

2017 CAFP Family Medicine Clinical Forum

Key Points from selected Presentations

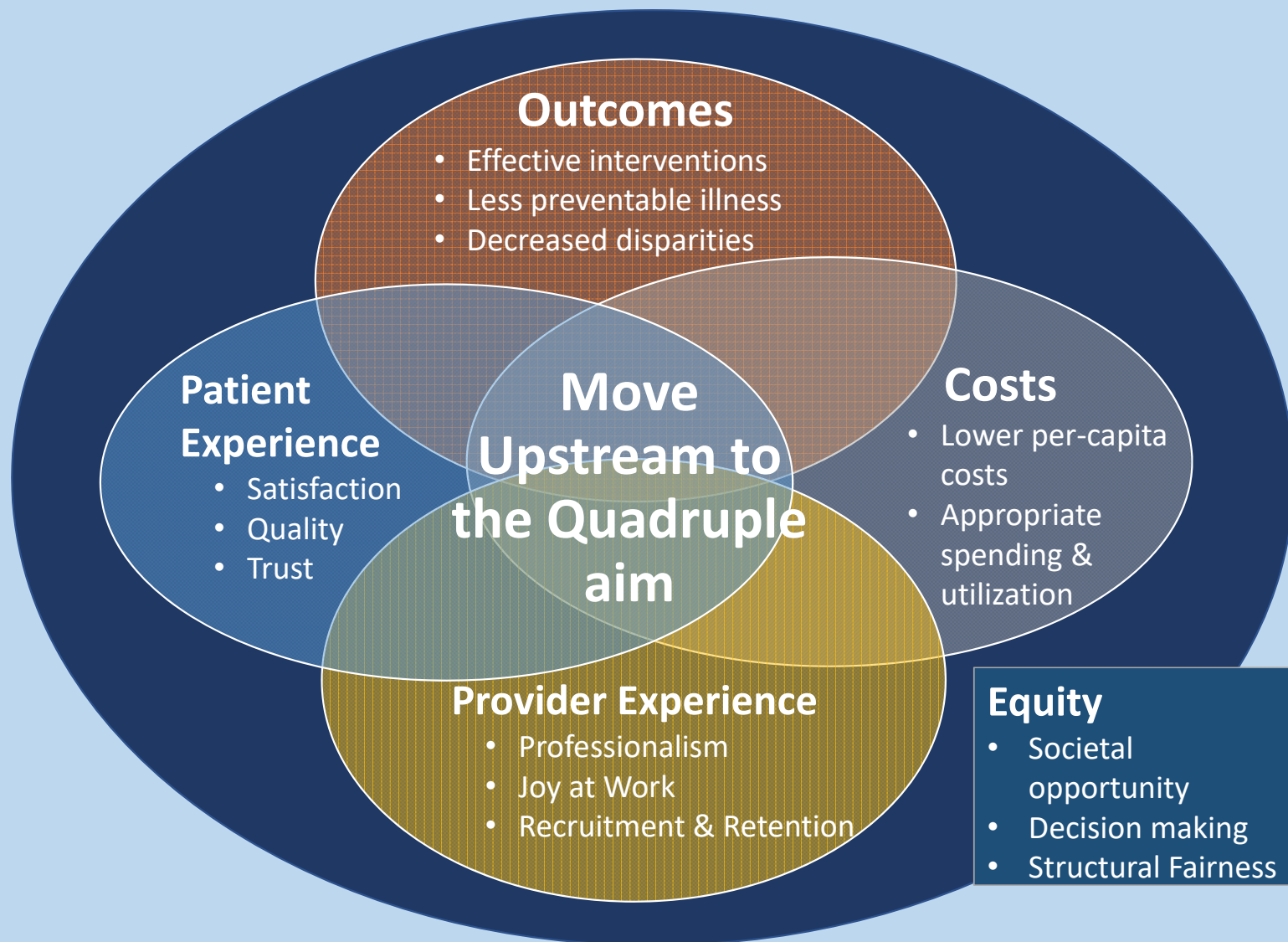


Moving Upstream to Achieve the Quadruple Aim

Rishi Manchanda MD MPH



@RishiManchanda



Improvisation and the Art of Medicine

Adaptable skills for an uncertain world

Belinda Fu, MD



Key Take Home Points



Medical Improvisation ...

