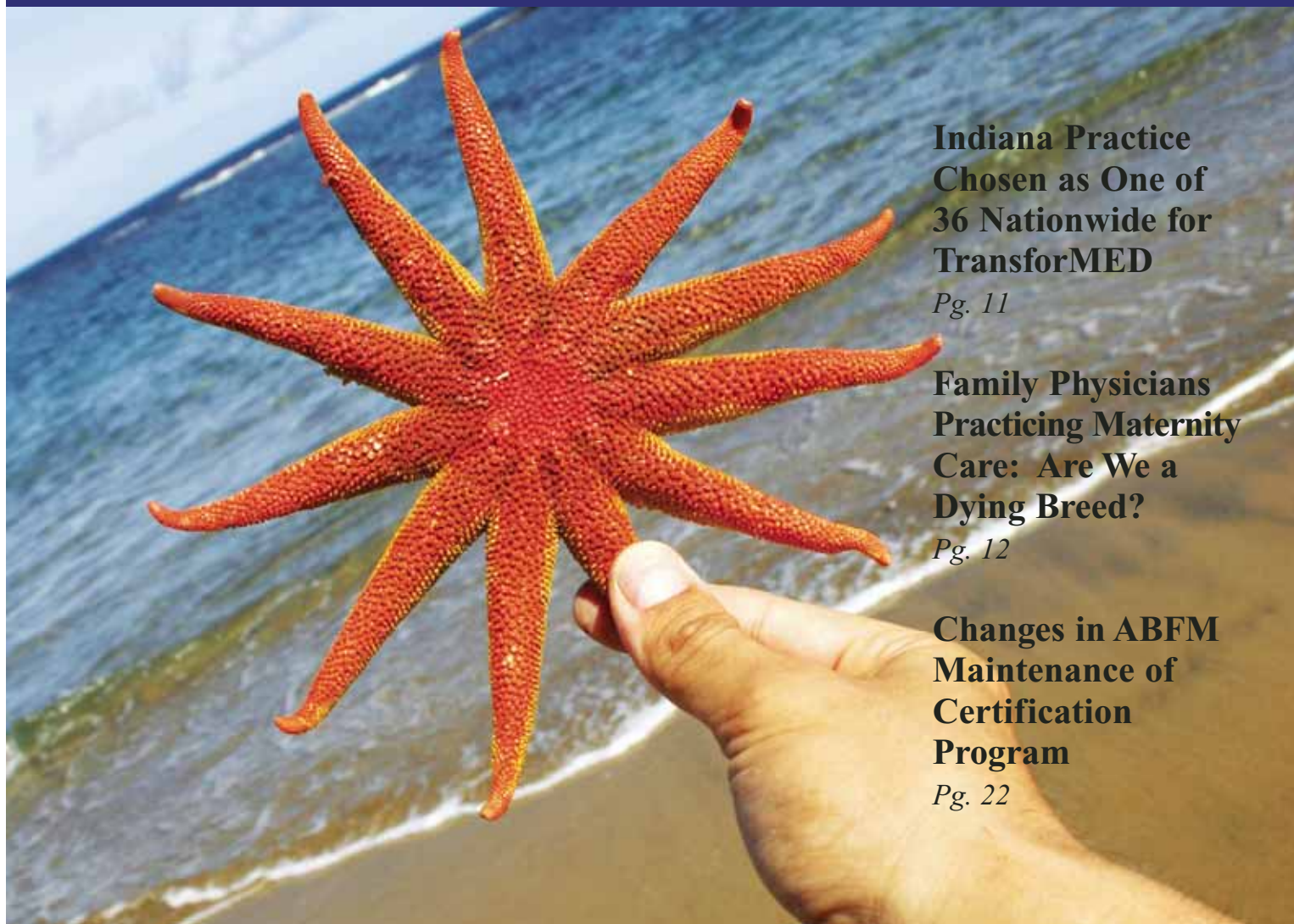


FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Summer 2006



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INDIANA ACADEMY OF FAMILY PHYSICIANS' 58TH ANNUAL MEETING

Family Medicine: Making a Difference

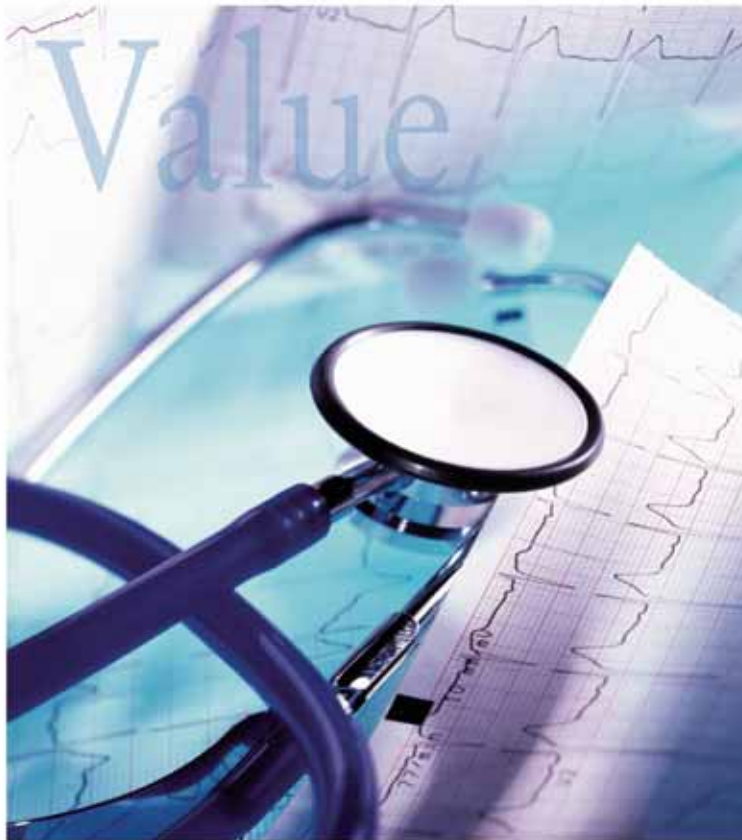
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FRONTLINE PHYSICIAN

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- 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;
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- 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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President's Message



Daniel A. Walters, MD

I would like to thank the members of the IAFP for the honor of being president for the past year. It has been a most enjoyable experience and one I will treasure greatly. I look forward to continued involvement with the IAFP on the Commission level in the years to come.

I strongly encourage all of you to get involved in the IAFP. There are multiple opportunities available through the Commissions of Education and CME, the Commission on Legislation and Government Affairs, the Commission on Membership and Communication, and the Commission on Health Care Services. We also need members who are willing to represent their district on the Board of Directors and the IAFP Foundation. The above commissions usually meet three times yearly in conjunction with our Board Meetings. Conference calls are also utilized as a forum for some meetings.

