Belleville), clinical assistant professor, received the Doug Parks, M.D., Community Volunteer Preceptor Teaching Award at the Family Medicine Winter Symposium, Dec. 5, Wichita.

Pictured are Scott Moser, MD (KU School of Medicine Wichita, Department of Family & Community, Professor and Vice Chair for





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Keep Family Doctor of the Day program healthy

By Marina Spexarth

The Kansas legislature opened on January 12, 2015. President Doug Gruenbacher, MD, (of Quinter Kan.) served as the Family Doctor of the Day (FDOD) on the first two days of the session.

KAFP is fortunate to have members willing to volunteer for a day to serve legislators, staff and visitors at the Capitol Building. Long-time volunteer, Sheryl Beard, MD says, "Advocating for family physicians is at the core of giving back to my specialty. Volunteering to be FDOD is one of many ways to advocate for family medicine."

This is a great service and legislators are truly grateful for the program, which puts family medicine

in a favorable light. The program is definitely what you make of it, Dr. Beard explains. "I use the day to meet with legislators and staff, take my daughter into the dome of the capitol, get my steps in for the day, and get caught up on work. I enjoy every day I spend there."

There are still open dates and we highly encourage all eligible KAFP members (active, life or resident members with a Kansas license) to serve as the *Family Doctor of the Day* at the Statehouse.

FDOD volunteers report to the Capitol Building in Topeka by 9 a.m. and stay until 3:30 p.m. treating legislators, staff and visitors who need medical attention. The number

of patients seen varies and volunteers use down time to catch up on emails and phone calls. There's even a reserved parking space! It really is a win-win situation!

Help us keep the Family Doctor of the Day program healthy! Please go to the KAFP website www.kafponline.org and select Family Doctor of the Day under the Advocacy tab. Check the calendar for open dates and sign yourself up online. You may also volunteer by email to Karen Karen@kafponline.org or phone us 316.721.9005. This is a privilege to serve. Please help keep this important volunteer opportunity strong – it is greatly appreciated!

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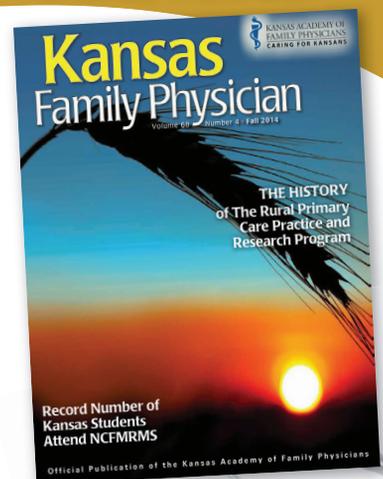
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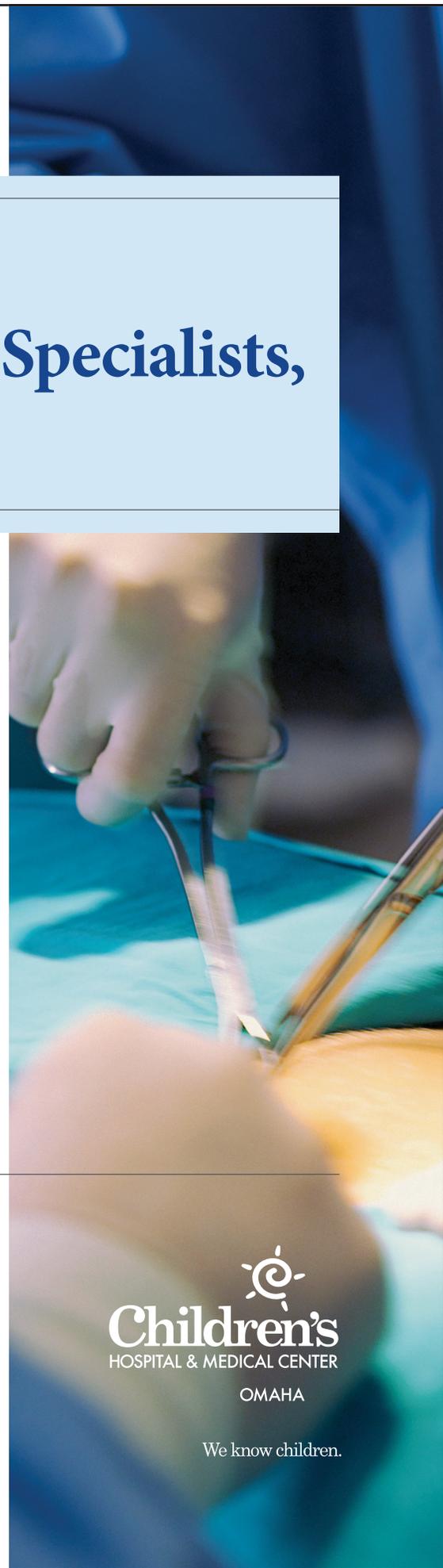
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Breastfeeding

