



# Hawaii Academy of Family Physicians

Summer 2011

Volume 6



**President's Message**  
**Damon Lee, MD**

**On February 26, 2010 our new Board of Directors was elected at our Annual HAFP meeting**



**Damon Lee, MD President**

Damon Lee, MD graduated from the University of Hawaii John A. Burns School of Medicine (JABSOM). He completed his family medicine residency at the UH program and a fellowship in medical education through the JABSOM Office of Medical Education (OME). He is currently employed at Waimanalo Health Center. He is a Clinical Assistant Professor in the UH Family Medicine Department and was the former third year family medicine clerkship director for the department.



**Andrew Nichols, MD**  
**Immediate Past President**

Andy Nichols, MD graduated from Wake Forest University School of Medicine, completed residency/fellowship from UCLA. He is currently the director of the University of Hawaii Manoa student health services center. He was the founding program director of the UH sports medicine fellowship and the UH team physician. He is a full professor. He has been on the HAFP board of directors since 2000; he has served as the treasurer. He is the current HAFP Foundation President-Elect.



**Traci Masaki-Tesoro, MD**  
**President Elect**

Traci Masaki-Tesoro, MD is a JABSOM and UH Family Medicine Residency graduate. She has a private family medicine practice in Manoa with HAFP member Andrew Jun, MD. She is a Clinical Assistant Professor of Family Medicine at UH.



**Robert Oh, MD, MPH**  
**Treasurer**

ROBERT C. OH, LTC, MC, USA, is the Family Medicine Service Chief of the Tripler Army Medical Center Family Medicine Residency Program, Honolulu, Hawaii, and a clinical assistant professor of family medicine at the Uniformed Services University of the Health Sciences, Bethesda, Md and the University of Hawaii John A Burns School of Medicine.



**Jill Omori, MD**  
**Chair, Education Committee**  
**FMIG Liaison**  
**Director through 2013**

Jill Omori, MD. Graduated from JABSOM as well the UH FM residency program. She completed the JABSOM OME fellowship in medical education. She is the currently an Associate Professor of Family Medicine and Community Health at UH JABSOM and serves as the director of medical student

education for the department. She is the founder of the Hawaii Homeless Outreach and Medical Education (H.O.M.E) project which provides student-run free clinics for the homeless at three shelters and one church on Oahu. She is the advisor for JABSOM's Family Medicine Interest Group. She has been on the HAFP board of directors since 2001, serving as President previously.



**Randall Suzuka, MD**  
**Delegate through 2011**

Haleiwa Family Health Center  
Randall Suzuka M.D. is a Family Physician in group practice in Haleiwa. He graduated from the John A. Burns School of Medicine in 1983 and has been in practice in Haleiwa on Oahu's North Shore for the last 24 years. He served as our President in 1996.



**Kelley Withy, MD, PhD**  
**Delegate through 2012**

Kelley Withy, MD, PhD. is the director of the Hawaii/Pacific Area Health Education Center (AHEC). She is a Professor of Alternative and Complimentary Medicine at JABSOM. She graduated from UC San Diego medical school completed her family medicine residency at Long Beach Memorial. She has done extensive research on the Hawaii physician workforce and serves as a reviewer for several journals. She has been a HAFP board member since 2009 and serves as one of our two delegates.

**Kevin Kurohara, MD**  
**Director through 2011**

Kevin Kurohara, MD has a private practice in Hilo, Hawaii. He is a graduate of JABSOM. He has been a board member, formerly serving as president. He is the current President of the HAFP Foundation board of directors. He is a Clinical Assistant Professor of Family Medicine at UH.



**C. Keola Adams, MD**  
**Director through 2011**

C. Keola Adams, MD is a graduate of JABSOM and of the UH Family Medicine residency program. She is employed at the Waianae Coast Comprehensive Health Center Nanakuli clinic. She is a Clinical Assistant Professor in the FM Department and actively volunteers with the Hawaii H.O.M.E. project.



**V. Ted Leon, MD, MPH, FAAFP**  
Dr. V. Ted Leon earned his MD at the University of California, San Francisco, and completed his FM residency at Georgetown University in Washington DC. He also has an MPH from Columbia University in New York. He has been an HAFP board member since 2009. He currently serves as the associate medical director of the Comprehensive Weight Management Program at Queens Medical Center. His interests include nutrition and sports medicine, travel medicine, and international public health issues.