For the first time in the history of the IAFP, this year's annual meeting will include an All Member Congress of Delegates. This means that any active member, student or resident member, will have a vote at the Congress of Delegates. I strongly encourage all of you to attend to have your voice heard. The Annual Meeting will be in Fort Wayne at the Grand Wayne Center, July 26-July 30, 2006. The Congress of Delegates will be Thursday, July 27, at 7:00 pm and Friday, July 28 at 5:00 pm.

You should have received a letter from the IAFP Foundation in April asking for your support for student interest in family medicine. To serve the health care needs of our fellow Hoosiers, we need more family physicians. The Foundation Board has been working with family medicine residents and the Family Medicine Student Interest Group at the Indiana University School of Medicine to develop programs to show medical students the value and importance of family medicine as a career choice.

We need your support to help fund this extremely important initiative. I thus challenge each of you by offering to match, dollar for dollar, all contributions up to \$1,000.00. Please mail your tax-deductible contribution to the IAFP Foundation, 55 Monument Circle Suite 400, Indianapolis, IN 46204.

The May primaries have passed and we now look forward to the general elections in November. The legislators we elect will have a great impact on the practice of medicine in Indiana and how it affects our patients. We need to be strong advocates for our patients. I ask for your support of the IAFP Political Action Committee. A donation of \$25.00 will make a big difference in our ability to support candidates who have the best interests of our patients and family medicine in their hearts. Please send your checks to IAFP-PAC, 55 Monument Circle Suite 400, Indianapolis, IN 46204.

It has been a great honor to represent the specialty of family medicine in Indiana. I know first-hand in my contact with physicians from around the state of the high quality, compassionate and patient-centered care that family physicians provide to their patients. Family physicians provide a true medical home for their patients. I applaud your dedication to the practice of medicine and to your patients. Family physicians represent the best in medicine today. I feel proud to have been able to represent such a special group of physicians and wish you all the best in your professional and personal lives.

I look forward to meeting as many of you as possible in Fort Wayne at our Annual Scientific Assembly. See you there!!

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Indiana Practice Chosen as One of 36 Nationwide for TransforMED National Demonstration Pilot Project

Fishers-based Olio Road Family Care has been chosen by the AAFP's TransforMED scheme as Indiana's only National Demonstration Project Pilot Practice. Patrick Rankin, MD, and Dana Caylor, MD, practice directors, are excited to be a part of this forward-looking project.

TransforMED, an \$8 million practice redesign initiative of the American Academy of Family Physicians, announced the launch of a demonstration project that will test a new and enhanced model of patient care in 36 medical practices across the nation.

"We are a new practice designed around the 2004 Future of Family Medicine report," Dr. Rankin said, which made Olio Road the perfect candidate for this honor.

The practice has benefited from lots of technical support in order to set up services such as open-access scheduling, an EHR system and electronic visits. Dr. Rankin wants the practice to merge "a small-town feel with technology." And the best reward for all the hard work Olio Road has done? The patients' reactions are very encouraging.

The 36 family medicine practices, selected from an applicant pool of more than 300, will undergo transformative change as participants in a first-of-its-kind "proof-of-concept" project. The project aims to determine empirically whether this model of care — the TransforMED Model of Care — can deliver on its promise to improve patient care, patient satisfaction, physician satisfaction and practice performance.

"Family physicians are moving forward with a vision, a purpose and a plan to make a patient-centered personal medical home a reality for all Americans," said Larry S. Fields, MD, president of the AAFP and a practicing family physician in Ashland, Kentucky.

Based on the concept of a relationship-centered personal medical home, the TransforMED Model of Care is family medicine's answer to the Institute of Medicine's call to cross the quality chasm. The model, proposed two years ago as part of the Future of Family Medicine Project report, has both a patient focus and a systems focus, and features eight core elements:



ORFC staff front row from L-R: Heidi Clements, RN; Jessica Brown, Patient Account Representative; Kathy Aylor, Medical Assistant; Cynthia Kizer, MD. ORFC staff back row from L-R: Denise Gwaltney, Office Administrator; Katie McCauley, Front Office Assistant; Dana Caylor, MD; Patrick Rankin, MD

- Patient-centered care
- Whole-person orientation
- Team approach to care
- Elimination of barriers to access; open access by patients
- Advanced information systems, including electronic health records
- Redesigned, more functional offices
- Focus on quality and safety
- Sustainable reimbursement

These elements are achieved through practice innovations including: open access scheduling, online appointments, electronic health records, group visits, electronic visits, chronic disease management, Web-based information, leveraging and engaging clinical staff, clinical practice guideline software, outcomes analysis and alternative reimbursement models.

The 36 practices selected to participate in the two-year National Demonstration Project reflect the variety in family medicine practices across the country. Practices were chosen to maximize diversity in a number of areas including practice size, location, age, ownership, arrangement, revenue and degree to which each has already implemented the TransforMED Model components.

Key findings and insights gleaned from the National Demonstration Project will be synthesized and disseminated on an on-going basis among the demonstration sites and within the larger practice community. The evaluation team will independently publish a final report in early 2009.

About TransforMED

The Leawood, Kansas-based TransforMED is a practice redesign initiative of the American Academy of Family Physicians (AAFP). Established in 2005, TransforMED provides ongoing consultation and support to physicians looking to transform their practices to a new model of care that is based on the concept of a relationship-centered personal medical home. In an effort to make the transformation process as turn-key as possible, TransforMED offers practices fully integrated and prepackaged products and services, including consultation and advice on implementing the new model. To learn more about TransforMED, visit www.tmed.biz.

Family Physicians Practicing Maternity Care

Are We a Dying Breed?

by Patricia A. Sereno, MD
Treasurer, Massachusetts Academy of Family Physicians

There are times when I am backing out of my driveway at 3 a.m. that I think to myself, “Why am I doing this when the majority of my family physician colleagues are at home in bed?” It never takes more than a few seconds for me to remember that it is because I am a family physician who has chosen to include maternity care in my practice! I am one of what currently seems to be a dying breed. In the last issue of Massachusetts Family Physician, Dr. Marc Su began his remarks by commenting on a search for balance, and quite often I hear that graduating residents and practicing physicians are either not including or giving up maternity care because they want to put some balance into their lives. With rising concerns about malpractice rates, the risk of being sued for a poor outcome, as well as the often too little support from hospital obstetric departments, it is a wonder that any family physician wants to step foot onto labor and delivery, but some of us do. In Massachusetts, at least 275 MassAFP members, including myself, choose to incorporate maternity care as part of our practices.

As a medical student I could not understand why anyone would want to be awakened in the middle of the night to yell “push” to a screaming woman. When I was choosing a residency, quite frankly the quality of the obstetrical experience was not a key factor since I was absolutely sure that I would never be delivering babies. When I started residency at the Malden Hospital Family Practice Residency, my class was told not to expect any pregnant patients for at least six months, which was fine by me. However, by the end of that summer I had three pregnant patients. What I soon discovered was that it really was not so difficult to wake up in the middle of the night and hold the hand of the screaming woman, when I had spent the last forty weeks coaching her towards this day.

