

# FRONTLINE


## PHYSICIAN

A Publication of the Indiana Academy of Family Physicians  
Summer 2003



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## Extra! Extra! Read All About It!

The Fall Frontline deadline for articles will be Aug. 1. Please submit your articles, ideas or photos to Amanda Bowling at the IAFP.

**The MISSION of the Indiana Academy of Family Physicians is to promote excellence in health care and the betterment of the health of the American people. Purposes in support of this mission are:**

- To provide responsible advocacy for and education of patients and the public in all health-related matters;
- To preserve and promote quality cost-effective health care;
- To promote the science and art of family medicine and to ensure an optimal supply of well-trained family physicians;
- To promote and maintain high standards among physicians who practice family medicine;
- To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience;
- To provide advocacy, representation and leadership for the specialty of family practice;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.



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Debra McClain, M.D., President,  
Indiana Academy of Family Physicians

# President's Message

Since my last update, several historic events have happened that I'd like to share with you. The Academy is now located in its new site on Monument Circle. Thanks to the dedication of our staff and many hours of planning, the move was seamless. Our Academy is now located in the heart of the state. The statehouse, Indiana State Medical Association, and Indiana's board of health are all within walking distance. Additionally, the IU School of Medicine is only a short distance away. The view of Monument Circle from our building is awesome. It's very inspiring to be so close to these entities. This serves as a great reminder as to why we have come together at the Academy. Our goal has always been to nurture the people of Indiana and help them lead the healthiest lifestyles possible.

The Foundation was able to use our new headquarters for its first major fundraiser. It sponsored the IAFP Memorial Day Fund Festival on May 24. There was great food, fellowship and the chance to view the 500 Parade from bleacher seating on the Circle or from the fifth-floor windows of our building.

Tar Wars® continues to be the IAFP/F's star project. However, this program has been affected by lack of finances from the state and nationally. We continue to put much effort into this important cause and work within the financial constraints. I encourage every member to make a donation of your time and money to support this wonderful cause of letting children know about the dangers of smoking and tobacco use.

The statehouse continues to be a bustling place for our legislators, staff and members. On the state and national level, many alerts have been sent about legislative issues. Our lobbyist, Doug Kinser, represents us well at the state level. However, funds remain tight for our state and nation. The Medicaid budget has remained flatlined. How this will affect our ability to care for our most medically underserved and vulnerable population remains to be worked out. At the national level, there was modest success. The original Medicare reimbursement rate was to be cut by 5.4 %. However, tireless lobbying, calls and emails helped get an omnibus appropriations bill adopted by Congress that was signed into law in February. It allowed a 1.6% increase that was effective March 1. More than 15,000 e-mails were sent through the AAFP Speak Our Program. Thank you to all who took time to express your views. The success of your actions proves that every letter does count!

During the legislative session, I served as Physician of the Day and also attended the ISMA-sponsored event Medicine Day. It was quite an eye opener. I'm sure anyone who has not been to the statehouse would learn quite a bit from sitting in on hearings and seeing legislators in session. I encourage everyone to learn as much as possible about Indiana's legislative process.

I attended my second ISMA board meeting. I feel the Academy's presence in this organization is being felt and heard. The chairman of the board is a family physician and so are several board members. These very dedicated family doctors are working hard in the ISMA and we should support their efforts and work to partner with the ISMA as much as possible. Our organization may not always agree with the ISMA on all issues, but there are many items we do agree upon. Together as united physicians we can do more in the eye of the public and state legislators than as divided groups.

I also attended the Minnesota Academy of Family Physician's annual meeting in St. Paul, Minn. They have a congress like ours

with every seat filled. What impressed me was the lively debate and active participation of the members. The congress met all day with 26 resolutions entered and discussed. There was a noon luncheon. By the end of the afternoon, their agenda had been accomplished with an organization board meeting taking place that evening. This was all done in one day—in this case a Wednesday. CME followed during the next two days. Officers were installed on Thursday evening. About 450 people enrolled in the CME portion of the event, and 50 more participants joined on a walk-in basis. To compare our group with their group, Minnesota has 1,828 active members and Indiana has 1,513. The speakers were excellent like those at our French Lick meeting. I liked the fact that the organization's business of congress was all done in one day—a very long and productive one. Perhaps, we should consider this as part of our reorganization. This day could take place in French Lick or at our Winter Family Practice Update. Currently, there is a committee studying the future of our districts and current congress. Our goal is to encourage as much participation as we can from any member who wishes to have his or her voice heard. Please send the IAFP any ideas, views, or comments you may have on re-organizing our districts.

To close, I'd like to share some thoughts about triumphs and transitions. I attended my daughter's seventh-grade orchestra concert that features all of the school districts' orchestras from beginners to advanced high school musicians. The concert begins every year with the fourth-graders proudly playing "Twinkle, Twinkle Little Star." These students beamed brightly as the parents applauded enthusiastically. As each progressively older group played, there was obvious improvement. The triumph of persistence became evident as the concert made the transition from novice musicians to advanced ones. I want to encourage our members to be active and show support for our Academy. By working together, we can make the transitions needed to make our organization even more successful than it already is.

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of  
everyhour  
of  
everyday  
to  
everybeat  
of  
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In this column, I want to share with you information on a recent United States Supreme Court ruling that affects physicians. My colleague, Jon Bumgarner, wrote the following. You can reach him at [jbumgarner@hallrender.com](mailto:jbumgarner@hallrender.com).

## High Court Considers Whether Physician Shareholders are Employees under ADA

The United States Supreme Court recently addressed the issue of whether shareholders in a professional corporation should be considered employees under the Americans with Disabilities Act (ADA). In *Clackamas Gastroenterology Associates, P.C. v. Wells*, the Court reversed a Ninth Circuit Court of Appeals decision which held that four physician shareholders of a medical practice should be counted as employees for purposes of determining whether the employer has a sufficient number of employees to be covered by the ADA. Finding persuasive existing guidance from the EEOC, the Court ruled that this determination must be made on a case by case basis, with the principal guidepost being the extent of control that may be exercised by the organization over the details of the shareholders' work.

### Why is this important to physician shareholders of medical practices?

The ADA does not apply to very small employers. Specifically, the ADA, like Title VII of the Civil Rights Act of 1964, only covers employers with 15 or more employees for 20 or more weeks in the current or preceding calendar year. Similarly, the Age Discrimination in Employment Act (ADEA) only covers employers with 20 or more employees.

