



PQRS, VBM, MU, MIPS and APM: Making sense of quality reporting

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Bryan L. Martin, DO, FAAAAI
President, American College of
Allergy, Asthma and Immunology

The future of allergy

I often hear allergists bemoaning the fact that the practice of allergy just isn't what it used to be; primary care doctors are not referring to us as much as in the past, specialists are "taking over our patients," etc. There is a concern that we are not an organ-based specialty and are vulnerable to changes in the Health Care Marketplace; that the field of allergy and immunology may be displaced by the large-scale changes in American medicine.

One of the primary concerns sounds something like this: "We have these fantastic effective medications and immune regulators and new peptides coming along that will wipe out the need for the allergist because it will make allergy totally manageable by the family doctor or eliminate allergic diseases completely." If this statement gives you chills, or sounds like a recent conversation you may have had or heard, let me point out that the quote comes from a 1987 presentation by Dr. Robert Hamburger that was published in 1989.¹

This outlook should be distressing to allergists in general, and is in particular to those like me, who have spent a lifetime as an educator in the field of allergy and immunology. Was I wasting my time, teaching bright physicians skills that are no longer needed?

I am heartened by, and agree with, Dr. Hamburger's response to his own statement: "Nonsense! That is nonsense. With every improvement, with every new discovery comes a new complexity...It becomes more important to be well-trained, to be a superb allergist, to be an immunologist with a depth of understanding of the immune system which couldn't have existed a few years ago."

Dr. Hamburger, a long time academic allergist-immunologist, points out that in the 1940's and 1950's, it was widely stated with certainty that penicillin would eliminate the need for specialists in infectious diseases. "Well, you can easily see in 1987 how absurd that was." Now, in 2016, the statement seems even more absurd as we lean on our infectious disease colleagues to help us treat an ever-increasing number of microbes with resistance to multiple antibiotics.

As Yogi Berra said, "It's hard to make predictions, particularly about the future," and no one in the 1940's would have predicted how important the allergist would become in the appropriate use of penicillin in those who believe they are penicillin-allergic. Nor would they have predicted the current global increase in the prevalence of allergic diseases, or the need for better access to care for those who suffer from allergies.²

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"We should not fear the future, but must be part of the discussion that drives change in the current medical system."

— Bryan Martin, DO, FAAAAI,
AAAAI President

Connect with us at acaai.org or through:



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Ready...set... DASH!



The DASH (Defend Affordable Shots) campaign has been underway for several months now, and our boots have been on the ground on your behalf thanks to the support of College members.

What have we been busy doing recently?

- We submitted comments to the Federation of State Medical Boards opposing language regarding compounding in the Boards' draft position paper (pages 7 and 8 at goo.gl/V75hBp) and suggesting language that would be supportive of allergy. View our letter at college.acaai.org/FSMB-letter.
- We contacted the FDA and asked that they continue to support the current USP exception for allergy in their new proposed guidelines - and we asked to meet with them in person to further explain our request and answer any questions they may have.
- We connected with key legislators so they know we may need their help. The optimal solution remains influencing USP, but we are exploring many options.
- We've been in touch with the medical associations in each of the 50 states - specifically their lobbyists. They're going to monitor legislation in their states and let us know about any proposed ruling that would impact your ability to provide affordable immunotherapy to your patients.

What's coming next?

On May 12, the Allergy Strike Force will descend on Washington, D.C. with our partners from the Allergy and Asthma Network. Affordable allergy shots for our patients will be the top priority on our meeting agenda! We will meet with more than 50 representatives, senators and their staff - some of whom we've met before and with whom we have developed relationships. We will also be meeting with other partners while in Washington. GME and Alternative Payment Models will also be discussed.

"We have long term relationships with many people on the Hill. The relationships are with us, the allergist, not just our lobbyist. I am confident, if needed, Congress will move on our behalf to defend affordable shots," said Allen Meadows, MD, FACAAI, Chair of the Advocacy Council.

These sort of initiatives take time, effort, and funding. And that's why we need your support. The list of supporters is growing every day, but still, it's not even 10 percent of the allergists in the United States - and DASH is going to benefit each and every allergist. We need the outside world, USP, FDA, Congress and even the big compounders to know we are standing together; a monetary contribution is the best way to send that message.

Help us fight for affordable shots.