Of course during my residency, and the early days after residency, it was just me and my partner living in a two-bedroom apartment less than five minutes from the hospital. I could run back and forth between the hospital and the apartment without missing too many home commitments. As life evolved from an apartment into a home, still fairly close to the hospital, and two children with various activities joining the two adults, the scheduling demands have become more difficult. I wish I could tell you that I have achieved a perfect balance, but alas I have not. I have missed a few softball games and ballet classes, but I never miss the important things like preschool graduation, the annual ballet recital and birthday parties.

So what is it about those of us who choose to continue delivering babies? It certainly is not a financial decision. A family physician has to deliver quite a few babies before making up the difference in the additional malpractice premium. In preparation for this article I asked my colleagues what it is that makes them continue to make delivering babies a priority in their careers. We all agreed that it was not for the thrill of attending a birth; that thrill had worn off long ago. It is however all about the connection that we have with these patients. We develop a stronger bond with expectant moms and their families as we guide them through the process, and most of us show an incredible sense of pride in these babies when they visit us in our offices. Each one has admitted to being guilty of bragging to the staff as we carry new babies through the office to show them off. Our desks/offices are covered with photos of these babies and every Christmas we look forward to the cards that will include their updated photos.

This maternity connection sets up a relationship of trust. These families end up seeing me as the doctor who will be there for them through all of life's experiences. I spend so much time with these women and their families that I develop a greater sense of their concerns and values. While most of the time providing maternity care is a happy experience, it has its difficult days. As a family physician I am there to share my patient's joys and sorrows. I have been there to hold a hand when the pregnancy that they longed for ends in miscarriage, or if the just-delivered baby develops an unexpected complication. I almost always stop by to visit my patients in the special care nursery. Since I do not have admitting privileges to the special care nursery my daily presence is not mandatory. However, to my patient and her family, my presence provides an invaluable link to what had been their expectations for this baby. It is my job to reassure them that their baby is getting the best possible care and will be fine. Sometimes, I am explaining complicated procedures and the future implications of the findings. Yes, the neonatologist could do this, as could one of the nurses, but none of them has developed that connection or the level of trust that I share with my patient and her family.

Now the question is how can we encourage future generations of family physicians to include maternity care in their careers? We need to find those residents most interested in maternity care and help them to see that we love what we do! We need to let them know that there is a way to balance our home and work lives and that providing maternity care is worth more than its potential drawbacks. Probably the most important component is to help them find a group of physicians who share their interest and commitment to providing high-quality maternity care.

Do you remember those three patients I mentioned from my early internship days? They each had a boy, and they are all still my patients. Soon the boys will be thirteen years old, and I hope that when they are about to become parents I will be present to yell “push” to their screaming partners and usher my second generation of patients into the world.



To the Editor

Dr. Sereno's perspective reminds me of the diverse paths allowed by our specialty. While I cannot imagine my practice without maternity care, many of my colleagues are drawn to other aspects of family medicine. The number of residency graduates and current practicing physicians choosing paths which exclude obstetrics is steadily rising and this is concerning.

As metropolitan areas grow in population and specialist overcrowdingⁱ, many family physicians find themselves with a dwindling number of patients in an increasingly competitive working environment. Because family physicians increase patient satisfaction, lower primary C/S rates and decrease malpractice risk,^{ii,iii,iv} there remains a need for family centered maternity care in all hospital systems, regardless of size.

The medical students and residents I teach are keenly sensitive to lifestyle and balance. They fear that maternity care will consume much of their personal time. If family medicine is to continue, producing maternity care providers it is crucial to accurately reflect the realities of the impact of providing obstetrical care in our practices. Although I do spend occasional nights with my laboring patients, the frequency is less than what is perceived. The deeply satisfying relationship this cultivates between the family and the physician is underappreciated.

Another common concern of learners is the perception that maternity care is not economically viable. Evidence suggests that physicians who include obstetrics in their practice achieve greater financial productivity. Maternity care carries with it the ancillary preventative care for moms and babies as well as the gyn procedures that occur within this population.^v

I have heard many family physicians express that maintaining obstetric standards of care is linked to a minimum number of deliveries performed. This fear leads to decreasing confidence in their own skills and an eventual abandonment of obstetrics in their practice. Yet, the evidence supports that quality patient care, maternal child morbidity and mortality are not related to the number of yearly deliveries and that years of experience was a predictor of better outcomes.^{vi,vii}

I urge my colleagues who currently face the question of continuing their maternity care and those who have recently stopped to remember the many rewards family centered maternity care provides and evaluate the validity of the common misperceptions listed above. In Indiana, Ob/Gyns provide most of the maternity care in large metropolitan hospitals but in smaller hospitals and population centers family physicians perform the majority of deliveries.^{viii} If the trend of family medicine away from maternity care continues, patients will suffer. We still have the opportunity to revitalize and revive our obstetrical practice though shared call, tort reform and strengthened relationships with our OB/GYN partners, developing a network of support and back-up.^{ix,x}

Providing maternity care has enriched the last ten years of my practice because I follow my patients thorough each phase of their lives. I recently had the pleasure of pre-conception counseling with a couple I have known since before their marriage. I started as his family physician, became hers, and I now anticipate the opportunity of delivering their first child sometime in the near future. In my previous practice I was able to deliver the fourth generation of one of my families. After a decade of delivering babies, the thrill and sense of privilege I feel has not faded. My hope is that we as a specialty can pass on this passion to learners and inspire our colleagues.

With respect,
Sharree Grannis, M.D.
Assistant Residency Director
IU/Methodist Family Medicine Program
Assistant Professor of Clinical Family Medicine
Indiana University School of Medicine

ⁱ Reschovsky, James D. and Andrea B. Staiti, *Access and Quality of Medical Care in Urban and Rural Areas: Does Rural America Lag Behind? Working Paper, Center for Studying Health System Change, Washington, D.C., 2004.*

ⁱⁱ Price D, et al. *Family Medicine Obstetrics Collaborative interdisciplinary program for a declining resource. Can Fam Phys 2005 Jan; 51: 68-74.*

ⁱⁱⁱ Coco AS, et al. *Association of attending physician specialty with the cesarean delivery rate in the same patient population. FamMed 2000 Oct; 32(9): 639-44.*

^{iv} Levinson W, et al. *Physician-patient communication : The relationship with malpractice claims among primary care physicians and surgeons. JAMA 1997 Feb 19; 277(7): 553-9.*

^v MGMA *Physicians Compensation and Production Survey: 2000 Report.*

^{vi} Klein et al. *Does delivery volume of family physicians predict maternal and newborn outcome? CMAJ 2002 May 14; 166(10): 1257-63.*

^{vii} Kelly A, Klein MC, Kaczorowski J. *Does experience or delivery volume of family physicians predict maternal and newborn outcomes? (Comment on: CMAJ 2002 May 14; 166(10): 1257-63.) CMAJ. 2004 Feb 17; 170(4): 446-7.*

^{viii} Sneed JB, Grannis, SP. *Indiana Delivery Patterns by Family Physicians. Indiana Academy of Family Medicine Research Day, Indianapolis, IN. March 2003.*

^{ix} Berman, et al *Model of Family Medicine and Obstetrics and Gynecology collaboration in obstetric care at the University of Michigan. Obstet. Gynecol 2000 Aug; 96(2): 308-13.*

^x Greer T, et al. *Can physicians be induced to resume obstetrical practice. JAM Board of Fam Pract. 1992 Jul-Aug; 5(4): 407-12.*

Dr. Sereno's article is reprinted courtesy of the Massachusetts Family Physician. Please see pages 12 & 13.



