

Family Physicians Make Competing Possible for Special Olympics Athletes

IN 2000, when Jeffrey Zlotnick, MD, CAQ was serving on the Board of Trustees of the New Jersey Academy of Family Physicians (NJAFP), the board received a phone call from Marc Edenzon, President and CEO of Special Olympics New Jersey (SONJ), requesting help. The organization was running into a problem getting athletes to complete their pre-participation physicals due to various barriers that are characteristic of the special needs population when it comes to accessing health care. Athletes had difficulty finding and making appointments with physicians, or if they were able to make appointments, they simply lacked the transportation to get them there.

As a Board Certified family physician with a background in sports medicine, the issue resonated with Dr. Zlotnick and he made finding a solution his priority. On behalf of NJAFP, Dr. Zlotnick met with SONJ athletes and their parents, as well as state legislators to determine the best way to meet the needs of all those involved. He began looking for ways to successfully see as many athletes as possible in a quick and efficient manner.

The solution was in college station exams. Using the station exam concept as a model, SONJ athletes would be seen by a physician in groups of three or four at a time, allowing the exams to be completed quickly while lessening the anxiety athletes may feel when visiting the doctor alone.

Once Dr. Zlotnick and SONJ decided on the right pre-participation exam model for the athletes, Dr. Zlotnick reached out to New Jersey's family medicine residency programs in an attempt to garner support and mobilize volunteers.

"Residency programs were ecstatic and immediately welcomed the idea," says Dr. Zlotnick. "It was a great way for family medicine residents to meet their volunteer requirements, as well as supplement their medical training with exposure to individuals with developmental delays."

With Dr. Zlotnick's research and support from



Jeff Zlotnick, MD (r) pictured with SONJ MedFest program associates, Carmen Bannon (l) and Andrea Picariello (c).
Photo: Michael Friedman

the residency programs, the event known today as MedFest was born. Dr. Zlotnick, NJAFP and New Jersey family medicine residency programs held the first event in Lawrenceville, at SONJ's headquarters in March 2003. Schools from across the state provided athletes with bus transportation to MedFest, eliminating the need for athletes' families to drive.

During MedFest, each athlete underwent a pre-participation exam that consisted of seven station stops. Before the medical examinations, athletes were first processed by SONJ volunteers who ensured all the medical history paperwork was in order so that the athletes could proceed. They were divided into small groups and began with Station # 1- Intake, where they were measured for height, weight, and a history review, followed by stations for blood pressure, heart and lungs, ear-nose-throat, abdominal, musculo-skeletal and finally, check-out.

Prior to volunteering for the event, participat-

ing resident physicians took a CME accredited training course developed by Dr. Zlotnick in order to be more familiar with the special needs population. The important mission of the pre-participation exams is not to prohibit or restrict a Special Olympic athlete, but rather to qualify the athlete for activities they CAN participate in. Per the training, nurses and medical students would complete the Intake portion of the exam; resident physicians provided the main screening stations of the pre-participation exam (History, Ear/Nose/Throat, Heart/Lung, Abdominal); and certified athletic trainers ran the musculo-skeletal portion. Dr. Zlotnick acted as the supervising physician in charge of reviewing and signing the forms to clear athletes for competition.

The MedFest program proved to be a huge success for a significant portion of New Jersey's special needs students. However, some athletes were still having trouble finding

transportation to Lawrenceville. In an attempt to reach every athlete across the state, SONJ recently took the next step and made MedFest mobile by customizing a Winnebago. The customization allowed Dr. Zlotnick to hit the road with the “MedFest Winnebago” and a handful of resident family physicians, medical students and SONJ volunteers. They are now able to visit locations throughout New Jersey to give the athletes more opportunities to receive pre-participation physicals.

To date, between 1,500 to 2,000 athletes have been able to compete in the Special Olympics Games and activities thanks to MedFest. The program has grown nationally – spreading to other states and giving Special Olympic athletes across the country the clearance to participate in the Games. No one is ruled out based on their physical limitations. Instead, family physicians identify what limitations the athlete has, and Special Olympics uses that information to adapt the activity to the athlete.

“There are a hundred different things these

kids can do. Why exempt them for the one thing they can’t do?” says Dr. Zlotnick.

“Family physicians are the reason that MedFest is possible. I think that’s a testament to the kind of people involved in family medicine - we are willing to do whatever we can to help people make the most of their lives.”