The *Clackamas* decision, therefore, may be extremely significant for small professional corporations—a popular business structure for many medical

practices—for the following reason: If physician shareholders are counted as employees of a medical practice, it is more likely that the medical practice will meet the minimum number of employee thresholds and, therefore, be covered by federal anti-discrimination laws. Coverage under federal anti-discrimination laws means that all of the employees, from physician to receptionist, would be eligible to file a lawsuit against the medical practice if they believe they have been discriminated against in violation of these laws.

### Courts in disarray

Prior to *Clackamas*, the federal courts of appeals were split on the issue of whether shareholders in a professional corporation were to be counted as employees under federal anti-discrimination laws. Specifically, the Seventh Circuit (which covers Indiana) has used an "economic realities" test to conclude that shareholders in a professional corporation are more like partners in a partnership than shareholders in a general corporation. Because partners are not typically considered employees of the partnership, the Seventh Circuit reasons that neither should shareholders be considered employees in a professional corporation. This was good news for Indiana professional corporations.

Other circuits have rejected the "economic realities" approach, however, choosing instead to decide the issue on the basis of the type of organization involved. Those courts reason that since professional corporations freely chose their corporate form, and since they enjoy the benefits that accompany it, they should not be permitted to claim that they are essentially a partnership in order to escape their

responsibilities under federal anti-discrimination laws.

### Supreme Court to the rescue?

Because of the split in the federal courts of appeals, many had hoped that the Supreme Court would resolve the issue in the *Clackamas* case. Rather than choosing one of the above approaches as the correct one, however, the Court remanded the case back to the lower court and ruled that this issue must be resolved on a case by case basis with the principal guidepost being the extent of control that may be exercised by the organization over the details of the physicians' work. Citing guidance published by the EEOC, the Court set forth the following six factors as relevant to the inquiry of whether the physicians in *Clackamas* were employees of the professional corporation:

1. Whether the organization can hire or fire the physician or set the rules and regulations of the physician's work;

2. Whether and, if so, to what extent the organization supervises the physician's work;
3. Whether the physician reports to someone higher in the organization;
4. Whether and, if so, to what extent the physician is able to influence the organization;
5. Whether the parties intended that the physician be an employee, as expressed in written agreements or contracts; and
6. Whether the physician shares in the profits, losses, and liabilities of the organization.

The Court noted that this list is not necessarily exhaustive, and that no one factor is decisive. Rather, the answer to whether a shareholder in a professional corporation is an employee of the organization depends on an analysis of all of the above factors taken together.

### What to do?

If it is important to you or your medical practice not to be covered by the ADA and other federal anti-discrimination laws, you

should attempt to structure your practice in such a way as to limit the amount of control the practice has over individual physicians. This can be done in a variety of ways, including the following:

- Avoid central policies or practices that govern or monitor too closely the details of the physicians' work;
- Ensure that there is no one in the organization that exercises authority over the physicians;
- Do not refer to physicians as "employees" in any written agreements or contracts;
- Structure compensation of the physicians such that it is tied to the profits and losses of the medical practice.

Although incorporation of these suggestions will not ensure that the physicians in your medical practice will not be considered employees, it will make them much less likely to be so, and with it, much less likely that your practice will be defending federal discrimination lawsuits brought by employees.

# IAFP Calendar

## IAFP MEETINGS

### IAFP Annual Meetings

July 23-27, 2003

French Lick Springs Resort, French Lick, IN

July 21-25, 2004

French Lick Springs Resort, French Lick, IN

### Practice Management Conference

October 16 & 17, 2003

Crowne Plaza Hotel, Indianapolis

### IAFP Board of Directors Meetings

October 19, 2003

Crowne Plaza Hotel, Indianapolis

January 26, 2004

Downtown Adam's Mark Hotel, Indianapolis

### Family Practice Update

January 22 – 25, 2004

Downtown Adam's Mark Hotel, Indianapolis

### Faculty Development Workshop

March 3, 2004

Airport Holiday Inn, Indianapolis

### Residents Day and Research Forum

March 4, 2004

Airport Holiday Inn, Indianapolis

## AAFP MEETINGS

### AAFP Congress of Delegates

September 30-October 2, 2003

New Orleans, LA

October 11-13, 2004

Orlando, FL

### AAFP Scientific Assembly

October 1-5, 2003

New Orleans, LA

October 13-27, 2004

Orlando, FL

### Annual Leadership Forum (ALF)

April 30 – May 1, 2004

Hyatt Regency Crown Center, Kansas City, MO

May 6-7, 2005

Hyatt Regency Crown Center, Kansas City, MO

### National Conference of Family Practice Residents & Student Members

August 6-10, 2003

Bartle Convention Center, Kansas City, MO

July 28-August 1, 2004

Bartle Convention Center, Kansas City, MO



# Let Your Voice Be Heard: Submit Resolutions By June 23

What's the best way to play a role in directing Academy policy and to address the issues that concern you most? Write a resolution. The IAFP Congress of Delegates will consider all resolutions when they convene July 24 and 25 in French Lick, IN.

Please submit your resolutions to the Academy in writing or via e-mail. Once submitted, resolutions will be reviewed for format and published on the Web site for input and comment by the membership.

Members who submit resolutions are invited to attend the meeting in French Lick and speak on behalf of their resolutions.

### Guidelines for drafting resolutions:

- Use the template provided here to ensure that your resolution follows the appropriate format.
- State the intent of your resolution clearly and concisely. Keep in mind that each resolution should deal with a single topic or subject.
- Submit your resolution in a timely manner. To be considered this year, the Academy office must receive your resolution by June 23.

### Drafting Whereas Clauses

The whereas clauses simply explain the problem or situation. Since the whereas statements explain and support the resolved portion, they precede the resolved clause in the written text. The Reference Committee does not adopt whereas sections of the resolution, but if the sections are not stated clearly and factually and in a manner that directly relates them to the resolved portion, they may produce unnecessary debate and detract from the effectiveness of the resolution. Please carefully check the facts, quotes, references and statistics used. Verify all data you use.

### Drafting Resolved Clauses

The resolved clauses stand alone and should be written as such. The resolved clause is the only portion of the resolution that will be voted on. Therefore, the resolved portion should be clear and action-oriented. Keep the resolved clause focused on what is desired as the end result.

Sometimes, it is easier to write the resolved clauses first. That forces you to identify the desired action. After finishing the resolved clause, write the whereas clauses, checking each to determine if the clause is relevant and provides necessary information. Be sure to provide adequate support for your resolved clause, but limit your whereas clauses to a reasonable number.

The Academy encourages you to participate in this process. It gives you a more direct voice into the policies and activities of your Academy.