Family Physicians Encouraged to Practice Maternity Care

As I read Dr. Sereno's article, I contemplated my nearly 20-year practice in provision of the full scope of family medicine service including obstetrics. I write this correspondence with 3 hours of sleep due to a delivery early this morning. I can't begin to express the deep understanding of what Dr. Sereno shared about our specialty.

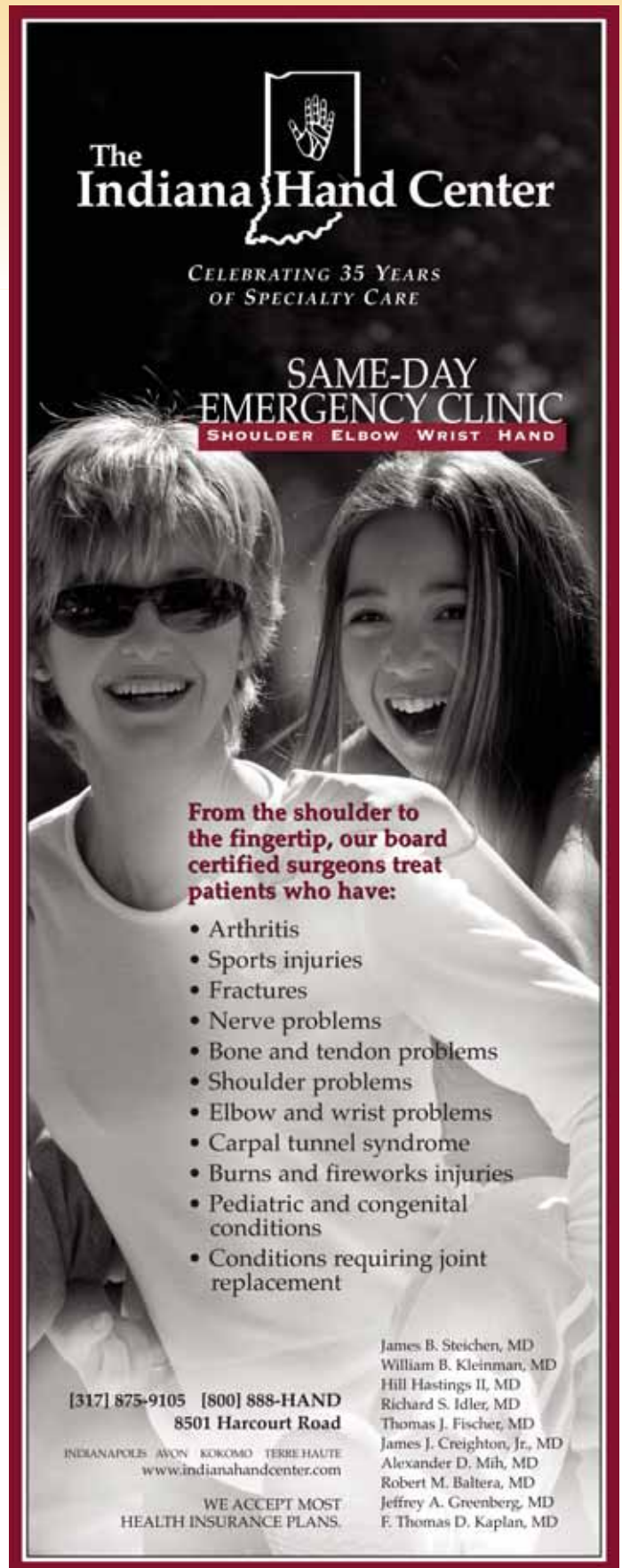
The provision and maintenance of obstetrical care can be quite cumbersome on the surface for many aspiring students who choose family medicine as their specialty of choice. I, however, can share that there are not very many exciting moments that can match the privilege we have as the family physician to bring life into the world. The intimate moment we share with our patient and their family is a bond that is seldom broken over the years. I have had the opportunity now in my practice career to deliver the babies of children whom I have delivered. Hard to contemplate that reality!! However, the passion and dedication that are endogenous qualities in Dr. Sereno's article are truly commonplace to the family medicine colleagues who continue to provide obstetrical care despite the changing practice landscape.

Medical liability premiums at this time are a large concern and in many practice environments have forced colleagues to drop this service because of the cumbersome premium charges. Although it seems to be a great challenge for some to continue on with obstetrics, there are others who are thriving quite well. As a specialty, I respect, admire and truly appreciate the latitude our residents are afforded to broaden or narrow their scope of practice. However, I believe it is integral to our survival as a specialty to continue to provide robust training opportunities in obstetrics for our residents whether they choose to provide or not provide this service in their private practice. We need to continue to identify learning sites around the nation that possess the capability to mentor students and residents in the provision of excellent obstetrical care.

I appreciate Dr. Sereno's commentary and hope anyone who has taken the time to comprehend the impact obstetrical care brings to our specialty can certainly understand why many of us choose to continue on.

Sincerely,
Thomas A. Kintanar

Dr. Sereno's article is reprinted courtesy of the Massachusetts Family Physician. Please see pages 12 & 13.



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Please Join Us for the Indiana Academy of Family Physicians' 58th Annual Meeting To Be Held in Newly Renovated Grand Wayne Center Fort Wayne, Indiana July 26-30, 2006

**family
medicine:
making a
difference**

INDIANA ACADEMY
OF FAMILY PHYSICIANS
58TH ANNUAL MEETING

WHY IT'S CALLED "MAKING A DIFFERENCE"

Family Medicine: Making a Difference

A young boy walked up a shore littered with thousands of starfish, beached and dying after a storm. A man was picking them up — one by one — and flinging them back into the ocean. "Why do you do that?" the boy questioned. "There are too many dying starfish. You can't save enough to make a difference." The man picked up another starfish and sent it spinning back to the water. "Made a difference to that one," he said. Each day, people turn to their family physicians. Young or old, male or female, sick or well — they turn to you and know they will be treated as an individual and will receive the best care with the respect they deserve. You bring a human face to health care, impacting patients' lives across generations. Just like the man with the starfish — *you make a difference each and every day to your patients one at a time!*

The IAFP is excited to announce that it will hold its 2006 Annual Scientific Assembly & Congress of Delegates at the newly renovated Grand Wayne Center in Fort Wayne, Indiana, July 26-30.