Recently, Dr. Zlotnick was recognized for his work and dedication to SONJ. At the 2015 Special Olympics New Jersey Awards Dinner, he was inducted into the SONJ Hall of Fame for his 20 years of service to the organization, the development of the MedFest program, and the countless pre-participation exams he has completed. Presented each year to an individual who has advanced the Special Olympics movement, Dr. Zlotnick is the first volunteer physician to receive this honor.

“It takes a lot to make me speechless, but receiving this honor has left me without words,” says Dr. Zlotnick. “I am excited and thrilled to be honored to this degree by such a tremendous organization.” ▲

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than 1,000 consumers and found that one-fourth of the respondents used self-diagnostic technology as often as they visited their doctor. About the same number of patients said that they used these tools instead of visiting their doctor.

While these concepts may be frightening to some, imagine a world where physicians are able to leverage technology to gather real-time data on their patients with chronic conditions, and then get alerts on patients who are trending in the wrong direction, and then focus their attention on those patients. This is work that no person can do without the aid of technology, and I submit that when that technology is utilized to its best potential, the relationship between patient and physician will become more, not less, important. That is, provided the physician has embraced that technology and is guiding the patient toward the appropriate use and understanding of those tools.

If health care is complex now, if patients with chronic conditions are confused today, if their family caregivers are both physically and mentally exhausted from the pressure of both caring for, and understanding the needs of their loved one, and if the family physician is truly the best physician to manage care and help the patient and their family navigate the choppy and complicated waters of the healthcare system in the current environment, won’t it be more important that the physician and patient cultivate that relationship to understand and sort through the noise created by the volumes of data created? Won’t it be critical that patients understand not just the “what,” but the “why” of the data gath-

ered? Parenthetically, won’t the e-visit or tele-visit improve the cultivation of that relationship?

The change isn’t coming. It’s here. The technology that we are already using in health care is just the tip of the iceberg. Consider that right now there is a little robot – coincidentally named “Opportunity” – rolling around Mars taking samples of everything it finds, analyzing it, and making determinations about what is and isn’t there. Certainly, the scientists here on Mother Earth have a lot to say about the interpretations of the data that robot spits out, but the robot is making the initial diagnosis. While we are talking about the novelty of physicians connecting with their patients across video screens instead of in-person in an exam room, and while we ponder just where we will find the people to process the huge amounts of population-health data we collect in order to use that data most effectively, the leading edge is artificial intelligence that will process data and make decisions – and if we allow ourselves to believe that such artificial intelligence will capture the science but certainly never the art of medicine, guess again. Watson can sing too, and I’ll bet that there are quite a few of you still reading this article who are wearing a Fitbit on your wrist. ▲

References

1. <http://www.moorelaw.org/>
2. Patrick, JR. (2015). Health Attitude: Unraveling and Solving the Complexities of Healthcare. Palm Coast, FL.

Ray Saputelli, MBA, CAE is the Executive Vice President for the New Jersey Academy of Family Physicians and Executive Director of the New Jersey Academy of Family Physicians Foundation.

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ments for both the employer and the employee. Applicable Large Employers are required to prepare and file IRS Forms 1095-C and 1094-C. Form 1095-C reports information about the health insurance coverage and enrollment information. This form is provided to all full time employees to send in to the IRS along with their tax returns. Form 1094-C is filed as a transmittal document by the employer along with Form 1095-C and provides a summary to the IRS of aggregate employer-level data. Form 1094-C helps the IRS to determine whether an employer is subject to an employer penalty.

What are your next steps?

1. Determine if you are an “Applicable Large Employer;”
2. Review your policies and procedures, including your Employee Manual to ensure that the policies are consistent with the ACA requirements;
3. Develop or obtain certain employee forms such as a Waiver Form for eligible employees who do not elect coverage;
4. Develop a communication plan to speak to your employees about who is eligible for healthcare coverage, when coverage is available and what coverage is provided;
5. Assess your ability to track variable hour employees and to prepare end of year IRS forms, look into vendors such as payroll/benefit companies to assist you with this.

For more information on Applicable Large Employers, visit: <https://www.irs.gov/Affordable-Care-Act/Employers/Information-Reporting-by-Applicable-Large-Employers> ▲

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ANSWERS:

1. False - HPV types 16 and 18; 2. True;
3. False – age 26; 4. True; 5. True; 6. True;
7. False - Diagnosis is confirmed by standard cytogenetic analysis (karyotype); 8. True; 9. True;
10. False – The recommended limit is no more the 1-2 hours per day