**Allen Hixon, MD**  
**Director through 2012**

Allen Hixon, MD is an Associated Professor of Family Medicine and Community Health at UH where he serves as the department's vice-chair. He graduated from the University of Connecticut School of Medicine and completed his family medicine residency at UC Davis Medical Center. He has completed fellowships in academic development and primary health care policy. He has been a member of the HAFP board since 2006, serving as president. He is currently completing his four year term on the AAFP Commission on education.



**K. Albert Yazawa, MD**  
**Director through 2012**

K. Albert Yazawa, MD graduated from JABSOM and completed his family medicine residency at UH. He is the Hawaii Health Systems Corporation Oahu Regional Director and Director of Long Term Care of Maluhia and Leahi Hospitals. He is an Assistant Clinical Professor of Family Medicine and Geriatrics at UH. He serves in the U.S. Army reserves medical corps as Lt Colonel. He has been an HAFP board of directors since 2003, serving as president from 2007-2008.



**Cherie Shehata, MD Director through 2012**

Cherie Shehata, MD is employed by the Hawaii Permanente Medical Group. She is a JABSOM and UH FM residency graduate. She is a member of the Polynesian Voyaging society and has served as a physician on the Hokulea. She is a Clinical Assistant Professor of Family Medicine with UH.

**Nicole Apoliona, MD Director through 2013**

Nicole Apoliona, MD is a graduate of UC Davis School of medicine and of the UH FM residency program. She is the medical director of Kula Hospital and Clinic, Maui. She is a Clinical Assistant Professor of Family Medicine at UH and has been a HAFP board member since 2011.

**Melinda Menezes, MD Director through 2011**



Melinda Menezes, MD graduated from the University of North Carolina at Chapel Hill School of Medicine and of the University of Missouri of Columbia residency program. She has practiced Family Medicine on the North Shore of Kauai for 10 years and is self-employed.



**Laura DeVilbiss, MD Foundation Treasurer**

Laura DeVilbiss, MD is the medical director of Kokua Kalihi Valley Community Health Center. She graduated from George Washington University School Of Med & Health Science. She completed her family medicine residency at Family Practice Residency of Idaho. She has been an HAFP board member from 1998-2005. Serving as President in 2003. Since 2006 she has been on the Foundation board only, first as President, then as treasurer. She is a Clinical Assistant Professor of Family Medicine at UH.

In addition to our community physicians, our board also has representatives from the UH and Tripler Army Medical Center Family Medicine residency programs as well as a student representative from the JABSOM FMIG chapter.

Kristen Akina, MD and Carrie Marshall, MD, MPH are the UH Co-Chief residents and HAFP Board Members

Jennifer Lee, MS1 is the outgoing JABSOM FMIG present and HAFP Board Member.

MAJ(P) Jeremy D. Johnson, MD, MPH

TAMC Resident Director  
Associate Program Director  
Tripler Family Medicine Residency



**Ernel L. Roque Executive Secretary**

Ernel Roque is the Program Manager for the United State Veteran's Initiative. She has been the Chapter Executive since 2010.

---

*Please send your updated email address, mailing address and phone numbers to:  
ernel.hafp@gmail.com*

---



The John A. Burns School of Medicine's Dr. Neal Palafox has been awarded a high honor. The Parliament of the Republic of the Marshall Islands has named him an "honorary citizen" for the decades of work he has done there advocating for improved health for Marshallese and especially those affected by the U.S. Pacific Nuclear Weapons Testing Program from 1946-1958. During this period, 67 atmospheric tests were conducted, which released the equivalent radiation to 7,200 Hiroshima bombs or about 150 times more radiation released than the Chernobyl incident. Dr. Palafox was the Principal Investigator from 1998-2008 for the Special Medical Care Program to monitor and treat the victims of the U.S. Pacific Nuclear Weapons Testing program, where hundreds of Marshallese were exposed to nuclear radiation.

Click here to watch Dr. Palafox being interviewed on Hawaii News Now's

Sunrise program regarding the radiation concerns in Japan.  
<http://www.hawaiinewsnow.com/Global/story.asp?S=14271578>

## Help Wanted

Navy Health Clinic Hawaii  
is recruiting  
2 Board Certified/Board Eligible  
Family Physicians  
for full time/part time  
opportunities. Please contact  
**Dr. Phyllis Barr at 741-1315 or**  
**Ms. Trina Bowman at 561-0990**