Plans are being finalized for an outstanding CME event along with great family activities. Also, the IAFP Foundation is planning its annual Golf Tournament on Thursday, July 27. Plan Now to Attend and Mark Your Calendar Today!

Here Are Some Highlights and Meeting Attractions:

Keynote Speaker:

Robert Graham, MD

"The Lexus and the Midas Shop: How the Health Policy Discussion Has Changed in the Last Five Years, and What It May Mean for Family Medicine"

We are thrilled to announce that Robert Graham, MD, will be joining us as our keynote speaker on Friday, July 28. Dr. Graham has a distinguished background in the discipline of family medicine. He was the executive vice president/CEO of the American Academy of Family Physicians (AAFP) (1985-2000), the head of the Academy's Foundation (1988-1997) and the administrative officer of the Society of Teachers of Family Medicine (STFM) (1973-1975).

In addition to his activities in family medicine, Dr. Graham has held a number of leadership responsibilities in the Federal Health Sector, including the position of administrator of the Health Resources and Services Administration (HRSA) (1981-1985). He also held senior positions at the Agency for Healthcare Research and Quality and the Health Resources Administration. He has also served as a professional staff member of the U.S. Senate Sub-committee on Health.

Throughout his career Dr. Graham has spoken extensively and written about a number of

critical topics in health policy, such as health care reform and the need for universal coverage, federal health workforce policy and the organizational characteristics of effective health systems. In September of 2000, the Academy renamed its Center for Policy Studies in Family Practice and Primary Care as "The Robert Graham Center."

Special Guest Speakers:

Louis Kuritzky, MD

"Evolving Trends in the Management of HTN and New Directions in Diabetes Management"

Dr. Kuritzky is a well-known public speaker and a real "crowd-pleaser," joining us from Gainesville, Florida. He will present two lectures on the morning of Saturday, July 29.

Jared Fogle, of Subway sandwiches, will speak at the Jerry Stuckey Memorial Luncheon on Saturday, July 29, where he will speak about his life story and his new foundation.

Introducing the All-Member Congress of Delegates, July 27 and 28

In conjunction with the Annual Meeting, the IAFP will hold its first ever All-Member Congress of Delegates on July 27 and 28 in Fort Wayne. All members are invited and encouraged to attend the Congress because now every member will be considered a delegate, and every participant will have a vote and voice at the Congress.

Come and be a part of IAFP policy setting.

The Academy looks forward to each and every member's participation in this year's Congress of Delegates. Come make your voice heard!

Watch your mail and e-mail for more information and registration forms.

2006 IAFP Annual Meeting

CME, Business Meetings and Social Events Schedule

Wednesday, July 26, 2006

12:00 pm	Registration Open
2:30 pm	Executive Committee
4:00 pm	Board of Directors
7:00-8:00 pm	Board/VIP Reception and Dinner

Thursday, July 27, 2006

6:00 am-8:00 pm	Registration open in Lobby
7:00 am-3:45 pm	Scientific Assembly – CME Sessions
6:00 pm	Districts Caucus Dinner
7:00 pm	1st Session of Congress of Delegates
	Reference Committees to Follow
8:00-9:00 pm	CME Video
	AAFP CME Video
8:30 pm	Afterglow Reception

Friday, July 28, 2006

6:00 am-6:00 pm	Registration Open
7:00 am-4:15 pm	Scientific Assembly – CME Sessions
8:30 am	CME Lectures
12:00 pm	Physician and Exhibitor Luncheon
5:00 pm	2nd Session of Congress of Delegates
7:00 pm	All Member “Under the Sea” Beach Party
8:00-10:00 pm	AAFP CME Video

Saturday, July 29, 2006

6:30 am- 6:00 pm	Registration Open
7:00 am	Annual Fun Walk/Run
7:00 am- 5:00 pm	Scientific Assembly – CME Sessions
12:00 pm	Jerry Stuckey Luncheon
6:30 pm	President’s Reception
7:15 pm	President’s Banquet

An afterglow party in honor of newly installed president, Windel Stracener, MD, will immediately follow the banquet.

Sunday, July 30, 2006

7:30 am	CME Breakfast
9:00 am	Board of Directors Meeting

CME Topics Will Include:

- Thursday, July 27
- *Chronic Bronchitis*
 - *Pandemic Flu Update*
 - *Difficult Cases in Pain Management*
 - *Maximizing Profits the Easy Way — Medical Economics for Dummies*

Friday, July 28

- *Common Pediatric Hospital Admissions*
- *How to Make Back Pain Less Painful for You*
- *Anemia in the Elderly*
- *Driving and Your Patients: The Physician’s Role*
- *How the Health Policy Discussion Has Changed in the Last Five Years and What It May Mean for Family Medicine ** Keynote*
- *TB Update*
- *Medical Office Efficiency*
- *Treatment of Vaginal Infections*

Saturday, July 29

- *Evolving Trends in the Management of HTN*
- *Work Up of Common Causes of Paresthesias*
- *New Directions in Diabetes Management*
- *Skin Cancers and Biopsy Techniques*
- *Essentials of Precepting*
- *Introduction to Cosmetic Lasers for Primary Care*
- *Wound Care*

Sunday, July 30

- *The Family Physician’s Role in Managing the Bariatric Surgery Patient*

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Janet Arno, MD, Indianapolis, Indiana
Ronald Bangasser, MD, Redlands, California
Inis Bardella, MD, Indianapolis, Indiana
Jim Dearing, DO, Phoenix, Arizona
Chuck Dietzen, MD, Indianapolis, Indiana
Jared Fogle, of Subway sandwich fame
Robert Graham, MD, Cincinnati, Ohio
Neil Irick, MD, Indianapolis, Indiana
John Kincaid, MD, Indianapolis, Indiana
Louis Kuritzky, MD, Gainesville, Florida
Kevin Macadeag, MD, Indianapolis, Indiana
Jason Marker, MD, Wyatt, Indiana
David Zipes, MD, Indianapolis, Indiana

SPECIAL EVENTS

Chuck Schilling Memorial Golf Tournament

Thursday, July 27 – Autumn Ridge Golf Club

The tournament is a Floridian Scramble and all levels of players are welcome. Proceeds from the tournament will go to the IAFP Foundation and assist with their efforts to increase medical student interest in family medicine. Pre-arranged foursomes will be accepted and individuals not included in prearranged foursomes will be assigned to a foursome prior to the shotgun start of the tournament.

Play will begin at 9:00 am.

Youth Activities

The IAFP Annual Meeting creates a great opportunity for your children to make new friends that they can reconnect with each year. Please list

the names and ages of all children who will be attending the meeting with you on the registration form even if they are not registering for special events. A special fee for children **ages 4-15** includes tickets for all of the following events: **Youth Brunch** on Thursday, Friday and Saturday; Thursday Field Trip to **Botanical Gardens**; Friday Field Trip to **Science Central**; Saturday Field Trip to **The Zoo**; plus the Friday All Member Party and the Saturday Night “*Making a Difference*” Party. Registered children will be broken into age-appropriate groups for events. Children ages **0-3** may attend the All Member Party and the Saturday Night Party for free. Children 16 and over should register for events at the spouse/guest fees. In addition to these activities, a babysitting service will be provided at a fee of \$7 per hour for children ages 2-12 years during the hours that the IAFP has CME or business meetings scheduled. So we can make arrangements for sitters, you must let us know if you will be using the service on the registration form.