- ... is a cultivated ability.
- ... is learned through exercises and principles.
- ... teaches awareness, affirmation, and contribution (“Yes, and ...”).
- ... promotes collaborative patient care.
- ... promotes self care.

T2DM: Maximizing Clinical Encounters

Raul Ayala, MD &
William Woo, MD



Key Take Home Points



- New guidelines continue to stress individualized care.
- Engage and partner with patients in chronic illness care- they are in charge!
- Use motivational interviewing skills and concrete tools like action plans - they can work.
- Use skills of everyone around you, including the community. Build teams that can support patients in self management- you cannot do this alone for a full panel of patients.



CO*RE COLLABORATION FOR REMS EDUCATION

PRESENTS

OPIOID PRESCRIBING:

Safe Practice, Changing Lives

UPDATED IN 2017



- Explain neurophysiology of pain processing to patients
- When patients understand, their concerns are validated
- Pain has biological, psychological, social, and spiritual components



- Conduct a comprehensive and pain-focused H&P
- Assess for risk of abuse and for mental health issues
- Determine if a therapeutic trial is appropriate
- Establish realistic goals for pain management and function
- Document EVERYTHING



- Establish informed consent and PPA at the beginning
- Educate the whole team: *patients, families, caregivers*
- Refer if necessary
- Anticipate opioid-induced respiratory depression & constipation
- Follow patients closely during times of dose adjustments
- Periodically evaluate functional outcomes
- Discontinue opioids slowly and safely

CHAPTER 8 – PEARLS FOR PRACTICE



- Use formal tools (PPAs, counseling document) to educate patients and caregivers
- Emphasize patients and caregivers safe storage and disposal
- Consider co-prescribing Naloxone

SUMMARY

Prescription opioid abuse & overdose is a national epidemic. *Clinicians must play a role in prevention.*

Assess patients for treatment w/ IR and ER/LA opioids

Initiate therapy, modify dose & discontinue use of opioids

Monitor ongoing therapy w/ IR and ER/LA opioids

Counsel patients & caregivers about the safe use of opioids, including proper storage & disposal

Be familiar w/ general & product-specific drug information concerning opioids



Pain to Gain: Building a Care Team Model

Tom Bent, MD, FAAFP
Marion Jacobs, PhD



Key Take Home Points



- Consider your chronic pain patients as you would others with chronic illness (DM, HIV)
- Ask for help, ideas and input from colleagues and co-workers at all levels
- Go “off road” with complimentary and alternative modalities
- Enjoy better confidence and satisfaction in caring for chronic pain patients

Legal Considerations in Adolescent Health

Rebecca Bertin, MD



Key Take Home Points



- How is your practice set up to manage confidentiality for teens?
- Make time to speak with teens **ALONE** and inform them (and their parents) of their rights and access to confidential care.
- When in doubt, do what is best for your patient at that moment.

The Doctor is in, Really IN!

Angela Calton, MD, FAAFP



In Summary ...

- ✓ Doorknob Meditation
- ✓ Take a Load Off
- ✓ Look them in the Eyes
- ✓ Touch Somebody
- ✓ Relax



Telehealth and Telemedicine: Promises and Pitfalls

Chris Flores, MD



Medical Record-Keeping



- How well does existing Electronic Health Record incorporate or integrate with telehealth and telemedicine technology?
- Should the whole video transaction be stored and kept as part of the permanent medical record?
- How much documentation is necessary to adequately chart the encounter (to completely capture the facts of the visit as well as to protect the physician in case of complaint or malpractice claim)?