## Help Wanted

Board Certified/Board Eligible  
Family Medicine Physician wanted  
for Busy Primary Care Group  
Private Practice in Hilo.  
Contact Michelle Mitchell, MD  
(808) 933-2399 or Timothy  
Duerler, MD (808) 933-2399  
mmitchell@hawaiifamilyhealth.com  
[www.hawaiifamilyhealth.com](http://www.hawaiifamilyhealth.com)



## Help Wanted

Family Physician to work  
full time or half time  
(2weeks clinic hours-two  
weeks off) in rural Oahu  
clinic. Call Dr. Shlachter at  
293-8558



## New Members

*HAFP extends a warm  
welcome to our newest  
members*

## Help Wanted

Bay Clinic of Hawaii Island is  
currently looking for Physicians  
for two of our clinics, our Hilo and  
Keaau locations. We are a  
Community Health Center that  
provides care for the uninsured and  
underinsured/medicaid population  
of East Hawaii. We offer a  
competitive salary and benefit  
package compared to other  
community health centers, and our  
side of the island is the most  
affordable place to live in Hawaii.  
This is a 40 hr week job, which is  
broken down into 4 x 10 hr days,  
approx 17-20 pts per day, with  
some phone call or long term care  
call, which usually/(never)  
involves coming in.



*Join our Family  
Medicine Interest  
Group in the  
Susan G Komen Race  
for the Cure*

Sunday, October 16,  
2011 at 7:00am  
Kapiolani Park

**Our ability to support  
student dues for  
AAFP, FMIG,  
research awards and  
student travel to the  
AAFP Resident and  
Student conference  
each July depends on  
the faithful giving to  
the foundation by our  
membership.  
Please Give  
Generously**



# Annual AAFP Meeting

February 24-26, 2011  
Hilton Prince Kuhio Waikiki

## Payment Adjustments Beginning in 2015

If an EP does not successfully demonstrate meaningful use of certified EHR technology, the EP's Medicare physician fee schedule amount for covered professional services will be adjusted by the applicable payment adjustment specified in the Recovery Act beginning in 2015. The payment adjustments will be as follows:

- 2015—99 percent of Medicare physician fee schedule covered amount
- 2016—98 percent of Medicare physician fee schedule covered amount
- 2017 and each subsequent year—97 percent of Medicare physician fee schedule covered amount

If it is determined that for 2018 and subsequent years that less than 75 percent of EPs are meaningful users then the payment adjustment will change by one percentage point each year until the payment adjustment reaches 95 percent. The Recovery Act allows for a hardship exception, which, if applicable, could exempt certain EPs from the payment adjustment. The exemption is subject to annual renewal, but in no case will a hardship

exemption be given for more than five years. **Note: More information on payment adjustments and the requirements to qualify for a hardship exemption will be provided in future rulemaking prior to the 2015 effective date.**

<http://www.cms.gov/EHR/IncutivePrograms/>

## From the President of AAFP Helping Small Practices Survive Health System Change

By [Roland Goertz, M.D.,  
M.B.A.](#)

6/21/2011

This is a tough time for family physicians in many small or solo practices. They're working as hard as they can, struggling to keep their doors open while the health care system shifts and changes beneath their feet.



AAFP President Roland Goertz, M.D., M.B.A.

Many are wondering how to transform their practices into patient-centered medical homes, or PCMHs, with the limited resources they have at hand. And now, to top it off, they're worried about the advent of accountable care organizations, or ACOs, and whether practices like theirs will be

able to participate or be left behind. Faced with these challenges, many simply don't know what to do.

If this describes you, I want you to know the AAFP hasn't forgotten you -- not in the programs and services we offer, and definitely not in the national debate about health care reform and ACOs.

I personally can empathize with what you're going through. I started in a small practice years ago but had to leave it because our local hospital couldn't survive the new diagnosis-related group payment method. So I've known firsthand the heartache and uncertainty of trying to run a practice in the midst of system change.

### Demographic Divide

Physicians in small and medium practices currently constitute the majority of the AAFP's active members. In fact, the 2011 Member Census shows that 58 percent of active members are in practices with five or fewer physicians. But the Member Census also shows that more than half of active members are either employed or in large group practices: 62 percent have no ownership stake, and 42 percent are in groups with six or more physicians.

The dynamics and the needs of members with small and medium practices and those who are employed or in large groups are considerably different, with only moderate overlap. There's not an

AAFP Board of Directors meeting at which we don't challenge ourselves on how we can do more for these demographic groups -- indeed, for all of the Academy's membership segments -- with the finite resources available to us. The plight of private practices is also a personal issue for many Board members because their own practices fit this model.