Spouse Activities

No special registration is required for the spouse or guest of a physician registrant; however, a fee will apply for those wishing to attend CME sessions and other special activities. Special Spouse activities include **Back Roads Tour of Amish Country on Thursday**; **Chocolate, Chocolate, Chocolate Tour and Delicious Delights at DeBrand Chocolate Headquarters on Friday**; and **Small Town Roanoke, Indiana – antiques, gardens, gourmet lunch, farmer’s market and more on Saturday**. Plus spouse/guests are welcome to register for the other activities such as the Golf Tournament, Jerry Stuckey Memorial Luncheon, All Member Party, Banquet, etc.

Annual Banquet, Award Ceremony & Installation of Officers Saturday July 29

This elegant evening and dinner is held to honor our incoming and outgoing president and the 2006 IAFP Award Winners, including the 2006 Family Physician of the Year. An afterglow party will follow the banquet so that attendees may congratulate the newly installed president. Special programs are offered for children so that parents may have a “night out.”

“Under the Sea” Beach Party All Member Party

Friday July 28

This year’s All Member Party theme is “Under the Sea.” Come and join in the fun for all ages! Luau buffet, dancing, umbrella drinks, games and prizes! **The Marlins** will be there to play all our favorite “surfin’ music.” Dress is “beach & luau casual.” Put on your dancing shoes, bring the kids (or grandkids), and come ready to have a great time!

IAFP Events Great Success

Family Medicine Summit



Attendees of the Family Medicine Summit back row from L-R: Ray Nicholson, MD; Fred Ridge, MD; Tom Jones, MD; David Harsha, MD; Mary Dankoski, PhD; Sharron Grannis, MD; Tom Felger, MD; Judy Monroe, MD; Larry Allen, MD; Clif Knight, MD; Robin Ledyard, MD; Rick Kiovsky, Gaylen Kelton, MD; Stewart Brown, MD; and Doug McKeag, MD. Front row from L-R: Jason Marker, MD; Peter Nalin, MD; Deborah Allen, MD; Alan Sidel, MD; Dan Walters, MD; Maria Fletcher, MD; Joyce Smidley, MS; Richard Feldman, MD; Deeda Ferree, Clarence Clarkson, MD; and Ed Hollenburg, MD.

Statewide Family Medicine Summit Ponders the Future of Family Medicine in Indiana

Douglas B. McKeag, MD, MS, OneAmerica Professor of Preventive Health Medicine Chair, Department of Family Medicine, Indiana University School of Medicine, convened a meeting on family medicine in the state of Indiana on March 3, 2006. The summit discussed the discipline of family medicine ... from the standpoint of the academic partnership with Indiana University, private physicians throughout the state, statewide residency programs and financial constraints that affect all participants. The summit provided a forum for family medicine physicians and leaders throughout the state to discuss the future of family medicine. Considering that 66% of all physician-patient interactions in the state involve a family physician and the 75% of all health care provided to Indiana children is by a family physician, the future of health and health care in this state is very much the issue. The open-ended theme of the summit was, "How should we advance our discipline in Indiana?"

Indiana State Health Commissioner, Judith A. Monroe, MD, discussed her participation at the national governor's association meeting, which was focused on a healthy America. When the burden of the needs is realized, the cost of care is unsustainable — there is a continuation in the increase of chronic disease that is preventable. According to Dr. Monroe, "There is a window of opportunity for family physicians to address wellness, prevention and fitness in patient care. That's something family physicians can do."

The participants divided into six groups to discuss various sub-themes: unifying family medicine physicians, medical school marketing, lobbying and data driven collection, redefining family medicine training and reimbursement of preventative health. In all of the sub-theme group discussions, the common denominator was disease prevention and wellness of Hoosiers. According to the Center for Disease Control, over 20% of Hoosiers are clinically

obese. With obesity comes health care issues which include type 2 diabetes, heart disease, stroke, hypertension, etc., and premature death. Additionally, increased health care issues translate to increased dollars spent on health care.

At the summit's closing, a steering committee was created to recommend further activities. Members include Larry Allen, MD; Mary E. Dankoski, PhD; Jason Marker, MD; Peter Nalin, MD, residency director, Indiana University Family Practice Residency; and Joyce A. Smidley, MS, PMC. The next summit is tentatively scheduled for June 2006.

The summit was co-sponsored by the Indiana Academy of Family Physicians, Indiana University Department of Family Medicine, National City Bank, and StockYards Bank & Trust.



Residents' Day and Research Forum prize winners from L-R: Michelle J. McCarthy, MD; Amanda Dornfeld, MD; Dilum Illamperuma, MD; Lori Munsie, DO; Azita Chehresa, MD; and Joel M. Kary, MD. Additional prize winner not pictured is Stuart A. Black, MD.

Residents' Day & Research Forum

At the 2006 IAFP Residents' Day and Research Forum more than 80 attendees heard nine oral presentations and viewed four poster presentations. Amy Banter, MD, was our moderator for the day. The IAFP congratulates the following prizewinners:

Original Research Category

1st Prize: Michelle J. McCarthy, MD, St. Francis Hospital Family Medicine Residency

2nd Prize: Stuart A. Black, MD, Memorial Family Medicine Residency

3rd Prize: Amanda Dornfeld, MD, Ball Family Medicine Residency

Faculty Development Workshop



On March 1 and 2, the IAFP hosted its annual Faculty Development Workshop and Residents' Day & Research Forum at the Airport Holiday Inn in Indianapolis. On March 3 a Family Medicine Summit, organized by the IU Department of Family Practice and co-sponsored by the IAFP, was held in the same location. All three events were a great success and we would like to thank all of our attendees and speakers.

Over 40 attendees from across the Midwest attended the 2006 IAFP Faculty Development Day. This year's topic for discussion was *Thriving Under the New ACGME Guidelines*. In the morning Clif Knight, MD, spoke on *The New Requirements for Family Medicine Residency Education — Understanding the Changes*. Dr. Knight was also our moderator for the day. Later in the morning attendees heard Mary Dankoski, PhD, present *We Have to Do What?! Meeting the New RRC Guidelines for Faculty Development*. After lunch the meeting broke out into four discussion groups, discussing such topics as *EMR*, *OB Backup*, *Procedures and Areas of Increased Curricular Time* as they relate to the new guidelines, and the groups' ideas were presented in turn. Our final speaker of the day was John Turner, MD, who spoke on *Meeting the New Requirements in Curriculum Development: Developing Goals and Objectives*.