Submit your resolutions by June 23 to the Indiana Academy of Family Physicians.

### Resolution Template

Title: \_\_\_\_\_

Submitted by: \_\_\_\_\_

WHEREAS, \_\_\_\_\_ ;

and

WHEREAS, \_\_\_\_\_ ;

and

WHEREAS, \_\_\_\_\_ ;

therefore be it

RESOLVED, \_\_\_\_\_ ;

and therefore be it further

RESOLVED, \_\_\_\_\_ .

Fiscal Note: \$

\_\_\_\_\_ .

# Legislative Update:

## Medicaid's Appropriation Indicates Shortfall

By Douglas M. Kinser

### Medicaid Appropriation Falls Short

The budget conference committee report was finally approved by a 34-16 vote in the Indiana Senate on April 27. The Indiana House approved it by a 61-37 margin on April 26. Although Gov. Frank O'Bannon signed the budget, it didn't include many of the spending proposals he submitted to the legislature in his original budget. Budget conferee Sen. Robert Meeks announced that the two-year spending plan contained no significant new spending. The legislature transferred money from nearly every reserve fund before reaching a final agreement.

As is usually the case, deciding on an education funding formula was the key stumbling block before lawmakers could reach a budget agreement. As typical, education funding was the key component before agreement could be reached. Senate Republicans favored a plan where funding would "follow the student." House Democrats, on the other hand, proposed a "fixed minimum and maximum for school corporations." Under the final budget agreement, education received 2.3 % in new funding in 2004 and 1.9 % in 2005."

### Medicaid and Health Care Budget Items

Medicaid's appropriation in the budget indicates a shortfall of \$218 million from what is forecast for the coming year. Since Medicaid leverages its state appropriation with federal tax dollars, nearly \$574 million will be reduced from health programs. To the extent that reductions are made to optional Medicaid services, the reductions may be on a proportionate amount and no service can be eliminated. Medicaid will determine where and when final cuts are made.

Funding for the Community Health Centers, at \$15 million annually was included. Programs for the Tobacco Prevention and Cessation Agency were reduced from \$32 million annually to \$10.8 million annually. In addition, Medicaid is authorized to apply for various waivers, including one that would require Medicaid recipients of a county to enroll in the Medicaid risk-based managed care program.

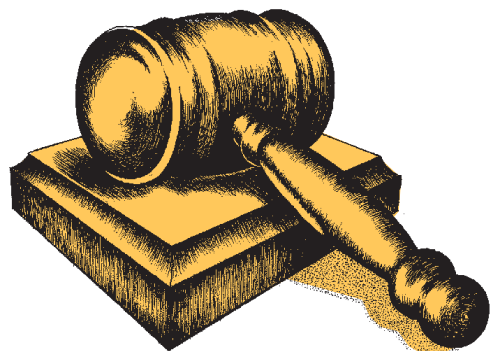
### Other Health Care Bills of Interest

- HB 1813 amends (1) the funding and administration of Medicaid and the hospital care for the indigent program; (2) the governing board of the Marion County Health and Hospital Corporation; and (3) repeals the uninsured parents program.
- HB 1749 amends the comprehensive health insurance association (ICHIA) law concerning board membership, premium rates, reimbursement rates, pharmacy and disease management programs, prescription drug coverage, eligibility, termination of coverage and assessments. The bill will allow Medicaid to leverage federal monies under ICHIA.
- SB 220 authorizes Medicaid to implement the federal Program of All-Inclusive Care for the Elderly (PACE) program.
- HB 1630 requires that a pregnant woman be tested for HIV during pregnancy or at the time of delivery unless she refuses.

### What is Next?

- On May 19, Debra McClain, M.D., and Richard Feldman, M.D., along with myself met with Melanie Bella, assistant secretary of Family and Social Services Administration (Medicaid). We will report to you on this meeting in the next issue of this magazine.
- June 19 will be technical corrections day. It is the opportunity to correct mistakes but not to change policy. Unless Gov. O'Bannon needs to call the legislature back for special session, the legislature will return on Nov. 18 for the 2004 Organizational Day.

**If you have any questions, please contact me at 317.977.1454 or at [dkinser@hallrender.com](mailto:dkinser@hallrender.com)**



# What's *Your* Story?

The IAFP once again would like to encourage members to participate in a project to collect stories from our members for a published anthology. Narratives relating the richly varied experiences of Indiana's family physicians have the potential to affirm and inspire colleagues and medical students, create a permanent record that documents the historical and cultural breadth of family medicine, inform legislators about family physicians pivotal role in the community and to educate patients, preparing them to partner more effectively with their physicians.

If you have a story, this is your opportunity to document a moment of tragedy, high comedy, reflection, fear, loss, mystery, awe, revelation or frustration, with the potential for both giving and gaining insight.

Mail written stories, notes, audiocassettes or tips on physicians we should connect with to:

**Cindi Zenkert-Strange**

**St. Vincent Hospitals and Health Services**

8402 Harcourt Rd., POB Suite 825

Indianapolis, IN 46240

Please include your name, address, phone number and e-mail address. Note that contributors will have the opportunity to review their edited stories prior to publication.

1. E-mail stories (as a word or rfp attachment or included within the body of the e-mail) to [cmzenker@stvincent.org](mailto:cmzenker@stvincent.org)
2. Watch for "story hours" at regional and state Academy meetings for an opportunity to exchange and record stories, with your permission
3. Go to the IAFP Web site at [www.in-afp.org](http://www.in-afp.org).



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# IAFP Research Day 2003 — Great Success

Participants of IAFP's Research Day 2003 came away from the event with a new understanding of the research process and a sense of confidence that they can implement research in their practice. Research Day 2003 took place at the Indianapolis Airport Holiday Inn on March 6. **Dr. Janele Guirguis-Blake**, from the Robert Graham Center for Policy Studies in Family and Practice Family Care, gave the keynote address, "Research in Family Medicine: Why Family Physicians Can and Must be Investigators." (Copies of handouts from the presentation are available from the IAFP for family physicians interested in research.)