### **'No One Size Fits All'**

Because of the AAFP's demographics, our advocacy in Washington is based on a "no one size fits all" approach. In other words, we advocate regulations and legislation that take into account our members' tremendously varied modes of practice -- and we always stand up for small practices.

A good case in point is our [response](#) to CMS' recently proposed rule for ACOs under the Medicare Shared Savings Program. The proposed rule was, in our view, simply not supportive of small practices. Most troubling was that it created a set of regulations that these practices just couldn't meet.

We were blunt in our comment letter to CMS, urging it to "drastically reconsider its proposed Medicare ACO policies and instead offer greater flexibility so that small- to medium-sized primary care practices will be more eligible to participate." Failure to do so, we warned, would "deny the potential benefits of the ACO model to patients throughout the country,

most of whom receive care from small and medium size physician practices."

We also criticized the proposed rule's over-regulation of ACOs. "If CMS focuses only on the essentials and allows ACOs to take shape in ways that make the most sense in their respective markets," we wrote, "then small- to medium-sized practices will have more opportunity to participate, and Medicare patients will reap the rewards of their doing so."

Another good example of standing up for small practices was my [testimony](#) during a May hearing of the Health Subcommittee of the House Energy and Commerce Committee. The subcommittee was exploring alternatives to the sustainable growth rate formula for Medicare payment.

In my testimony, I advocated a blended payment system that would support broader use of primary care. I noted that the AAFP supports moving the health care system to a PCMH base, but I also told the subcommittee that transforming to a PCMH is expensive and time consuming. "Without payment reform," I said, "it is probably beyond the economic reach of many small- and medium-sized practices, especially in rural and underserved areas that do not have the resources that may be in place in other parts of the country."

### **Helping Your Practice**

Member demographics also are front and center when the Academy develops products and services, many of which are created with small and solo practices in mind. We learn what members need through surveys and from members who call, from chapters and from AAFP meetings, including the Congress of Delegates.

When your practice needs help, I encourage you to search the [AAFP website](#) first -- you might find exactly what you need, and chances are it's free. (Don't forget that you can also call (800) 274-2237 to talk with Academy staff, especially regarding coding and insurance issues that often plague smaller practices.)

I'd like to draw your attention to a few website offerings that might be especially relevant for you right now:

- If you feel overwhelmed by the advent of ACOs, watch the webinar "Accountable Care Organizations and You: How ACOs Affect Your Practice," presented by the AAFP and TransforMED, AAFP's subsidiary. The [webinar](#), which occurs live on June 22, will be archived and available online. The Academy has developed other [ACO references](#) as well, including a list of frequently asked questions about ACOs, an ACO "blueprint for success" and a practice affiliation guide prepared in collaboration with six constituent chapters.
- Not sure how to transform your practice into a PCMH? Check out [step-by-step projects](#) that break the process into doable chunks. Or join [Delta Exchange](#),

the online social network for practice transformation offered by TransforMED.

- If you need assistance with the basics of practice operations, visit "[Running a Practice](#)" for extensive resources on such topics as practice finance, coding, staff development and health information technology. The Academy journal [Family Practice Management](#) is another good source of help.
- Feeling the frustration of a "scope of practice" battle in your own state? The AAFP provides a [comparison](#) of the training of NPs and FPs that can help you explain why one professional cannot substitute for the other.

I could go on and on, but I hope you get my drift. Your AAFP is there for you in many ways and in many venues, whether it's standing up for you in Washington or providing a "storehouse" of resources you can use to help your practice thrive.

In advocacy and in practice support, the AAFP hasn't forgotten the small and solo practices that so many Americans rely on for health care. And we never will.



## Obesity

V. Ted Leon, MD MPH

The prevalence of obesity in the USA has doubled in the past 20 years, up to 32% of men and 35% of women. Along the way, every physician has been forced to

become somewhat of an expert in the identification and management of the various chronic medical troubles which are related to obesity. Diabetes, metabolic syndrome, hypertension, sleep apnea, GERD, joint pain, urinary stress incontinence, female infertility, numerous cancers...the list of troubles related to obesity just goes on and on.

Yet we physicians are often left with the same dilemma during our short office visits, when an obese patient comes in for a health concern or co-morbid illness that seems clearly related to their obesity: should we lengthen our day, and risk antagonizing our patients, by bringing up the subject of their obesity? Should we take the time to really explore their food choices and fitness habits? Or, should we just speed them along and try to solve their more pressing questions, needs, and concerns? The cynical answer is to avoid the subject of obesity, write for the routine labs and chronic meds as indicated, and then eventually make a referral to a surgical weight loss program, once the body-mass index goes above 40 and the patient finally asks for help.