Help us fight for our patients.

Help us fight for the future of our specialty.

Support DASH today - visit college.acaai.org/SupportDASH to make a contribution.

Interested in joining us in Washington? Contact Susan Grupe at SueGrupe@acaai.org.





PRACTICE MANAGEMENT ADVANTAGE

Making sense of quality reporting

“We encourage all College members to participate in quality reporting, because it is the wave of the future.”

— Stephen Imbeau, MD, FACCIAI

Between PQRS, VBM and MU, we feel your pain.

Current quality reporting programs can be confusing, time-consuming and burdensome. But participation is essential if you want to avoid significant penalties in Medicare payments.

That’s why the College is here to help.

The current state

Practices that didn’t participate in the Physician Quality Reporting System (PQRS) and Meaningful Use (MU) in 2014 are already seeing reductions in Medicare payments in 2016. Small practices will receive combined Medicare penalties of up to four percent, while those with 10 or more eligible providers (EPs) will receive combined penalties of up to six percent after including Value-Based Payment Modifier (VBM) penalties.

2016 quality reporting will have an even greater impact on 2018 reimbursements. Small practices will see combined Medicare penalties of up to seven percent, while those with 10 or more EPs

will see combined penalties of up to nine percent. In addition, the VBM expands to cover certain non-physician practitioners including physician assistants, nurse practitioners and clinical nurse specialists.

What should you do right now?

Start participating in Medicare's quality reporting programs - it's not too late to participate for 2016. Quality reporting is here to stay, so the sooner you get started, the better.



- **PQRS:** PQRS reporting is the key to satisfactory reporting for both PQRS and VBM.
 - To get started, access our PQRS toolkit at college.acaai.org/PQRS.
 - If you reported PQRS measures in 2014, view your PQRS Feedback report at portal.cms.gov.
- **VBM:** You must report PQRS measures to avoid a VBM penalty. VBM adjustments are based on a combination of results for both quality (based on PQRS) and costs. View your 2014 results for both in your Quality and Resource Use Report at portal.cms.gov.
- **Meaningful Use:** New participants can report for any continuous 90-day period in 2016 - so you still have time to

report if you install an EHR this year. Returning participants must report for the entire calendar year. View 2016 MU reporting requirements at goo.gl/t1WSF4.

- **EHRs:** EHRs figure prominently in all future payment models. If you don't already have one, it should be part of your practice's short-term strategic plan.

What's next?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into law on April 16, 2015. The good news is that the law immediately repealed the Sustainable Growth Rate formula. However, it also mandated movement away from fee-for-service medicine and toward alternative payment systems.

That means:

- No more automatic annual payment updates (2020 - 2025).
- Separate payment adjustments under PQRS, VBM and MU will end on Dec. 31, 2018.
- New value-based payment models begin Jan. 1, 2019.
- Merit-Based Incentive Payment System (MIPS) - can receive positive, negative or zero payment adjustments.
- Alternative Payment Models (APMs) - if criteria are met, can receive five percent incentive payment for six years.
- 2019 payment adjustments will be based on reporting from 2017.
- EPs must participate in MIPS or meet requirements to be a qualifying APM participant.

Medicare Quality Reporting Penalties by Year

Year of Program Reporting	Year of Payment Adjustment	PQRS	Meaningful Use	Value-Based Payment Modifier
2014	2016	-2%	-2%	1 - 9 EPs: no impact 10+ EPs: Up to -2%
2015	2017	-2%	-3%	1 - 9 EPs: Between -2% and +2x 10+ EPs: Between -4% and +4x * x equals the "upward payment adjustment factor" to be determined by CMS
2016	2018	-2%	-3%	1 - 9 EPs: Between -2% and +2x 10+ EPs: Between -4% and +4x * x equals the "upward payment adjustment factor" to be determined by CMS
2017	2019	MIPS replaces PQRS, VBM and MU; Between -4% and +4% total.		

What's MIPS?

MIPS consolidates the existing Medicare quality improvement programs (PQRS, VBM, MU) into one composite performance score, ranging from 0 to 100. The composite score is based on four weighted categories:

- Quality (PQRS)
- Resource use (VBM)
- Meaningful use (MU)
- Clinical practice improvement activities (new category)

EPs receive a positive adjustment if their score is above the performance threshold and a negative adjustment if their score is below the threshold. But the program must be budget neutral, so negative adjustments are required to offset positive adjustments. In 2019, the potential adjustment ranges from minus four percent to plus four percent. Category weights and potential adjustments are shown by year in the chart below.