Case Presentation Category

1st Prize: Lori Munsie, DO, Deaconess Family Medicine Residency

2nd Prize: Dilum Illamperuma, MD, IU Family Practice Residency


Poster Presentation Category

1st Prize: Joel M. Kary, MD, St Francis Hospital Family Medicine Residency

2nd Prize: Azita Chehresa, MD, PhD, IU Family Practice Residency

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TIP #9

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Allison Meadows, MS III, and Javier Sevilla, MD, at a typical clinic in a school in the remote village of La Angostura with a patient, February 2006



Global Health and International Medicine: Honduras Project

IU Department of Family Medicine

The Global Health and International Medicine Honduras Project of the Department of Family Medicine at Indiana University School of Medicine has the dual purpose of:

- Participating in international medical education and fostering global health while offering opportunities for clinical, service and research experiences for medical and public health students, residents, fellows and other interested health professionals; and
- Strengthening the development of a family medicine residency program as part of the consultation process started in 2003 between the National Autonomous University of Honduras (U.N.A.H.) and the Indiana University School of Medicine, Department of Family Medicine, which will include program and faculty development activities.

The Honduras Project seeks to improve the quality of life for underserved populations, specifically the elderly and children under five years of age, in rural Honduras. Both groups are at risk for malnutrition, secondary anemia and other illnesses conditioned by the extreme poverty in which they live. By improving health status, we expect to improve

productivity, academic achievements, living conditions and overall quality of life.

Currently, 50% of IU medical students with an interest in international medicine desire clinical opportunities in Latin America due to its proximity to the United States and the increased need for health care providers possessing Spanish skills.

The Honduras Project enriches existing medical school programs, such as an immersion component added to the ICM-I (Introduction to Clinical Medicine) Integrated Medical Spanish curriculum and presents a unique opportunity to partner with well-established medical services and key academic leaders in organizations in Honduras.

The Honduras Project consists of two components:

- **Global Health Elective – Honduras.** A rotation for medical and public health students, residents, fellows and other students interested in health professions that focuses on clinical, service and research experiences.
- **FM Medicine Residency Program Development – Honduras.** The DFM serves in

a consultant role to the Honduran Government and Honduran Medical School in the development of a FM residency, as none currently exists in the country.

The Global Health Elective – Honduras is a 4-week elective rotation at both rural and urban sites in Honduras. The rotation consists of three required components: pre-departure preparatory modules, Honduras health system and assignments.

During the first week, participants take part in a coordinated medical brigade in conjunction with Honduran health care providers where students have the opportunity to deliver primary care services to remote mountain communities in Taulabe County, Comayagua, Honduras, managing patients with a variety of tropical and acute and chronic illnesses and learning about the system.

During week 2-4, bilingual students work in ambulatory and/or hospital settings. Options include Hospital Escuela in Tegucigalpa, Hospital Evangélico in Siguatopeque and a rural clinic in Taulabe.



Non-bilingual students learn Spanish in an intensive one-to-one immersion environment five half-days a week while spending three half-days at Hospital Salvador Parades in Trujillo, Honduras.

- This experience, without the clinical component, is available through the Language and Cultural Spanish Immersion Summer Program, which provides an opportunity for first year medical students to learn Spanish in an intensive four- to ten-week language immersion experience as part of the Hispanic Health Initiative of the department of family medicine.

Students live with Honduran host-families during weeks 2- 4 and stay in modest hostel-style facilities during week 1.

The service and research components include opportunities to participate in existing activities as well as to plan, develop and implement new research projects, programs and activities that will improve the quality of life for targeted at-risk populations.

Family medicine is a new concept in Honduras, where a family medicine residency training program does not exist.

The Honduran Government, the Office for Post-Graduate Medical Education and the Honduran Medical School are currently working together to meet recommendations by DFM consulting team. A curricular review is underway at the Honduran Medical School. Part of this review will explore ways to integrate family medicine as a clerkship.

Javier F. Sevilla-Mártir, MD
Assistant professor of clinical family medicine
Associate director, faculty development fellowship in underserved medicine leadership
Director of international medicine and Hispanic health
Department of Family Medicine – IU School of Medicine

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Changes in ABFM Maintenance of Certification Program Follow Strong Stand by IAFP Leadership and Members