During my residency years, and then later as a family doctor in a community health center, I always tried to help my obese patients to lose weight, but unfortunately without much success. I began hearing more and more about gastric bypass, and it sounded promising, so in 2004 I joined the Comprehensive Weight Management Program at Queens Medical Center, and began working as a bariatrician, doing the medical evaluations in support of their surgery. Every patient I have seen in the CWMP started with a BMI > 40 or a BMI > 35 plus documented diabetes or sleep apnea. All of our patients have the desire and intention to progress to

bariatric surgery, and it is my job to do the pre and post operative medical evaluations, and to help them navigate that process safely.

Since the program started in 2004, we have carefully evaluated some 1500 new patients, and about half of these have progressed to some form of surgical weight loss (mostly Laparoscopic Roux-en-Y Gastric Bypass, with a smaller number of Sleeve Gastrectomies and Lap Bands). What we often see post-operatively is nothing short of miraculous: impressive weight loss and resolution of all or most of the patients' co-morbid diseases. Most patients do very well, get rid of their insulin and CPAP, and report a much better quality of life. A significant minority of patients do not lose and keep off a large amount of weight, however, and these patients tend to be disappointed. The industry definition of "successful" surgical weight loss is the ability to keep off more than 50% of excess body weight, long term. Unfortunately, about 25% of patients are not able to achieve or maintain this goal of -50% EBW loss. This is generally due to their inability to make sustained improvements in their food choices and fitness habits after surgery, but they are disappointed nonetheless.

The nationwide 90-day post op mortality rate for minimally invasive laparoscopic gastric bypass is low, around 0.3%, which is comparable to the surgical mortality associated with laparoscopic cholecystectomy. Still, the risk is not zero, and there is a somewhat larger risk for other non-fatal surgical complications. Therefore, it is our ethical duty to choose these patients wisely. For each person who wants to have gastric bypass, the question of surgical risk versus surgical benefit has to be evaluated carefully. Every patient that we have cleared for surgery has already proven to

us that they can change their food and fitness habits, demonstrated improve food choices on a series of food logs, maintained a pedometer log that documents at least 5000 daily steps, and generally convinced us that these changes will be permanent. Nevertheless, some patients – in our program and nationwide – will relapse to a sedentary lifestyle and poor food choices, after surgery.

For the patient who is not able to lose significant weight after gastric bypass, or who loses and then regains, it isn't just a matter of "not getting better" – often these patients are worse off for having tried and failed. First of all, there is some sense of shame as they go about explaining to all their friends and family why they couldn't lose weight, even WITH gastric bypass. Secondly, there are important vitamin & mineral deficiencies that can occur post-operatively, especially with iron, calcium, vitamin D, and vitamin B12. Usually these vitamin and mineral deficiencies are completely preventable, but what we have observed is that the patients who do not exercise and do not eat healthy foods are often the same ones who forget or refuse to take their vitamins! In the end, for the poorly motivated patient, gastric bypass often turns out to have been a mistake.

After working for several years as a bariatrician, my overall impression is that laparoscopic Roux –en-Y gastric bypass can be a miraculous, life-saving tool for the patient who is properly selected and properly motivated. Nevertheless, I am more convinced than ever that obesity & morbid obesity is a public health crisis, in need of a public health solution. Over the past 20 years, while the rate of obesity among adults has doubled, the rate of obesity in children has tripled (from 5% to 15%). Clearly the epidemic of

obesity, with all its dire medical consequences, is just going to get worse, until we take this important public health issues as seriously as we take the "war on cancer", the "war on HIV/AIDS", or the "war on the drugs".

What can we do as family physicians? My advice is that we talk to our patients about nutrition and fitness in an honest, curious, and unpressured way. I am empathic and good humored, and I don't scold my patients ever, but when they say they don't have time to exercise, I just don't take that as an acceptable answer. When they say they can't walk easily due to back pain or knee pain, I do show some empathy, but then I also encourage them that they either need to begin swimming, or begin formal aquatherapy. Likewise, if they say they can't afford healthy food, I advise them to save money by buying tofu and frozen vegetables, or by buying oatmeal or dried beans in bulk. Our dietician will teach them how to cook beans, lentils, and vegetables with a crock pot.