The research portion of the program consisted of posters and oral presentations from residents and faculty members from throughout the state. Research formats included case reports, review articles, and research studies. Three judges selected winners in each category. Winners received certificates and monetary awards. Awards were presented in the following categories:

## Resident Original Research Study

**1st Place- \$500** award and certificate presented to:

Family Practice Residents' Attitudes Towards and Knowledge of Breastfeeding and Practices of Breastfeeding Education –**Dr. Tricia Baird, Ball Memorial Muncie**

**2nd Place- \$250** award and certificate presented to:

Deliveries by Family Physicians in Indiana in 2001– **Dr. Jerome Sneed, Indiana University Indianapolis**

**3rd Place- \$100** award and certificate presented to:

Pediatric Patients' Access to Firearms in A Family Practice Residency Population– **Dr. Gregory Rodocker, Deaconess Evansville**

## Resident Case Reports

**1st Place- \$200** award and certificate presented to:

Nontraumatic Rhabdomyolysis with Chronic Alcohol Abuse– **Dr. Ling L. Qiu, Indiana University Indianapolis**

**2nd Place- \$100** award and certificate presented to:

Weight Loss in A Type I Diabetic– **Dr. David Page, Deaconess Evansville**

**3rd Place- \$100** award and certificate presented to:

Multifactorial Diaphragmatic Rupture– **Dr. Kathy Lubak, Ball Memorial Muncie**

## Resident Poster

**1st Place- \$100** award and certificate presented to:

Proactive Communication Improves Quality of Life Among the Elderly–  
**Dr. Vipin Jain, Indiana University Indianapolis**

## Faculty Original Research Study

**1st Place- \$300** award and certificate presented to:

Comparison of an Abbreviated Child Screening Tool (ACAST) vs. The CAP-I (Child Abuse Potential Inventory) in a Family Practice Residency Population (Phase II)–  
**Dr. Greg Hindahl, Deaconess Evansville**

## Resident Review Article

**1st Place- \$200** award and certificate presented to:

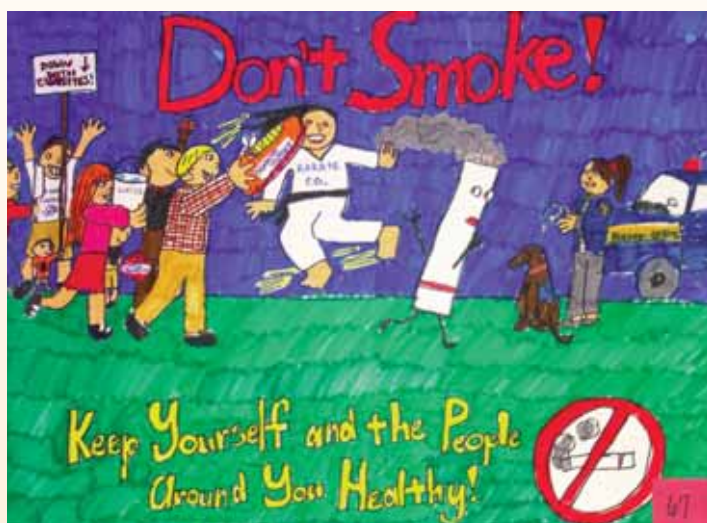
Homocysteine for Family Physicians– **Dr. Misuzu Yuasa, Union Terre Haute**

Under the direction of the IAFP, Research Day continues to expand each year. **Research Day 2004** is planned for Thursday, March 4. If you are interested in making a presentation, please contact the Indiana Academy of Family Physicians for instructions. A timeline for next year's competition will be available this fall from the IAFP Commission on Research. We encourage all students, residents, and practicing physicians to join in next year's celebration of Family Practice Research in Indiana.

# Tar Wars®

## Indiana – Update

### Tar Wars® Indiana Poster Winner Announced




Tar Wars® Indiana Poster Contest winning poster. Drawn by Kayla Logsdon of Sacred Heart School in Warsaw, IN.

May was an exciting month for Tar Wars®. We started the month with our poster contest judging, filling the walls of the new office with all of the colorful artwork that our Tar Wars® participants submitted. Guests from the Department of Education, the Attorney General's Office, Indiana Tobacco Prevention and Cessation, and The State Health Commissioner's Office visited our new home and served as judges for the 2003 Poster Contest. We also had two of our most loyal and dedicated volunteers, Dr. Richard Huber and Dr. Maria Fletcher, come in to judge the posters. Thanks to all who participated!

After a very close race for the top prize, judges chose Kayla Logsdon of Sacred Heart School in Warsaw, IN as the winning artist. Dr. Erin Jungbauer was the presenter at Kayla's school this year. Kayla will now be traveling with a parent to Washington, D.C., next month to participate in the Tar Wars® National Poster Contest. Good Luck Kayla! Details about the Tar Wars® Celebration at Victory Field and the National Poster Contest in Washington, D.C., will come in the next issue of *Frontline Physician*.

*Continued on page 14*



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## Tar Wars® Continued from page 13

Runners-up were Melody Agerter of Noblesville Intermediate School in Noblesville, IN, Amber Brown of Brumfield Elementary in Princeton, IN, and Michael Hunckler of St. Matthew Cathedral School in South Bend, IN – also the winner of the Attorney General's Award. DJ Holmes of Fairview Elementary in Logansport, IN, was the winner of the ITPC Award; Ted Tarricone of J.B. Stevens Elementary in Greenfield, IN, won the State Health Commissioner's Award; and Gabe Wilson of Waveland Elementary in Crawfordsville, IN, won the Department of Education Award. Our congratulations go out to these students and to all of the participants in this year's poster contest! You can view all of the state poster entries online at [www.tarwarsindiana.org/postercontest.htm](http://www.tarwarsindiana.org/postercontest.htm).

## Tar Wars® at the Indianapolis Motor Speedway

On May 17, Tar Wars® made its Infiniti Pro Series sponsorship debut at the Indianapolis Motor Speedway. Tobacco-free racing stepped up once again, this time sponsoring Ronnie Johncox of REV-1 Racing in the inaugural Freedom 100 at IMS. The Tar Wars® logo was featured on the car, along with a replica of Jenny Beck's National Award Winning Poster from the 2000 National Poster Contest. Jenny and her family traveled from



Jenny Beck and Missy Lewis with the No. 8 REV-1 Racing car. Jenny will be a freshman in high school this fall.

Evansville to watch the race from the Gasoline Alley Suites. The Becks also received a personal "behind-the-scenes" tour of the Speedway before watching the first 12 laps of the race. Unfortunately, rain postponed the race until the following day, but Johncox came back Sunday to finish eighth in a field of 19. This moved him to tenth in the overall point standings. Be sure to look for Ronnie Johncox, No. 8, in the next Infiniti Pro Series race.