Additionally, providers must meet increasing thresholds for the percentage of revenue they receive through qualifying APMs. For example, in 2019 and 2020, 25 percent of Medicare revenue must be received through an APM. By 2021 and 2022, either 50 percent of Medicare revenue or 50 percent of all-payer revenue plus 25 percent of Medicare revenue must be received through an APM.

Qualifying APMs include the Medicare Shared Savings Program and patient-centered medical homes. MACRA also encourages the development of Physician-Focused Payment Models, which are designed to overcome existing payment barriers so physicians can deliver higher quality care at lower cost in ways that are financially feasible for physician practices.

The Advocacy Council of ACAAI has been working to develop APMs specific to allergists, including those focused

on controlling specific health conditions such as asthma. Additional APMs may focus on treatments or procedures performed that represent large portions of allergy practice revenue. Alternatively, they can focus on conditions in allergy/immunology that represent a small proportion of patients or payments but involve very high total health care spending.

The Advocacy Council will continue to work on your behalf and will provide you with updates on APM development in future College Insider articles.

For more information and continuing updates, visit: college.acaa.org/medicare-quality-reporting.

What are APMs?

APMs are payment vehicles that reward value and quality of care, but also bear some financial risk. Beginning in 2019, qualifying APM participants will earn five percent incentive payments for six years. To qualify, EPs must participate in an APM that meets the following criteria:

- Requires participants to use certified EHR technology.
- Reports on quality measures comparable to MIPS quality measures.
- Bears more than nominal financial risk (except medical homes).

MIPS Performance Categories & Weighting

Year	Quality Measures	Resource Use	Clinical Improvement Activities	Meaningful Use	Potential Adjustment
2019	50%	10%	15%	25%	+/- 4%
2020	45%	15%	15%	25%	+/- 5%
2021	30%	30%	15%	25%	+/- 7%
2022 and beyond	30%	30%	15%	25%	+/- 9%

Are you connected?

Technology has transformed the way physicians market their practices and engage with patients. Patients now extensively use the Internet and social media to manage their health and make decisions about which physicians to use. This provides new opportunities for physicians to engage and communicate with patients. What are some top tips used by allergy, asthma and immunology practices to ensure success in the digital age?

1 Provide easy access to your website and patient portal

Did you know that 46 percent of consumers now research companies exclusively on mobile devices? Make sure your website and patient portal are mobile-friendly. Check your site at goo.gl/qg6m8f to make sure it is easy to view on mobile devices. Also, make your website easy to navigate; try to make everything only one click away, as opposed to having to click through several pages to get to the desired information.

2 Give patients what they want

Robin Panethere, Director of Marketing at Atlanta Allergy & Asthma, encourages practices to address patient concerns through the use of their website and social media. In her experience, patients are looking for education and information, and the College has a wealth of information to help member practices meet this need.

"The College offers a lot of resources that can be used in your practice and help with your marketing effort," said Stanley Fineman, MD, FAAAAI.

The College offers a lot of resources that can be used in your practice and help with your marketing effort.

Stanley Fineman, MD, FAAAAI

On the College website, under Practice Resources, check out the Find an Allergist, Find Relief toolkit for:

- Web ads
- Educational articles for your website, e-newsletter, etc.
- Fact sheets that may work with your EHR
- Press release templates to send to your local media
- And more!

Whether it is sharing one of the College's Facebook posts on your practice's Facebook page or repurposing a news article on your website, the College has the up-to-date information your patients want.

3 Google yourself

Like it or not, your online reputation directly influences potential patients. 59 percent of respondents report that physician rating sites are somewhat or very important when choosing a physician. Search for your name on all major rating sites, including Zoc Doc, Healthgrades, Yelp!, Angie's List, RateMDs, Vitals and Google. Also check the

Continues on page 8

[Medicare.gov](http://www.Medicare.gov) Physician Compare website. Read through these sites to get a sense of what you are doing well and where there might be opportunities for improvement.