Sara Leonard, MD and Theresa J. Barrett, PhD

Dr. Leonard is family physician in Freehold, NJ, and a trustee of the New Jersey Academy of Family Physicians (NJAF). Dr. Barrett is the Deputy Executive Vice President for the NJAFP. Dr. Leonard has no relevant financial relationships related to the content of this article. Dr. Barrett is an employee of the NJAFP and has no conflicts relevant to the content of this article. Thank you to them and the NJAFP for permission to reprint this article. For more information, plan to attend the KAFP Annual Meeting on June 11-13, for the session on breastfeeding.

Learning Objectives:

At the conclusion of this activity, the learner should be able to:

1. Follow the AAFP and the AAP policies on breastfeeding
2. Discuss the benefits and risks of breastfeeding

The American Academy of Pediatrics (AAP) policy statement on Breastfeeding and the Use of Human Breast Milk states that “Breastfeeding and human milk are the normative standards for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”¹

Family physicians have a great deal of influence over a mother’s decision to breastfeed her infant. To effectively promote breastfeeding, family physicians need to educate themselves and their patients about the benefits, and the potential risks, of breastfeeding and then engage in shared-decision making to make the right choice for mother and baby.

Epidemiology

The Centers for Disease Control and Prevention (CDC) analyzed National Immunization Survey data to determine breastfeeding trends from 2000 to 2008 and found that overall breastfeeding is on the rise (Table 1).²

Table 1: Breastfeeding Trends 2000 to 2008

	Infants born in 2000	Infants born in 2008
Ever breastfed	70.3%	74.6%
Breastfed for 6 months	34.5%	44.4%
Breastfed for 12 months	16.0%	23.4%

By race and ethnicity, over the same time period, breastfeeding prevalence increased among blacks (47.4% to 58.9%), whites (71.8% to 75.2%) and Hispanics, although the increase among Hispanics was not statistically significant (77.6% to 80.0%).² Duration of breastfeeding – from 6 months to 12 months increased across all three populations, with the gap narrowing between black and white breastfeeding. However, black infants still had the lowest prevalence of both breastfeeding initiation and duration, indicating a need for intervention to support and promote breastfeeding in the black community.²

Recommendations

The American Academy of Family Physicians Policy on Breastfeeding recommends:

“...all babies, with rare exceptions, be breastfed and/or receive expressed human milk exclusively for the first six months of life. Breastfeeding should continue with the addition of complementary foods throughout the second half of the first year. Breastfeeding beyond the first year offers considerable benefits to both mother and child, and should continue as long as mutually desired.”³

The American Academy of Pediatrics also recommends exclusive breastfeeding for about six months, and continued breastfeeding as complementary foods are introduced into the infant’s diet. Breastfeeding can be continued for one year or longer as desired by mother and child.¹

Benefits of Breastfeeding

Studies have shown a 72% decrease in hospitalizations for lower respiratory tract infections in the first year of life when an infant is breastfed exclusively for more than four months.^{4,5} When compared to commercial infant formula feeding, any amount of breastfeeding has been shown to reduce incidence of otitis media (OM) by 23%, while exclusive breastfeeding for longer than three to six months reduced the risk of OM by 50%.⁴ Infants who were breastfed exclusively until age four months and partially breastfed thereafter showed a significant reduction in both gastrointestinal and respiratory infections.⁶

Brief Tobacco Intervention

Rates of obesity are significantly lower in breastfed infants than their non-breastfed counterparts.¹ Three good and moderate quality meta-analyses showed an association between a reduction in the risk of obesity in adolescence and adult life and breastfeeding compared to individuals who were not breastfed, although caution should be used in interpreting these associations due to the possibility of residual confounding.⁴ Studies have also reported a 30% reduction in Type 1 diabetes for infants who were breastfed exclusively for at least three months, thereby avoiding exposure to cow milk β -lactoglobulin, which stimulates an immune-mediated process cross-reacting with pancreatic β cells.^{4,7} It has been postulated that this exposure is the putative mechanism in the development of Type 1 diabetes. In addition, a 40% reduction in the incidence of Type 2 diabetes has been reported which could reflect the positive long-term effect of breastfeeding on weight control and feeding self-regulation.⁸