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## *Attend Indiana's Premier CME Event for Family Physicians*

More than 30 hours of CME with lectures, hands-on-learning, clinical topics and practice management sessions

Come to the IAFP Annual Meeting from July 23 to 27 at the French Lick Resort, nestled in southern Indiana. You can enjoy summer days at this historical resort, and spend time with your peers and medical school classmates. Attend quality CME such as "Family Practice Office of the Future" and learn about EMR, Palm Pilots, Advanced Access, and more. Faculty include state and nationally known speakers. Network with family practice leaders. See new products. Bring the family and spend time in family activities and sports activities—including golf, tennis, swimming, and more.

All arrangements from the selection of CME offerings to family activities are based on previous evaluations and IAFP Member CME Needs Assessments. Every effort is made to improve the program each year.

### **General Information**

**Register Early Special** CME sessions and workshops fill early as does the hotel. **EARLY BIRD DRAWING:** Register by June 15 to be included in a drawing for refund of the CME registration fee.

**Location:** The French Lick Resort is nestled in southern Indiana. Room rates for IAFP registrants are \$91 per night. Special room requests (i.e., connecting rooms, suites) are based on availability. Rooms are available for people with

disabilities. To make room reservations, call the hotel at (800) 457-4042.

**Alternate Housing:** Lane's Motel, (812) 936-9919, is within walking distance from the resort and offers nice sleeping rooms and a pool. RV hookups are also available at Lane's. Also, the Beechwood Inn, which is similar to a bed & breakfast, has a limited number of rooms. For reservations, call (812) 936-9012.

**Special Needs:** If you have a special need that requires a special service, or if you have special dietary needs, please attach a written explanation of your need to your registration form or contact the IAFP prior to July 15. Most requests can be accommodated, if the IAFP is notified by the date noted above.

**Cancellation Policy:** Notice of cancellation must be sent in writing (by fax or mail) to the IAFP and must be received (not postmarked) by July 16, 2003 to be eligible for a full refund. Cancellations received after July 16 and before July 23 will be subject to a \$50 administrative fee. No shows are not eligible for refunds.

**For More Information** Call the IAFP headquarters office at (317) 237-4237 or at (888) 422-4237 if you have any questions. You can also email us at [iafp@iquest.net](mailto:iafp@iquest.net)

# 2003 IAFP Annual Meeting

## CME Schedule

### WEDNESDAY, JULY 23

6:00 - 7:00pm Early Bird CME Session  
Chronic Headache

### THURSDAY, JULY 24

7:30 am GYN Update - Hormones 2003  
8:15 am Pediatric Dermatology  
9:00 am Break to View Exhibits  
9:30 am ADHD Diagnosis & Treatment  
10:15 am Circadian Rhythms and 24 hour  
Blood Pressure Control  
11:00 am Lunch in the Exhibit Center  
11:30 am Contraceptive Update  
12:15 pm Fibromyalgia  
1:00 pm General Lectures End for the Day

### SPECIAL SESSIONS

1:30 - 3:30 pm Special CME Session  
Practice Management Workshop  
Advanced Beneficiary Notice, Hot  
Issues in Coding - HIPAA  
4:00 - 6:00 pm Primary Care Office of the Future  
EMRs, Best practices, etc.  
8:00 - 9:00 pm AAFP Video

### FRIDAY, JULY 25

7:30 am Infectious Disease Update  
(HIV, SARS, West Nile, etc.)  
8:15 am Treating Upper Respiratory  
Infections in an Era of Antibiotic  
Resistance  
9:00 am Break in Exhibit Hall  
9:30 am Topic to be announced  
10:15 am Chronic Urticaria  
11:00 am Break in Exhibit Hall  
11:30 am Prevention of Diabetes  
Complications  
12:15 pm Vaccine Update  
1:15 pm CME Lunch  
Advances in Prevention Through  
Optimal Lipid Lowering

### SPECIAL SESSION

2:30 - 4:30 pm Improving Outcomes In Otitis  
Media

### SATURDAY, JULY 26

7:45 am Dementia - Is it Alzheimer's?  
8:30 am Sinusitis 2003: Diagnosis,  
Management, and Controversies  
9:15 am Chronic Treatment of Advanced  
Staged Heart Failure  
10:00 am Break  
10:30 am Bio Terrorism  
11:15 am Perinatal Implications of Modern  
Infertility  
12:15 pm Jerry Stucky Memorial Luncheon

### SPECIAL SESSIONS

1:45 - 3:45 pm Evaluation & Management of  
Pediatric Asthma  
4:00 - 6:00 pm Comprehensive OB Update  
4:00 - 6:00 pm Sports Medicine Workshop

### SUNDAY, JULY 27

8:00 am CME Breakfast  
"Pediatric to Geriatric GERD and  
NSAIDS - Managing Acid Related  
Disorders Through the Ages of  
Mankind"





# *Attendees at the IAFP Annual Meeting Can Also Enjoy These Activities*

## **All Member "Summer Fest" Party Friday, July 25**

This year's all-member party on Friday evening will be full of surprises for the whole family. Several inflatable party games—including bouncers, slides, dunk tank, laser tag tube, and more—will be on hand for your enjoyment. Cotton candy and snow cones will be served prior to and after a huge buffet dinner. And just to be sure that no is disappointed, The Marlin's will be back to entertain the crowd with their music so don't forget your dancing shoes. This will be a great summer party.

## **MARENGO Cave Tour Saturday, July 26**

Join us for a fun-filled day at Marengo Cave. The most highly decorated cave known in the interior

lowlands, Marengo Cave, offers a contrast and variety of underground splendor unmatched in any single cave. Our trip will include: an easy 40-minute walking tour which winds its way through formation filled rooms and past huge flowstone deposits. The tour is highlighted by a visit to the world-famous Crystal Palace, one of America's most beautiful cave rooms, where a dramatic lighting presentation climaxes the cavern tour. There's also gem mining and an opportunity to tackle a 30-foot climbing/rappelling tower. The ticket fee includes the bus, snacks on the bus, cave tour and gem mining. The bus will leave the hotel in time to arrive at Marengo Cave in the morning and return to the hotel by 5 p.m.

## **Annual Banquet & Installation of Officers**

This elegant evening and dinner is held to honor our incoming and outgoing President and the 2003 IAFP Award Winners including the 2003 Family Physician of the year. Installation of officers ends the banquet. After this event, attend the afterglow party for the newly installed IAFP President. The hotel offers special programs this evening for children so parents may have a night out.