4 Monitor what others say about you on the web

Sign up for one of the free social media monitoring tools, such as Hootsuite, Social Mention, HowSociable, or Addictomatic and have an associate review the results weekly. Good reviews can be highlighted on your website (following HIPAA) as patient testimonials.

The best way to deal with negative reviews is to focus on increasing your volume of positive reviews. Patients don't expect you to be perfect all the time, and an occasional negative review can help your positive reviews seem more authentic. When you do receive a negative review, don't argue with the patient or post any private health information online. Instead, encourage the patient to call the office so you can address his or her concerns directly.

5 Complete rating site profiles

Set up and maintain comprehensive medical rating site profiles. Many sites have errors and old data, so make sure your information is current and accurate. Be sure to upload a professional picture and include a short bio or



philosophy of care on each site. Assign someone in your practice to review your medical profile annually for accuracy.

6 Ask satisfied patients to post reviews

Let patients know their feedback is very important to you and ask them to share their positive experiences on medical rating websites. Robin Panethere recommends creating a card to hand satisfied patients that lists the most important review sites for your practice. The card can say something like "It has been an honor taking care of you! Please help others seeking allergy and asthma care by sharing how our practice has helped you or your family."



Everything about PQRS and ICD-10

We're here to help College members - and we've put together toolkits to give you the info you need on PQRS and ICD-10.

Access the PQRS toolkit to find the resources you need to meet 2016 PQRS reporting requirements and avoid a four to six percent Medicare payment adjustment in 2018.

Our toolkit includes:

- A comparison of the different reporting methods.
- Suggested measures lists for allergy practices for each reporting method.
- CMS resources and links.

It's not too late to start PQRS reporting and you don't need an EHR.

Check out the PQRS toolkit at college.acaa.org/pqrs.

Brush up on your coding skills by reviewing the resources available through our ICD-10 toolkit. Our toolkit includes:

- An "Ask the Experts" section where your frequently asked questions are answered by Advocacy Council experts.
- ICD-10 "Code It" scenarios that provide real-life coding examples.
- Webinars for both allergists and administrators.
- Access to discounted coding books for 2016.
- Resources from our own in-house coding experts, CMS, and the American Academy of Professional Coders.

Access the ICD-10 toolkit at college.acaa.org/icd10.

Have a coding question? Contact the Advocacy Council coding experts at advocacycouncil@acaai.org.



COMMUNITY ADVANTAGE

By Sarah Spriet, DO, Senior FIT Representative

Itching to find an answer

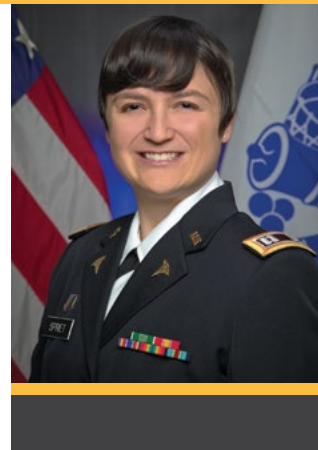
Spring is here and you're likely seeing many patients in clinic who are suffering from ocular and nasal pruritus due to tree pollen allergies. Others may present throughout the year with pruritus due to atopic dermatitis, contact dermatitis and urticaria. The evaluation and management of these conditions are well-defined in our guidelines. If some other dermatologic disorder is present, the patient may be referred to dermatology for biopsy. But what about patients who are referred for evaluation of generalized itching without a primary skin eruption?

In these cases, it is important to remember that there are a host of systemic disorders which may cause pruritus, ranging from mild annoyance to debilitating. These causes may be classified based on the underlying disease and include: renal, cholestatic, hematologic, endocrine, malignancy and idiopathic. There are also various neurologic and psychogenic causes of pruritus, however, these tend to be more localized.

Clues to the underlying etiology may be revealed after a thorough history and comprehensive review of systems. After collecting details pertaining to the nature of the pruritus, it is pertinent to inquire about current and past medical diagnoses, medication/substance use, travel history, any contacts with similar symptoms and potential emotional

stresses. The skin should be inspected for any evidence of primary skin lesions. Xerosis may not be apparent unless the skin is carefully examined. An attempt to elicit dermatographism should be made. Secondary skin lesions such as excoriations and lichenification may be present but are unlikely to help narrow the differential.