Breastfeeding also benefits the mother. In women without a history of gestational diabetes, breastfeeding is associated with a longer life expectancy, as well as a reduced risk of developing Type 2 diabetes.⁴ Women who breastfeed their babies also have a reduced risk for the development of breast cancer and there is some evidence that may suggest an association between breastfeeding and a decreased risk of maternal ovarian cancer.⁴

Contraindications for Breastfeeding

True medical contraindications to breastfeeding are rare but they do exist. Infants with classic galactosemia, a metabolic disorder, should not receive breast milk.¹ However, if appropriate blood monitoring is available, infants with other metabolic disorders, such as phenylketonuria, can be fed by alternating breast milk with modified or special protein-free formulas.¹

Certain maternal conditions are also contraindications to breastfeeding. Mothers who have active herpes simplex lesions on their breasts or infectious, untreated tuberculosis should not breastfeed, however they can use expressed breast milk as there is no risk of passing the infectious organisms to the infant through the milk.¹ Mothers who have untreated brucellosis⁹ or who are



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continued on page 22 >>

positive for human T-cell lymphotropic virus type I or II¹⁰ should not breastfeed, nor should they provide expressed milk to their infants. A full review of the contraindications to breastfeeding can found in the AAP Policy Statement Breastfeeding and the Use of Human Milk.¹

Breastfeeding and Legislation

One provision of the Affordable Care Act (ACA) was an amendment to the Fair Labor Standards Act (FLSA) which requires an employer to provide reasonable break time for an employee to express breast milk every time there is a need to do so, for one year after the birth of the child. While the employer is not required to compensate the employee, the employer must provide a place, other than the bathroom, for the employee to express breast milk (an employer that employs fewer than 50 employees is exempt for this requirement).¹¹ New Jersey law states that “a mother shall be entitled to breastfeed her baby in any location of a place of public accommodation, resort or amusement wherein the mother is otherwise permitted.”¹²

Conclusion

The AAFP states that family physicians should have the knowledge to promote, protect, and support breastfeeding.³ Research shows that the prevalence of breastfeeding is increasing,² and there are clear benefits for both the infant^{1,4-8} and the mother.⁴ However, fewer than half of the infants in the CDC survey² were still being breastfed at 6 months. Mothers who choose to breastfeed their infants need ongoing support to continue breastfeeding and family physicians are in the best position to offer this support and education.

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FMIG hosts Doc-for-a-Day for area high school students

The Family Medicine Interest Group (FMIG) of the KUSM-Wichita campus hosted a record 100 high school juniors and seniors at its annual Doc-for-a-Day program. Not only did the day provide a hands-on introduction about medical school and careers, it also answered important questions for parents and high school students about medical school and its costs, MCAT scores, and most importantly what it takes to be a good doctor. To read the article and view more photos, go to <http://wichita.kumc.edu/news/doc-for-a-day-feature-120214.html>



2014-15 Doc-for-a-Day volunteers:

Students and staff who helped with the workshop left to right:

1st row, Scott Moser, MD, Stephanie Shields, Sydnee Nelson, Jake Wallace

2nd row: Catherine Koertje, Letisha Ferris, Natalie Hagman, Mary Hursey

3rd row: Codi Ehrlich, Karissa Gilchrist, Ali Rueschhoff, Jessica Huff, Kelsey Witherspoon

4th row: Kurtis Klecan, Jimmie Stewart, Nick Ojile, Ruth Weins, Kyle Rowe

5th row: Jeremy Bennett, Cheryl Dobson, Becca Milburn, Autumn Smith, Jocelyn Mattoon

6th row: Pie Pichetsurnthorn, Caitlin Chiles, Brittany Love, Kimberly Hinman

7th row: Karen Alexander, Monica O'Hanlon, Matt Blue, Jamie Fager

8th row: Jordan Meyer, Megan Foster, Whitney Weixelman, Michelle Baalman

9th row: Alex Johnson, Jason Zoglman, Andrew Sheets, Hannah Vogt
Not pictured: Jon Baalman, Jonathan Pike, Dylan Landry



Jonathan Pike, MS4, and Brittany Love, MS4, teaching surgical knots



Ruth Wiens, MS2, and Nick Ojile, MS3, teaching heart sounds



Kaitlin Chiles, MS4, teaching vaginal delivery

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FMTOC Training Day



Ruth Weber MD visits with speaker Tom Houston MD of Ohio.