What else can we do? I also think that part of our job as family physicians is to be role models for good health. We need to find the time to exercise, and to eat properly, ourselves. I also think it speaks volumes if we can get involved with our local schools, neighborhoods, and communities. As physicians, we need to support the various environmental and social engineering projects - and policies- that we believe will lead to better public health nutrition and increased physical activity. We need to remove the myriad barriers that prevent adults and children from getting what we all know is basic to our longevity and happiness: a good night's sleep, healthy nutritious food, and daily exercise.

## HELP WANTED

Consider doing a Locum Tenens in Guam for 1-3 months at a new clinic Starting up. This temporary employment could result in a permanent position.

Contact John Ray  
jraytaitano@gmail.com



## HELP WANTED

Locum Tenens Physicians to cover our Adult, Women's, and Pediatric Clinics at the Waimanalo Health Center Contact Christina Lee, MD 259-7948





## Tripler Residents

---



Eugene Kim



Luke Krautter



Gilberto Nieves



Erika Petrik



Kelly Siano

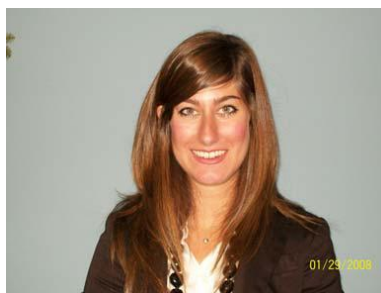


Jeffrey Brown



## JABSOM Residents

---



Andrea Bernhard



Kamal Gunawardane



Clifford Hoffman



Shinji Ito



Erin Kalua



Cheyne Nakano



**SPORTS MEDICINE  
FELLOW  
Nicole Gesik**



**The Hawaii H.O.M.E. Project will be holding their third annual Wine Tasting, Dinner, and Silent Auction Fundraiser on Saturday, August 27, 2011 at the John A. Burns School of Medicine's Medical Education Building in Kaka'ako.**



**The H.O.M.E. Project provides free weekly student-run clinics at three shelters on Oahu and also provides mobile services to unsheltered homeless on the island. Medical services include care for acute and chronic health problems, preventive services, health counseling, vaccines, and free medications for those without insurance.**

**This program has been a true win-win opportunity for our medical students and the rapidly growing homeless community in**

**our State. We hope that you will be able to support our efforts by attending our wine tasting fundraiser or by making a donation to the program.**



**"Welcome back H.O.M.E"**

**3<sup>rd</sup> Annual Wine Tasting Dinner and Silent Auction Fundraiser**

**At the: University of Hawaii  
John A. Burns School of Medicine  
Medical Education Building**

**Saturday, August 12<sup>th</sup>  
5:30pm – 9:00**

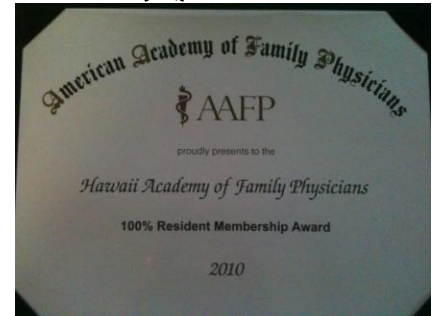
**Please send RSVP and payment to:  
UH Foundation-Hawaii Home Project  
c/o Jill Omori, MD  
651 Ilalo Street MEB-OME  
Honolulu, HI 96813  
(808) 223-8859**

**For further information email:  
hawaiihomeproject@gmail.com**

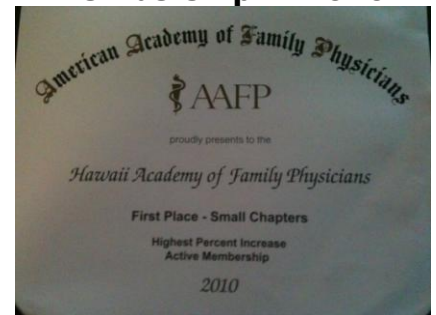


**send rsvp & payment by Aug 12, 2011**

**American Academy of Family Physicians Awards the Hawaii Chapter, twice**



**The first award was for 100% Resident Membership in 2010**



**The second award was for the Highest Percent Increase in Active Membership for 2010**

**Thank you to all of our members for your continuous support~**



**Register Now with your AAFP Number**

**September 17<sup>th</sup> 9am  
JABSOM  
3<sup>rd</sup> Floor Auditorium**

**[Ernel.hafp@gmail.com](mailto:Ernel.hafp@gmail.com)**