If the pruritus has been refractory to a trial of second generation antihistamines, and soak and smear with bland emollients, a further work up is indicated. This might include a complete blood count with differential to evaluate for evidence of malignancy, myeloproliferative disease or iron deficiency, liver associated enzymes, thyroid function studies and BUN and creatinine. A chest radiograph may be obtained to screen for adenopathy. Further studies such as HIV antibody, hepatitis B and C serologies, stool ova and parasite may be obtained in patients with risk factors identified on history. For the clinical immunologist, immunofluorescence studies and enzyme-linked immunosorbent assay to detect bullous pemphigoid may be considered based on reports that a subset of patients present with pruritus in the absence of primary skin lesions.





COMMUNITY ADVANTAGE

By Leila Sublett, Alliance President

Going once, twice...sold!

The live auction at the 2015 Foundation Fundraising Event raised more than \$20,000 - an all-time record.

Many thanks are due to immediate Past-President, Judy Fineman, the Alliance officers and members and the College staff for their support and hard work in making the auction such a great success. This was a tremendous accomplishment for the first year.

We need your help to make the 2016 auction even better - with more quality items and even more money raised. If you (or a friend) own a condo, second home, time-share, etc. consider donating a stay. You can also donate tickets to major sporting or entertainment events, or, even better, if you are going to the event, host the winners of the auction. Donating is a great way to support the Alliance, raise money for the Foundation, meet other members of the College you may not know and still receive a tax deductible benefit. Have a fantastic item to donate? Reach out to us and we'll be in touch.

In addition to the auction, your Alliance is already in planning mode to provide the very best hospitality, speakers, field trips and luncheon for the Alliance members at this year's Annual Scientific Meeting in San Francisco.

If your spouse or significant other is not a member, please encourage them to become involved. It's a great way to meet new friends and get more involved in the College's activities. To apply for membership, please complete and submit the membership application available on college.acaai.org. Questions or suggestions? Send us an email at alliance@acaai.org or to my personal email at leliacs@aol.com.



Warren Filley, MD, FACA and Mrs. Karen P. Filley of Edmond, OK, winners of the Kentucky Derby Package at the Alliance auction.

ANNUAL SCIENTIFIC MEETING ADVANTAGE

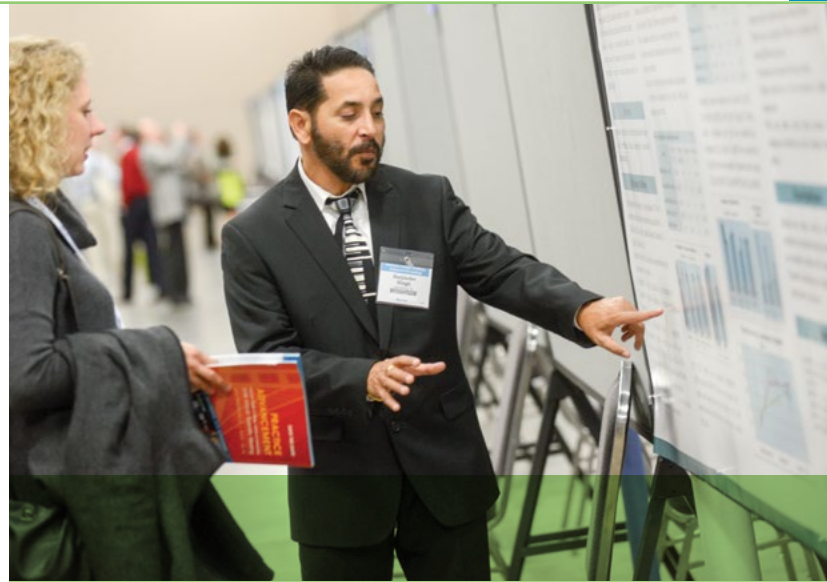
FITs – get a scholarship or award!

Fellows-in-Training: Be recognized for your outstanding research or get a travel scholarship to attend the 2016 Annual Scientific Meeting Nov. 10-14 in San Francisco, California!

Clemens von Pirquet Awards – The Alliance of ACAAI provides FITs with three awards for the best abstracts on any aspect of allergy/immunology or related fields. You must indicate that you wish to be considered for a Clemens von Pirquet Award on the abstract submission website and provide additional documentation to the ACAAI office by July 15. Award-winning abstracts are selected by the Abstract Review Committee. Award winners present their research at an Oral Concurrent Session Nov. 13 or 14. In addition to award certificates, winners will receive cash awards from \$1,000 to \$2,500.