Katie Mroz MD and Nancy Kline enjoy lunch.



Doug Gruenbacher MD with his Quinter Office Champions.



FMTOC Training Day participants study materials. L to r: Holly Allen Terrell MD & Center for Health & Wellness Office Champions.



Margaret Smith MD and KU Family Medicine Residency Program Office Champions.

Program participants share progress and goals

Congratulations to the 10 practices who were selected to participate in the Family Medicine Tobacco Office Champion (FMTOC) program.

These practices are learning to be

Tobacco “Office Champions” using evidence-based tobacco cessation strategies, and implementing system changes to promote the integration of tobacco cessation activities into daily office routines. Each practice has designated a Physician Champion and

an Office Champion to lead the project along with other team members.

Teams from these practices participated in the FMTOC Training Day on October 3, 2014, at the Wichita Marriott Hotel. They learned about the evidence basis for various tobacco

PRACTICE/LOCATION	PHYSICIAN CHAMPION	OFFICE CHAMPION
AFC Doctors Express, Wichita	Samrah Mansoor, MD	Mansoor Tahir
Bluestem Medical, Quinter	Doug Gruenbacher, MD	Heather Hargitt
Center for Health and Wellness, Wichita	Holly Allen Terrell, MD	Josh Lauber
Cheyenne County Clinic, Saint Francis	Mary Beth Miller, MD	Dawn Zwetzig
Family Care Associates, Wichita	Mary Kay Mroz, MD	Nancy Kline
Hutchinson Clinic, Hutchinson	Chris Rodgers, MD	Janelle Carr
Post Rock Family Medicine, Plainville & Stockton	Beth Loney Oller, MD	Emily Decker
Tallgrass Family Medicine, Wichita	Michelle Louis, DO	Ali Keyes
Univ. of KS School of Medicine: Family Medicine Residency Program, Kansas City	Margaret Smith, MD	Karen Sturdevant
Wesley Family Medicine Center, Wichita	Ruth Weber, MD	Katie Kellerman

cessation interventions, how to conduct a PDSA cycle, how to use the Kansas Quitline & other resources, and what to say when the patient says, "Yes, I smoke."

The FMTOC program is funded by a grant from the Kansas Health Foundation and Earl L Mills Educational Trust. It is based upon the AAFP Office Champion model.

Here is an update on the progress from some of the FMTOC participants:

Cheyenne County Clinic: "I hate nothing more than doing something 'just because' and not really having a good reason to do it. For some time, we have had to document in our chart notes the smoking status of our patients and NOT do anything with that information. I could talk to the patient and suggest cessation, but really didn't have the time to do that well. And there was no procedure for follow up or support, or access to tools to help the patient even if he/she wanted to pursue cessation. Our

clinic's goal is to remedy marking in the chart that a person smokes but then doing nothing with that information! We are in the process of working on PCMH and meaningful use. This has added to the challenge of implementing a smoking cessation plan. Yet, it is probably a good time to do this as we can add this to the other changes we are making. We have a good EMR which helps. We are addressing the "how to" with staff, which we are chronically short on. It is always a learning experience just trying different ways to address changes in a consistent fashion. I do sense some staff change fatigue with all the work we have already been doing with PCMH. But I am confident that we will find the road through. And the bottom line - it is good patient care!"

Post Rock Family Medicine: "We are excited to embark in the FMTOC Project in order to improve the health and wellness of our tobacco

smoking patients. We are hoping to increase the awareness of services to help with smoking cessation among our providers and in turn decrease the number of smokers in our communities. Post Rock Family Medicine is committed to quality improvement and improving the health of our patients."

Wesley Family Medicine Center (WFMC): "Our first initiative was to increase our patient referrals to the Kansas Tobacco Quitline. In 2013, the WFMC submitted no fax referrals to the Quitline. After educating our providers about the Quitline resource and making fax-referral forms and patient 'Quit Bags' readily available to them, the WFMC has become one of the Kansas Quitline's top referral providers. Knowing that 90 percent of smokers start by age 18, our larger goal is to use the FMTOC program as an impetus to create preventive measures for our young adult patients."



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