



Match Day a Success for Primary Care

Good news for UMass Medical School students and residency programs

March's National Match Day for residency placements was a rewarding one for graduating UMass Medical School students seeking primary care careers and for the school's primary care residency programs.

Of the UMMS graduates continuing clinically, 15 percent are entering family medicine residencies, a rate that is more than twice the national average of 7.3 percent. An additional 13 percent are entering pediatric and medicine-pediatric residencies, and 18 percent internal medicine programs.

Fifteen percent of UMMS graduates are entering family medicine residencies, a rate that is more than twice the national average.

"We saw a substantial increase in the number of applications to the Categorical Internal Medicine Residency Program as well as an increase in the diversity of the medical schools represented," said Julia Andrieni, MD, vice chair, medicine (clinical services) and chief, general internal medicine. "Overall, 25 percent of the categorical internal medicine residents recruited were UMass Medical School graduates." Dr. Andrieni serves as associate director of the Internal Medicine Residency Program.

Congratulations to our UMMS students, to the program directors, and to our faculty and staff on a job well done!



UMass Medical School students Katherine Rudich (left) and Heather Wiggin are entering our medicine-pediatrics residency program, and both say they are excited to continue their educational experience at UMMS, including training at the UMass Memorial Medical Group primary care practice in Westborough. "It's a beautiful facility with a great patient population," said Ms. Rudich.

Students Continuing in UMMS Residencies

Family Medicine

- Kimberly Bombaci
- Laura Sullivan

Internal Medicine

- Jonathan Holdorf
- Jonathan Min
- Krupal Patel
- Ann Saunders

Medicine-Pediatrics

- Stephanie Galica
- Jay Lawrence
- Katherine Rudich
- Heather Wiggin

Pediatrics

- Jaclyn Boulais

Health Care Reform and the Practice of Primary Care

What is the impact of the new federal law in Massachusetts?

On March 23, 2010, President Obama signed into law comprehensive health care reform legislation, the *Patient Protection and Affordability Act*. This legislation follows the passage and implementation of health care reform in Massachusetts – Chapter 58 of the Acts of 2006: *An Act Providing Access to Affordable, Quality, Accountable Health Care*. What are the implications of the new federal law for Massachusetts? And what impact will the latest legislation have on the practice of primary care?

Federal health care reform includes aspects of the Massachusetts reform:

- Expanded access to Medicaid
- Requirements for individuals to have qualifying health coverage
- Requirements for employers to offer coverage and the creation of state-based health insurance exchanges (in Massachusetts, the Health Connector)

The benefits, income cutoffs, subsidy levels and penalties for noncompliance in the federal law vary from the Massachusetts legislation. And since many of the elements won't be implemented until 2014 or later, most people in Massachusetts may not see changes right away.

The federal law will have a direct financial impact on primary care physicians' services provided to Medicaid

and Medicare patients. Effective for 2013 and 2014, the law requires:

- Increased Medicaid payments for fee-for-service and managed care primary care services provided by family medicine, general internal medicine or pediatric medicine physicians
- Payment increases to 100 percent of the Medicare Part B rates (states will receive federal financing for the increased payments)
- A 10 percent bonus payment to primary care physicians in Medicare, effective January 2011 and continuing for five years

The federal law calls for the development of national strategies around prevention/wellness and quality improvement. In addition, the law seeks to increase the primary care workforce by reallocating unused graduate medical education training positions, prioritizing some to primary care.

The law also requires the development of training programs that focus on primary care models such as medical homes, team management of chronic disease, and those that integrate physical and mental health services. Funds for these training programs are appropriated for five years beginning fiscal year 2010.

Welcome



Thomas Scornavacca, DO, a long-time practitioner on the HealthAlliance Hospital Medical Staff, recently joined UMass Memorial Medical Group.

Family Medicine • HealthAlliance Hospital – Leominster Campus

Medical School: University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine

Residency: UMass Memorial/UMass Medical School

The **Center for the Advancement of Primary Care** at the University of Massachusetts Medical School and UMass Memorial Health Care will create, strengthen and integrate activities across the Medical School and the clinical system to ensure a robust primary care network that will serve as the main portal of care for patients and will provide excellence in teaching and research.

Primary Care Education in Top Ten Again

UMass Medical School is ranked ninth for primary care education among the nation's 131 accredited medical schools and 25 schools of osteopathic medicine by *U.S. News & World Report* in its annual listing of "America's Best Graduate Schools," published in April. Among the specialty categories, the Department of Family Medicine and Community Health ranked 20th in the nation.

"This achievement is a notable external validation of our

success in fulfilling our founding mission and our commitment to primary care education," said UMMS Chancellor Michael Collins, MD, and Dean Terry Flotte, MD, in a joint statement to the school community on April 15. "How fitting that the news comes on the heels of a wonderfully successful Match Day when 46 percent of the class of 2010 placed in primary care residency programs."

View the *U.S. News* rankings; [click here](#).

Practice Improvement Corner

Office Efficiency Enhances Patient-centered Care

Refill protocol for hypertension medications introduced

Most practices that provide primary care to adults have a large number of patients on medications for hypertension (HTN). Such medications play a central role in the management of these patients: they are necessary to achieve blood pressure (BP) control, yet may pose a risk of significant adverse effects.

Several practices participating in our Hypertension/Coronary Artery Disease Collaborative are using the protocol and reporting great results.

It is essential, therefore, to perform periodic monitoring, such as renal tests for patients on diuretics, ACE inhibitors or ARBs (angiotensin receptor blockers).

Many practices control the number of refills as a way to ensure that patients return to the office for measurement of BP, lab checks and other tests.

The Center for the Advancement of Primary Care developed an office protocol that serves as a reliable and efficient means to draw attention to monitoring needs.

Several practices participating in our Hypertension/Coronary Artery Disease Collaborative are using the protocol and reporting great results. The protocol is available on the center's web site for anyone's use; [click here](#).

Application of the protocol helps a practice implement the following "rules" when a request to refill a HTN medication is received:

- Schedule office visit if there has not been one since last HTN medication change
- Schedule office visit if last BP was not at goal
- Schedule office visit if BP has not been checked in more than six months
- Identify discrepancies between refill request and medication list
- Facilitate Cr and K testing for patients on diuretics, ACEIs or ARBs if tests have not been done in more than six months

Additionally, a list of diuretics, ACEIs and ARBs is available; [click here](#).

The Center for the Advancement of Primary Care is supported by UMass Medical School and UMass Memorial Health Care.

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