Travel scholarships – The College will provide travel scholarships to FITs in North America to attend the 2016 Annual Meeting. The application, due by Aug. 16, will be emailed to all FITs and program directors, and is also available at college.acaa.org. For more information, contact Katerina Barcal at 847-427-1200 or katerinabarcal@acaa.org.

Note: FITs who complete their fellowship in 2016 are eligible for travel scholarships to attend the 2016 Annual Meeting.



ANNUAL SCIENTIFIC MEETING ADVANTAGE

Showcase your research!

Spotlight your important clinical and research findings at the 2016 Annual Scientific Meeting Nov. 10-14 in San Francisco, California. The deadline for submission is July 15, 2016 for everyone, including first year Fellows-in-Training. Abstracts must be submitted online at annualmeeting.acaa.org. Authors should follow all directions carefully as they proceed through the system's step-by-step process. The assigned abstract proposal number allows authors to resume or edit a previous submission until the July 15 deadline.

There is a \$40 fee for each abstract submitted. This fee is waived for FITs, medical students and residents. Visit the website for payment information.

All authors whose abstracts are accepted for presentation will be required to register for the Annual Meeting and pay the appropriate fee when registration opens.

Abstracts selected for oral and poster presentations will be published in the November 2016 supplement to the *Annals of Allergy, Asthma & Immunology*. FITs who submit an abstract may apply for a Clemens von Pirquet award. Information on the criteria and application requirements can be obtained by contacting debrakroncke@acaa.org.

Note: Research scheduled for publication prior to the ACAAI meeting date, or which have been presented at national or regional meetings of other organizations, cannot be submitted. Since accepted abstracts will be published in *Annals of Allergy, Asthma & Immunology*, the abstract peer review process will adhere to human research ethical guidelines.



The winners of the 2015 Clemens von Pirquet Awards, from left to right: Whitney Stevens, MD, PhD, Hannia Matt, MD, and Brooke Polk, MD, pictured with James L. Sublett, MD, 2014-15 President.



"We've added new and exciting features this year. It's going to be a very valuable experience for attendees."

— Stephen Tilles, MD, FAAAAI,
Program Chair and President-Elect.

ANNUAL SCIENTIFIC MEETING ADVANTAGE

A meeting for changing times

You've heard it before - a lot is changing in health care. Don't spend too much time worrying, though, the College has your back.

The 2016 Annual Scientific Meeting Nov. 10-14 in San Francisco, California is packed with the information practicing allergists need to know to navigate this new landscape of health care:

- The latest research.
- The newest treatments and technologies.
- In-depth sessions on practice management.
- Vibrant networking events.
- A rock star keynote speaker.
- Lively debates.

Plus, all of the best sessions are back by popular demand. The educational event of the year that you've come to know (and love) is just getting better and better.



Get inspired by keynote speaker, Abraham Verghese, MD, MACP.

"We've added new and exciting features this year," said Stephen Tilles, MD, FAAAAI, Annual Meeting Program Committee Chair. "It's going to be a very valuable experience for attendees. For example, this is the first Annual Scientific Meeting to use an open submission format as a grassroots effort to secure presentation and speaker ideas from the community. We have also changed the structure of the Program Committee to reflect newly-established interest "tracks." These changes have added both diversity and relevancy to our program planning."

Get inspired

This year's Annual Meeting will spotlight an incredible keynote speaker - Abraham Verghese, MD, MACP - presenting on the importance of maintaining the doctor/patient interaction which may be strained in today's times.

"Dr. Verghese is the best-selling author of "Cutting for Stone," and a clinician known for his commitment to preserving physician empathy and emphasizing the value of physical examination to enhance the "two-way" relationship between physicians and their patients. Importantly, this keynote session will emphasize the need for College members to take inventory of their own sources of career and life satisfaction in these changing times," said Dr. Tilles.

Dive deep into immunotherapy

You asked for more about immunotherapy, and we listened. Our cutting-edge Thursday morning program will focus on the importance of immunotherapy as a major part of

the practice of allergy, including a historical perspective, evidence-based review of currently available immunotherapy strategies, and a look to the future for novel applications of immunotherapy for both respiratory and food allergies.