Cardiometabolic Disease and Antipsychotic Use in Patients with Depression

Thomas W. Heinrich, MD

Professor of Psychiatry and Family Medicine

Director, Division of Consultation-Liaison Psychiatry

Medical College of Wisconsin - Milwaukee, WI



Recommendations

- Screen patients for cardiovascular risk factors
- Avoid using a medication with high metabolic liability whenever possible
- Monitor weight, blood pressure and get fasting blood glucose and lipid profile at baseline
- Identify metabolic risk factors related to medications
 - Young, drug-naïve, or non-Caucasian ethnicity
- Monitor closely for metabolic side effects during the first year of treatment
- Offer healthy lifestyle counseling on regular basis
 - Encourage to quit smoking, monitor alcohol use, diet, involve family

Protecting Your Practice, Personal Life, and Health Care System from Cyber-Attacks



Key Recommendations



- Have a dedicated PC for work with a password
- Use a self-updating anti-malware/anti-virus/firewall
- Avoid USB devices
- Don't store patient information in the cloud (Dropbox, Google Drive, etc.)
- Change passwords every 30-60 days
- Do NOT write your password down
 - Consider a password bank application
- Maintain up to date Business Associate Agreements for anyone who has access to your data
 - Vendors are still your responsibility

Key Recommendations



- Securely back up all data regularly and follow company protocols
- Ensure all staff are trained regularly on HIPAA/HITECH and phishing techniques
- Set security/privacy for your social media
- Do NOT post about patient care in your social media
- Do NOT open emails, click on links, or open attachments you are not expecting
- Migrate Data/EMR to cloud based encrypted services
 - Use only encrypted browsers/apps
- Hire an IT Security consultant

Today's Urgent Care Issues

Ronald H. Labuguen,
MD, FAAFP



Point-of-Care Resources



- Point-of-Care Guides – *American Family Physician*
- Smartphone Apps
 - MDCalc
 - Calculate by QxMD
 - Essential Evidence Plus
 - iMedicalApps (MedPage Today): <http://www.imedicalapps.com>

Key Take Home Points



- Clinical decision rules can be useful adjuncts to incorporate evidence quickly into clinical decision-making
- Know the limitations of the clinical decision rules you use
- Critical appraisal of clinical decision rules can be very educational
- Point-of-care resources with clinical decision rules are readily available

Always use your clinical judgment/gestalt

Assessing Suicide Risk and Taking Action

Kristy A. Lamb, MD



Key Take Home Points



- Assess static and dynamic risk factors as well as protective factors
- Always ask about access to means and substance use
- Whenever possible try to collect and document collateral data
- Target dynamic factors for intervention
- Document your assessment of risk and rationale for your plan
- Get to know your community
- When in doubt: consult with a trusted colleague
- Don't forget to check in with you

Family Medicine Update

Hobart Lee, MD FAAFP



Key Take Home Points



- Identify major new guidelines which impact family physicians
- Recognize updates in the diagnosis and treatment for diseases and illnesses which are commonly cared for by family physicians
- Appreciate the evolving medical literature around "hot topics" and issues that receive recognition from the lay press.

Zika and Other Arthropod Borne Viral Diseases

Hobart Lee, MD, FAAFP



Key Take Home Points



- Name four arthropod vector borne infections which have affected the US
- Counsel patients on how to reduce their risk of contracting Zika or other vector borne diseases.
- Counsel patients on how to reduce Zika transmission for patients with confirmed Zika infection or travel related Zika exposure.

Nutrition: From Guidelines to Advice

Jeffrey S. Luther, MD, FAAFP



Turning it into Advice



Get history

- Investigate barriers
- Identify low-hanging fruit

Gauge openness and insight

Incremental change

Specific target(s)

Sexual History: Talking About Sex with Teens

Shani Muhammad, MD,
FAAFP



Summary



- Initiate the conversation
- Remember that sex is a natural part of human development
- Keep it gender inclusive
- Avoid judgement in your verbal and body language
- Listen more than you talk
- Don't make assumptions
- Always assess for intimate partner violence

Managing Polypharmacy in the Elderly

Daniel Pound, MD



Summary



- Clarify why medications were started and what the patient actually takes
- Look for opportunities to reduce an offending medication rather than add another
- Prioritize based on relative risk/benefit and overall goals/prognosis



CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR CALIFORNIA

Curing Hepatitis C

NOW IS THE TIME



George P. Kent, MD

This project is supported by a restricted educational grant from Project Inform.



Recommendations for When and in Whom to Initiate Treatment

Treatment is recommended for all patients with chronic HCV infection, except those with short life expectancies that cannot be remediated by treating HCV, by transplantation, or by other directed therapy. Patients with short life expectancies owing to liver disease should be managed in consultation with an expert.

Rating: Class 1, Level A

Almost everyone with HCV is a candidate for therapy