## **IAFP Business Meetings**

Board of Directors - July 23 & 27  
Congress of Delegates - July 23 & 24

# *2003 Booth Space List*

Company Name	Booth #	Company Name	Booth #
Abbott Labs	21 & 22	Merck and Company	17
AstraZeneca LP	5 & 6	MedImmune, Inc.	60
Bayer	53	Meretek Diagnostic, Inc	61
Boehringer Ingelheim/Abott	44	Midwest Hemostasis	41
Braintree Laboratories, Inc.	45	Novartis	39 & 40
Bristol-Myers Squibb	31	Ortho-McNeil Pharmaceuticals	20
Clarian Health	16	Pharmacia Diagnostics a Div. Of Pfizer	33
Corvasc MD's P.C.	52	Pfizer	58 & 59
Eli Lilly	9	Reliant Pharmaceuticals	50
Extendicare Health Services	51	Schering	62
Genesis Center	32	Schneck Medical Center-Health Dev. Ctr	11
GlaxoSmithKline	10	Saint Vincent's	47, 48, & 49
INET	46	Tar Wars/IAFP Foundation	3
Janssen Pharmaceuticals	12	UCB Pharma, Inc.	1
		Wyeth	23 & 42



## IAFP Physician of the Day Program

Thanks to all of the Family Physicians who served as IAFP Physicians of the Day at the Statehouse during the 2003 legislative session:

Dr. Larry Allen, Syracuse  
Dr. Rex Allman, Winamac  
Dr. Dianne Andrews, Beech Grove  
Dr. Mark Carter, Hobart  
Dr. Dave Dunkle, Beech Grove  
Dr. Bernie Emkes, Indianapolis  
Dr. Richard Feldman, Beech Grove  
Dr. Michelle Galen, Evansville  
Dr. Heidi Harris, Indianapolis  
Dr. Worthe Holt, Beech Grove  
Dr. Peggy Hu, Indianapolis  
Dr. Gaylen Kelton, Indianapolis  
Dr. Tom Kintanar, Ft. Wayne  
Dr. Richard Kiofsky, Indianapolis  
Dr. Clif Knight, Indianapolis  
Dr. Tom Lee, Hartford City  
Dr. John Linson, Indianapolis  
Dr. Debra McClain, South Bend  
Dr. Suzanne Montgomery, Carmel  
Dr. Brian Morris, Muncie  
Dr. Mercy Obeime, Indianapolis  
Dr. Garry Patton, Connersville  
Dr. Scott Ries, Indianapolis  
Dr. Alan Sidel, Ft. Wayne  
Dr. John Turner, Indianapolis  
Dr. Dan Walters, Seymour



**INDIANA  
ACADEMY  
OF FAMILY  
PHYSICIANS**

# A Letter to 15th District Members

By R. Scott Frankenfield, M.D.

As the new residency year is fast approaching, it is my hope that residents from each of Indiana's 12 residency programs will take a renewed interest in the policies and legislation that will affect the practice of primary care across Indiana. It seems that new legislation is being presented on nearly a daily basis that will change the face of how medicine is practiced not only in our state, but also across the nation. As I stated in my address at the recent IAFP Resident's Research Day, I would like to open channels of communication between each of the family practice residencies throughout the state to enable discussion on these varying issues. It is my expectation that these discussions will lead to a unified 15th District policy that can then be presented to the IAFP Board of Directors in an attempt to help shape our future in medicine, rather than merely accepting what others would decide for us.

It is my objective to establish a Family Practice Resident's Council in Indiana. I would like to meet with representatives from each of the 12 residencies July 17 at 3 p.m., prior to the French Lick meeting and also before the AAFP meeting in Kansas City. The meeting will take place at the IAFP headquarters in downtown Indianapolis. While I do ask that each residency program send at least one member to the council, the meeting is open to all who wish to attend. Future meetings will be scheduled two to three weeks prior to each of the IAFP meetings. While I am still trying to build support for the concept of the council, I do have five residencies that have pledged a representative: South Bend St. Joe, South Bend Memorial, Ball Memorial, Deaconess, and Community. I am open to ideas that will help to get the other seven programs involved.

My idea for the council's inception is to offer a forum for the residents to voice their opinions concerning issues facing family practice on both a state and national level. As director of the resident's district, I would then be able to take the stance supported by the majority of the residencies to the state meetings. The AAFP resident delegate from the state would also be able to vote on national issues based on the discussions that take place during these meetings. The council would also serve as a "think tank" where problems facing individual residency programs could be voiced and solutions brainstormed amongst those present.

After attending the April IAFP meeting, I discovered that a great concern among those attending was increasing the participation in the Academy, as well as increasing the interest of medical students to choose family practice as their specialty. I feel that the establishment of a Resident's Council is imperative to achieving both of these goals. Not only do residents spend the most time with medical students during their clerkships, more importantly, they are the future physicians serving the various districts of Indiana. It is crucial to increase the level of participation of the residents in the IAFP. The future of medicine is changing. We have the ability to help shape that change. Know that with your support the future of Family Practice in the state of Indiana, as well as across the country, is a bright one.

Please feel free to contact me with any questions you may have or with any concerns you would like brought before the council. Again, the July 17 meeting is open to any resident who would like to participate. Please contact me at [sfrankenfield@ecommunity.com](mailto:sfrankenfield@ecommunity.com) by June 30 if you plan to attend. I look forward to your participation.



INDIANA  
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# What is the IAFP Foundation Doing this Year?

## Upcoming Events

### **First Annual Chuck Schilling Memorial Golf Tournament, Thursday, July 24**

This year, the IAFP golf tournament, held in conjunction with the Academy's Annual Scientific Assembly in July, has taken on a new meaning. The tournament will be held in memory of Chuck Schilling, and all event proceeds will benefit the IAFP Foundation in his memory. Charles "Chuck" Schilling was instrumental in the establishment of this event as well as its continued success over the past 15 years. Thus, the IAFP found it fitting to use the event to honor his work.

## Program Activities

### **Adopt-A-Student**

The Adopt-A-Student program is sponsoring one medical student for an eight-week externship this summer. This program gives medical students an opportunity to work in a family physician's office during the summer months between their first and second years of medical school. The experience is intended to provide them with an understanding of the work schedule, lifestyle and community relationships involved with being a family physician in Indiana.

## Tar Wars®

Last year, the Tar Wars® program reached more than 19,000 children located in 255 schools across Indiana. We thank the 275 members of the health care profession, most of them family physicians or residents, who presented the program last year. This year, it is our hope that the Tar Wars® program will reach even more Hoosiers, continuing to spread its anti-tobacco message.

## Resident Repayment

The Foundation continues to support this program, which is administered by the AAFP. It provides financial support to eligible family practice residents to pay a portion of the interest that accrues on their educational loans. The program is targeted to residents who pursue careers in high-need areas, including rural practice, inner-city practice and full-time family medicine teaching. This year, the program is funding two Indiana family practice residents.