Lace up your boots

Get ready for our Practice Management Bootcamp on Thursday afternoon - an entire half-day devoted to running your practice during these new, challenging times. This intense session will benefit any practicing allergist, regardless of the size of your practice. You won't want to miss it.

Catch a heated debate

New this year, pro/con debate sessions offer a lively take on evidence-based discussions. Speakers will debate and discuss both sides of an issue that impacts your day-to-day practice, with time for questions and discussion with the audience. This stripped down, no-frills format will cut right to the chase and give attendees plenty of tidbits and pearls to ponder.

Don't miss this year's valuable Annual Meeting. Attendees will get the guidance and pragmatic tools they need to not only survive, but thrive in the practice of allergy and immunology. "College members will leave San Francisco equipped with cutting-edge scientific updates, new practical information to help manage their practices, and a renewed enthusiasm for patient care they can implement in their practices right away," said Dr. Tilles.

PRACTICE ADVANCEMENT

SAN FRANCISCO | NOV 10-14

American College of Allergy,
Asthma & Immunology
2016 Annual Scientific Meeting



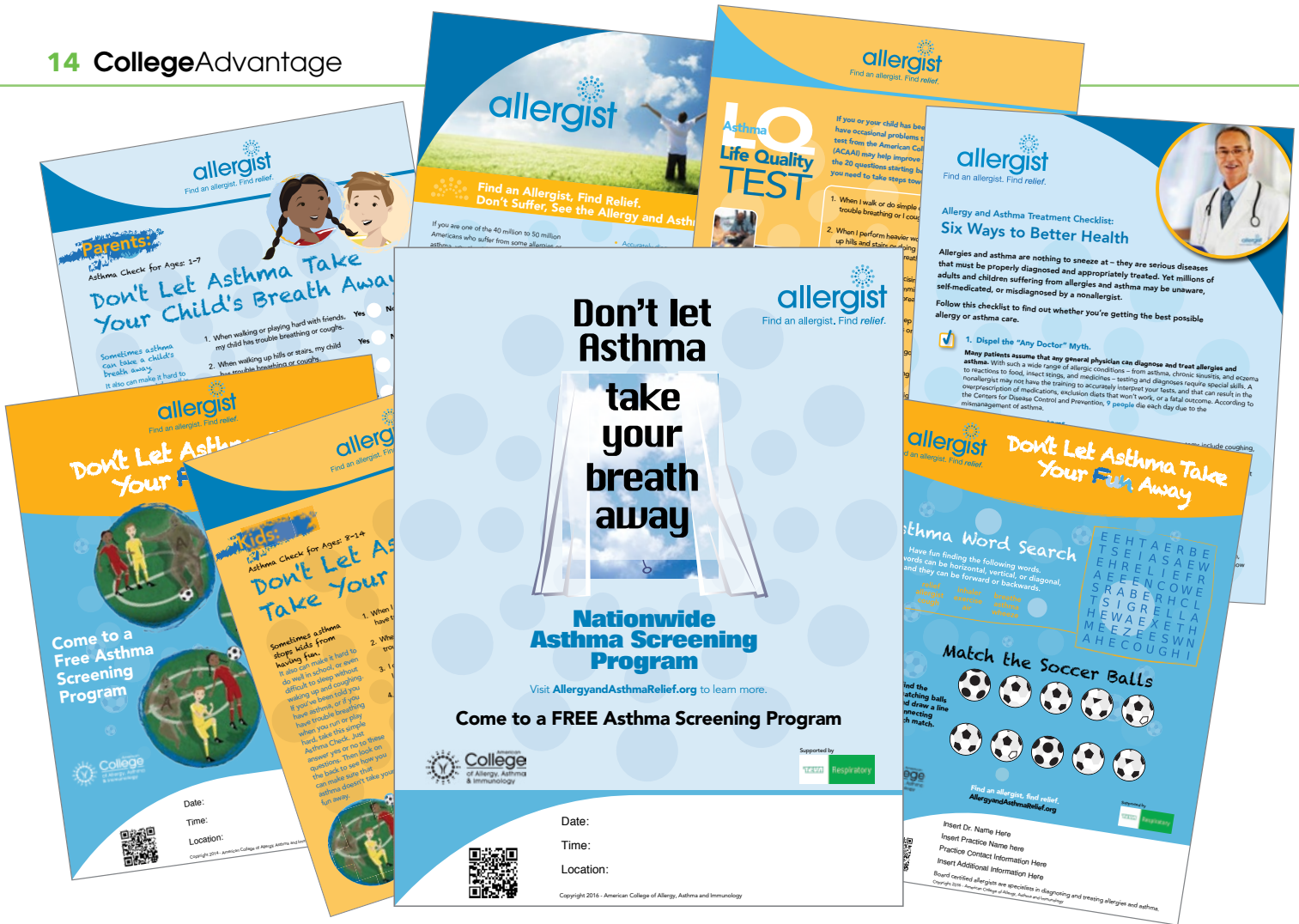
Meeting attendees get hands-on during workshops.