*For more information about the IAFP Foundation, contact Coral Cosway at the Academy office or at [ccosway@iquest.net](mailto:ccosway@iquest.net).*

## Help with HIPAA

To help family physicians comply with HIPAA regulations, the IAFP is including HIPAA forms and information on our Web site. Access the site at [www.in-afp.org](http://www.in-afp.org) to find more information on compliance.

# Thank You

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations that donated to the Foundation last year and in the first quarter of 2003. Your generosity has provided the Foundation with critical resources needed to fulfill its mission:

*"to enhance the health care delivered to the people of Indiana by developing and providing research, education and charitable resources for the promotion and support of the specialty of Family Practice in Indiana."*

## FOUNDER'S CLUB MEMBERS

Founder's Club Members have committed to giving \$2,500 to the IAFP Foundation over a 5-year period. Members noted with a check mark have completed their commitment. The Board would like to acknowledge that many of the Members on this list have continued to give to the Foundation after completing their Founder's Club commitment.

Deborah I. Allen, MD  
Dr. Jennifer & Lee Bigelow  
Kenneth Bobb, MD  
Bruce Burton, MD  
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Clarence G. Clarkson, MD  
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Raymond W. Nicholson, MD

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# Medicare Coalition

## Summary

By: Joy Newby, LPN, CPC

### Provider Numbers

AdminaStar Federal is now able to assign a single provider number when a practice has multiple locations having different CLIA numbers. Previously, practices had to obtain separate provider numbers for each location having CLIA numbers.

When reporting clinical laboratory services, claims should be filed as follows:

- For those practices having different provider numbers for each satellite, the claim must include the CLIA number assigned to the satellite in Item 23 of the claim form and the provider identification number must be included in Item 33.
- For those practices having a single provider number with multiple locations having different CLIA numbers, the claim must include the CLIA number for the location where the service is rendered in Item 23, the name and address of location where the service is rendered must be included in Item 32, and the provider identification number must be included in Item 33.

### Status of Current Inventory of Provider Enrollment

AdminaStar currently has 508 applications in inventory. Currently the Carrier is processing the addition of physicians/providers to current provider numbers (Form 855R) in 45 days or less. He also stated that changes to applications (Form 855) are being processed in 45 days or less.

All practices having pending applications (Forms 855I, 855G, and/or 855R) older than 60 days should have already been contacted by a representative of the Provider Enrollment Unit. Jerry requested if you have an application older than 60 days, please provide the requested information so they can complete the process.

Physicians may send an e-mail to [Jerry.Yohler@Anthem.com](mailto:Jerry.Yohler@Anthem.com) if the application is older than 60 days and the Provider Enrollment Unit has not contacted the provider or the physician is not sure what information is missing from the application.

### E-Commerce/HIPAA

Providers can obtain information on vendor HIPAA testing at the website at: [www.adminastar.com/HIPAA/CurrentNews](http://www.adminastar.com/HIPAA/CurrentNews).

Pam explained that AdminaStar's Gold Star Program is an excellent resource for selecting the Preferred Vendors, Billing Services, and Clearinghouses. The Gold Star Program criteria and Vendor, Clearinghouse, and Billing Service lists can be located on the website at:

[www.adminastar.com/Carrier/EDI/Resources](http://www.adminastar.com/Carrier/EDI/Resources). These entities must, among other requirements, have the capability to electronically submit Medicare secondary claims and offer electronic remittance advice.

For any questions regarding E-Commerce, please contact: Pam Cunningham

317.595.4372

[pam.cunningham@anthem.com](mailto:pam.cunningham@anthem.com)

Terri Shoup

317.595.4383

[terri.shoup@anthem.com](mailto:terri.shoup@anthem.com)

### Provider Assistance

The inventory in the Overpayment/Recovery Unit is slowly being reduced. Providers responding to overpayment requests from the Carrier should include a copy of the letter requesting the overpayment with their check.

Effective April 1, 2003, Customer Service Representatives will no longer provide any beneficiary eligibility information. This information must be obtained either through Claim Status Inquiry or through the Interactive Voice Response (IVR) system at 1.866.250.5665.

### Coding and Billing Guidelines for Local Anesthetics

Local anesthetics are included in the practice expense of the procedures for which they are used. Therefore, it is not correct to bill separately for local anesthetics. In addition, patients may not be held liable for payment. It is not appropriate to ask the beneficiary to sign an Advance Beneficiary Notice (ABN) for local anesthetics.

## MEDICARE COALITION – FAQ

### Electronic Signatures

**Q:** What are the guidelines for use of electronic signature on electronic medical records in the office setting? The question becomes, if the Carrier requests a medical record for review and that record is an electronic record with an electronic signature printed to paper, will the Carrier accept this record as documentation of the service provided? Also, Transmittal AB-02-145 indicates that Carriers may choose to accept electronic patient records from providers. Has AdminaStar Federal elected this choice? If so, how does a provider send requested medical records to the contractor via this mechanism?

**A:** AdminaStar Federal has received clarification from CMS that we can accept an electronic signature on medical records that are sent in. The additional question in regard to Transmittal AB-01-145 is in relation to AdminaStar Federal accepting electronic patient records via an electronic non-internet based system. AdminaStar Federal will not accept electronic records in this format. If AdminaStar Federal requests medical records from a provider, they will have to have hardcopy records submitted.

### Colorectal Cancer Screening

**Q:** Is there a discrepancy between the National Coverage Decision (NCD) and the HCPCS code description for G0107? The December 31, 2002 *Federal Register*, page 80040, section 410.37, states "a guaiac-based test for peroxidase activity, taking two samples from each of three consecutive stools."

**A:** AdminaStar compared the *Federal Register* with portions of the *Medicare Carriers Manual*, Section 4180-4180.10, on Colorectal Cancer Screening. The Carrier agrees that there are discrepancies. According to CMS staff, the *Federal Register* and *Medicare Carriers Manual* sites referenced contain the correct description of G0107. The Carrier will make certain to note this in the Colorectal Cancer Screening policy.

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# Fort Wayne Family Physician Runs for AAFP Board of Directors

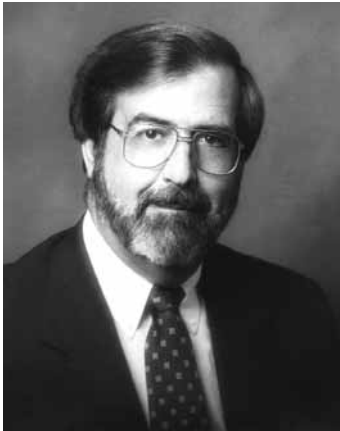
**T**homas Kintanar, M.D., is again running for the American Academy of Family Physicians Board of Directors. The election will take place during the AAFP's Annual Scientific Assembly this fall. If elected to this three-year post, he would make a wonderful addition to the Board. "I have a keen sensitivity to the breadth of issues facing family physician," Dr. Kintanar says. "I can represent that viewpoint with knowledge and candor."