Meet the Professor breakfasts provide an opportunity for informal discussions with experts.



All the best sessions are back by popular demand.



PATIENT ADVANTAGE

Your community is counting on you

Shifting spring weather is known for making allergy and asthma sufferers suddenly miserable, especially for adults and children with undiagnosed conditions. Can your community count on you to help out by providing free asthma and allergy screenings?

The Nationwide Asthma Screening Program (NASP), sponsored by Teva Respiratory, provides everything you need to easily host your own screening event. Visit college.acaai.org/nasp and fill out a coordinator's registration form to let us know you're interested. Get tips on finding a screening location by downloading our coordinator's manual, and once your location and dates are secured, send in the screening program location registration form. To participate in the 2016 spring/summer program, send in your registration form by May 31. For the fall/winter program, forms are due by Aug. 31. If your screening is open to the public, we'll post the dates, times and locations on our website.

Once you're registered, we'll email you a link so you can access the electronic toolkit, which has everything you need to make your screening a success. Print your own participant registration forms, and customize your own publicity posters, fact sheets, fliers, FAQs and more. A representative from Teva

will deliver a kit of promotional banners to your office, and if you want, they can provide you with printed materials for your screening as well. The only thing you need to bring is your own spirometry equipment.

For questions about NASP, contact Amanda Spejcher at amandaspejcher@acaai.org or 847-427-1200.



COMMUNITY ADVANTAGE

Continued from page 2

It is clear that medical care in the U.S. is changing due to many factors. In 2012, a task force on the future of allergy/immunology referenced Bob Dylan's 1964 song, "The Times They Are A-Changin'" to introduce the task force report. They reported there will likely be a shortage in our specialty, and noted that "Although threats exist to our specialty, there continues to be exciting opportunities for our ongoing success and growth as well."³

To continue to thrive, the allergist will need to pay attention to the many changes that are occurring, and we may need to evolve our practice styles as the medical environment changes.⁴ As allergists, we have always been proud of our personalized care and our close relationships with our patients, and this will remain critical as we go forward. There will always be a place for a superbly trained, caring physician with an in-depth knowledge of the immune system. We should not fear the future, but must be part of the discussion that drives change in the current medical system.

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2. Ring J, et al, Davos Declaration: Allergy as a global problem. Allergy, 2012, Vol 67;141-143
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PATIENT ADVANTAGE

Can new patients find you?

When prospective patients visit the "Find an Allergist" tool to search for an allergist near them, is your most current information showing up? Consumers can search with their ZIP code or city to find allergists located close to home - and if you're nearby, your name, address, practice website, phone and type of patients seen is displayed. The "Find an Allergist" tool is one of the most frequently visited pages on our website, with an average of 10,500 allergist searches each month.

To keep your info current, update your profile online - at college.acaai.org/profile - and start connecting with new patients.

COMMUNITY ADVANTAGE

Young faculty - apply for a \$50,000 grant

Interested in undertaking a research or teaching project? You can apply for a Young Faculty Support Award from the ACAAI Foundation. Young faculty who are less than 40 years old or within the first five years of medical practice in an academic environment are eligible to apply.

Two grants will each fund a one-year project with a possible one-year renewal for clinically relevant research projects involving basic research, innovative teaching or delivering of care in an academic setting.

The deadline for applications is Aug. 14, and you can download or submit an application at college.acaai.org.

The winners of the 2015 Young Faculty Awards, from left to right: Anna Fishbein, MD and Mauli Desj, MD, FACAAl with Dr. James Sublett.



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PRACTICE ADVANCEMENT

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