Dr. Kintanar has been in practice for 15 years. "I can bring in-depth experience as a practicing physician with a large private practice," he says. "I am able to discuss the difficulties of HIPAA and demands that insurance companies place on practicing physicians, that we need a more efficient medical records system and malpractice reform, and how declining reimbursement in Medicare and Medicaid affects medicine."

A term as a board member would also allow him to bring back valuable information to IAFP members. "As a member of the board, I would have intimate knowledge of how things work at the national level," he says. "I can bring that knowledge back to our state academy."

Dr. Kintanar has always been a member in good standing with the IAFP. He is a past president of the IAFP. He has also served on the Executive Committee, the Commission on Education as well as the Board of Directors. Dr. Kintanar serves as the medical director for Applewood Nursing Home, Regency Nursing Home and Heartland Home Healthcare and Hospice.

"I look at the opportunity to serve on the AAFP board as a privilege, and I appreciate the support and trust the IAFP has given me. I hope it will translate into trust and support at the national level come election time," he says.



## An Update On AAFP Commission on Health Care Services

*By Tom Felger, M.D.*

As Chairman of the AAFP Commission on Health Care Services, I would like to share with our Indiana members a couple of projects

the AAFP has started. I am very impressed with the vision of the AAFP leadership in initiating these projects and with the projects' potential to help our members. You may have heard about the first project. It is to facilitate getting electronic health records (EHR) in all of our offices. The AAFP Board recently approved a large amount of seed money to create a not-for-profit foundation with other specialties to promote an "approved" EHR system with significant discounts to the members of the participating societies. I think this Academy action will finally bring family medicine into the electronic age. The evidence is clear that none of us can retain enough information the old fashioned way to stay current and complete in our patient care. The two barriers to converting to an EHR that family physicians have mentioned for the last several years have been the cost and finding "the best system" for primary care. At this point, talks

with the other specialties look encouraging.

A second project that has not had publicity outside the Academy is the newly formed Linkage Group. This is a workgroup of senior Academy staff combined with four of our commissions. The task they are undertaking is to make the AAFP the leader in quality and patient safety in health care today. It is very unusual for the Academy to blend staff from our different areas of responsibility. The early feedback from interested outside groups has been very positive. Done correctly, I see this project as perhaps a key ingredient in cementing our role in the future of American health care. Many external forces are pushing the house of medicine to be accountable in quality and patient safety, and the Academy's goal is to be the premier entity in the health care system on these issues.

Some may wonder, 'What is my Academy doing for me?' The above two projects seem to me to be very good use of our dues dollars. Please contact me if you have questions. Also, watch the AAFP Web site for future information about these exciting Academy projects.

# Employee Profiles

## Nick Dahl

After a very successful junior year at Wabash College, Nick Dahl returns to the Academy for his second term as the Department of Education intern. This past year, while excelling in the classroom, Nick helped the Little Giant football team to their most successful year ever, finishing the season ranked 7th in the nation, while also winning the NCAC conference championship. He then set his sights on preparing for the April MCAT and he has no doubt that in late June he will receive excellent scores. He is currently in the process of filling out his medical school application and after receiving his degree from Wabash, he hopes to attend the Indiana University School of Medicine. Nick thoroughly enjoyed working for the Academy last summer and is looking forward to another summer working for Indiana's family physicians.

## Stacy Thompson

Stacy Thompson joins us this summer as an intern, focusing most of her time

on helping plan this year's Scientific Assembly in late July. Stacy will be a junior at Indiana University next fall majoring in Biology with a certificate in business administration, and minors in French and Leadership, Ethics and Social Action. She plans to pursue a career in pharmaceutical sales upon graduation. Her previous experience includes work with Rehabilitation Associates of Indiana as a billings assistant on the Northeast side of Indianapolis, where she lives. Stacy is involved in a variety of extracurricular activities including vice president of her sorority, campus tour guide, IU Swing Dance Club, planning committee member for IU Beginnings, and Greek Intervarsity. She also works part-time at the IU Career Development Center and as a tutor for student athletes. In addition, Stacy volunteers at Wonderlab, a local children's museum in Bloomington. Stacy is excited to be with the Academy this summer and looks forward to becoming more familiar with family medicine.

## Dr. Black is a finalist for AAFP award

2003 Indiana Family Physicians of the Year, **Ken Black, M.D.**, of Portland, IN., is among the five finalists for the 2004 AAFP Family Physicians of the Year. The finalist will be announced later this summer. **Congratulations Dr. Black!**

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Brian Knapp  
Evansville, IN  
John Matthew Beerbower  
Terre Haute, IN  
Allison Marie Lake  
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Colleen Cecilia Brown  
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Indianapolis, IN

August Anthony Natalie  
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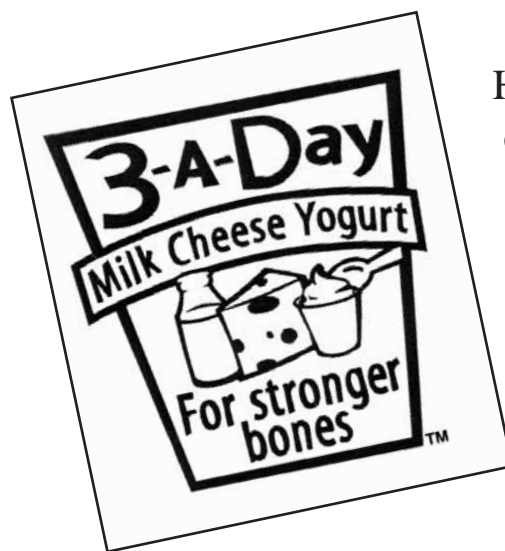
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Natalie Joy VanDeventer  
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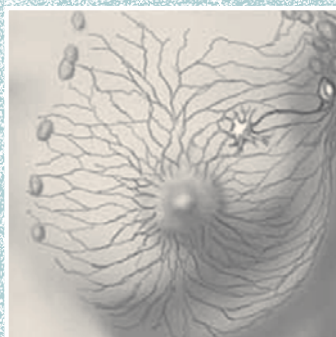
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