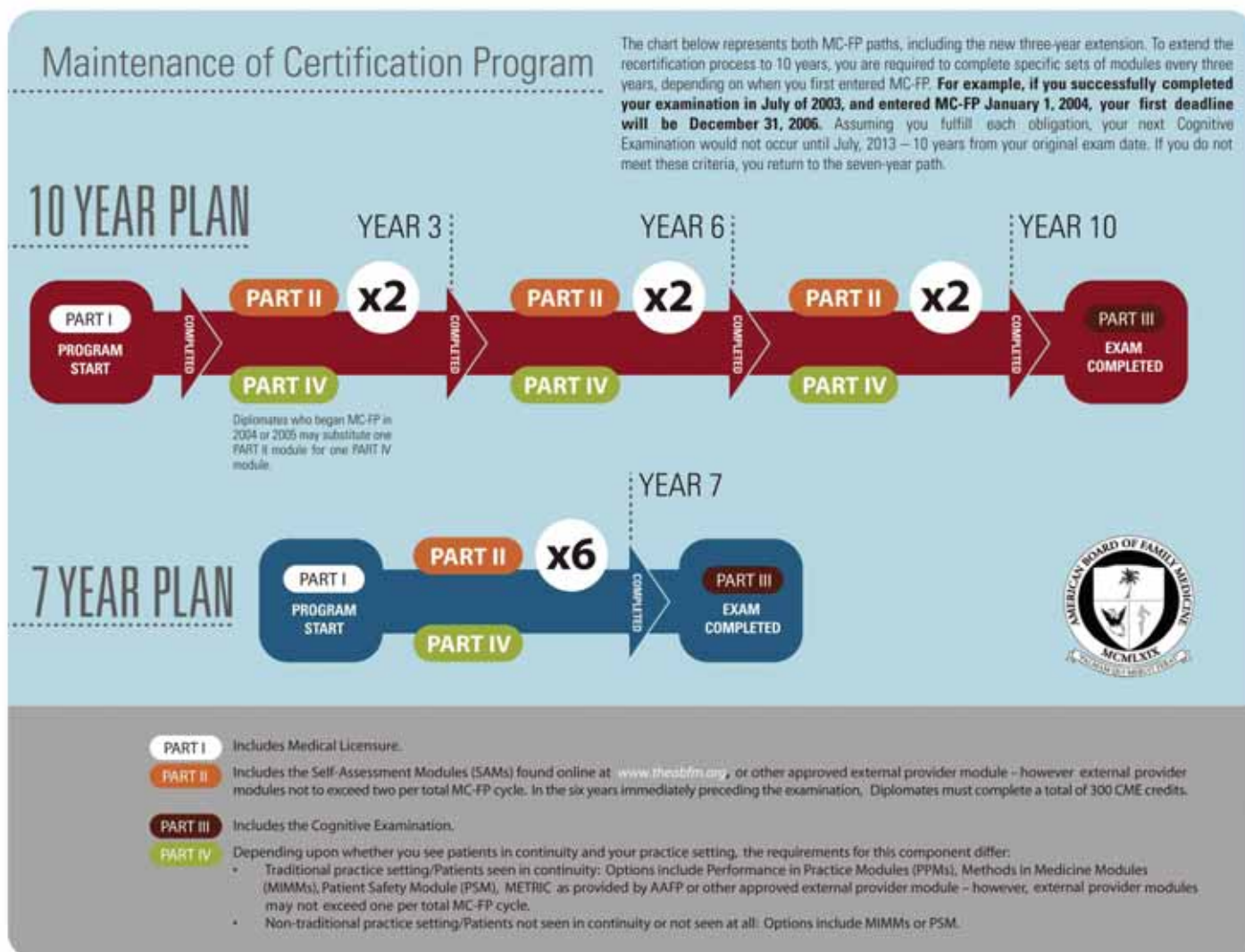
by Richard Feldman, MD

We can take pride in the knowledge the IAFP had the courage to stand up and provide the needed leadership to move the process of needed change in the maintenance of certification program.

In 2003, the American Board of Family Medicine dropped a bombshell at the AAFP national convention with the announcement of their new Maintenance of Certification Program (MC-FM). Although every specialty board had to develop new programs to comply with the mandate of the American Board of Medical Specialties, many felt that the ABFM had gone too far and created a very onerous process. IAFP members, and AAFP members throughout the nation, expressed anger and frustration regarding the

new requirements. Of particular concern were the Self Assessment Modules (SAMS), that took an extraordinary number of hours to complete and left the learner in an electronic quandary of dead-end literature searches and esoteric questions impossible to answer.

The launch of MC-FM could not have been done in a worse fashion. The ABFM told family physicians that the board was not accountable to them but only to the American public and rushed to abruptly implement a



poorly prepared program without adequate discussion with the membership and leadership of the AAFP. This new process did not pass the reasonableness test.

To make things worse, the AAFP signed a memorandum of understanding with the ABFM defining mutual roles in the new program. The joint agenda appeared to be the push to gain passive acceptance of MC-FM among America's family physicians. What a disaster.

The IAFP listened to its members and took an outspoken national leadership position in opposition to MC-FM. We challenged both the ABFM and the leadership of the AAFP to simply do the right thing. The 2004 IAFP Congress of Delegates passed a strong resolution insisting that the ABFM suspend its implementation of MC-FM until AAFP membership could participate with the board in creating a less onerous program. It also directed AAFP leadership to press the ABFM for the needed changes. Although the AAFP Congress of Delegates ultimately passed a somewhat weaker resolution, it did include much of the Indiana resolution. Importantly, this action directed AAFP leadership to vigorously challenge the process and created mounting pressure on the ABFM.

It appears the fight is over.

What has resulted in the intervening months? Significant changes were made in the SAMS that can now be completed in a reasonable manner and time frame. The board has made other changes in the length of certification, made completion of the components more flexible, and has added more of the practice performance modules that I believe to be the component that will ultimately improve the quality of patient care.

One has to give the ABFM credit for making many of the needed changes that make this process now acceptable to the majority practicing family physicians. It appears the fight is over. It's time to claim a victory, take our certification exams, and participate in the yearly exercises.

The IAFP listened to its members and took an outspoken national leadership position in opposition to MC-FM.

We can take pride in the knowledge the IAFP had the courage to stand up and provide the needed leadership to move the process of needed change in the maintenance of certification program. Unfortunately, sometimes you just have to ruffle some feathers to get the job done.

It's your passion.



It's your call.

You know what's best for your patients. Sometimes that means calling in a medical partner.

IU specialists are here when you need to consult with a colleague or refer a patient for additional treatment. We share your commitment to provide the best care possible.

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Calendar of Events

IAFP Meetings

IAFP Annual Meeting
July 26-30, 2006
Fort Wayne

IAFP All-Member Congress of Delegates
July 27-28, 2006
Fort Wayne

Family Medicine Update
January 25-28, 2007
Marriott North, Indianapolis

Ten-State Leadership Conference
February 9-11, 2007
Conrad Hilton, Indianapolis

Faculty Development Workshop
March 6, 2007
Airport Holiday Inn, Indianapolis

Residents' Day & Research Forum
March 7, 2007
Airport Holiday Inn, Indianapolis

Board of Directors Meetings

July 26, 2006
Fort Wayne

July 30, 2006
Fort Wayne

AAFP Meetings

AAFP Congress of Delegates
September 26-28, 2006
Washington, D.C.

AAFP Annual Scientific Assembly
September 27-October 1, 2006
Washington, D.C.

2006 State Legislative Conference
November 10-11, 2006
Austin, Texas

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PAC Needs Your Support

The Indiana Academy of Family Physicians needs your help in supporting its Political Action Committee (IAFP PAC). We expect to see a push in the Legislature for Medicaid expansion and Medical Malpractice reform during next year's long session. A strong PAC will allow family physicians to build relationships and allow us to be at the table when these important issues are hammered out.

You'll remember that a few sessions ago the Academy successfully fought to keep family physician funding in the state's budget. This funding is absolutely essential to the future of family medicine and your contributions allow us to continue to lobby for the line item.

The IAFP legislative team considers many factors when determining contributions to candidates. For instance, legislators in a leadership role or members of the health-related committees are in the best position to support and take action on the Academy's issues, and thus are on the top of our list to receive contributions. Additionally, the legislator's general knowledge of health-related issues, whether he or she is up for re-election, and whether he or she has a health-related

profession, are all positive factors in assessing candidates. Candidates from both parties receive contributions. Your contributions will not be utilized for a golf outing. Rather, the Academy's legislative team will deliver each PAC contribution in person to the respective legislator. In some instances, you may want to join us in delivering a contribution to your legislator. If so, please let us know.

We hope you will support the IAFP by contributing to the IAFP PAC. We suggest contributions of \$100, \$200 and \$300 to truly make a difference. Your contribution will allow us to reach and educate more legislators and candidates by expanding our network. Mail your contributions to the IAFP PAC at 55 Monument Circle Suite 400, Indianapolis, IN 46204. Please contact me at 317.237.4237.

Sincerely,

Allison Matters
Director of Legislative and District Affairs

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 - Thymectomy for myasthenia gravis
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- Uterine fibroid embolization
- Vagal nerve stimulation for depression & epilepsy



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The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations who donated to the Foundation in 2006. 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 also like to acknowledge that many of these individuals give to the Foundation in addition to their Founder’s Club commitment. Members who have done so in 2005 are noted with a diamond (◆).

Deborah I. Allen, MD ✓
 Dr. Jennifer & Lee Bigelow
 Kenneth Bobb, MD
 Douglas Boss, MD
 Bruce Burton, MD ✓
 Kalen A. Carty, MD
 Clarence G. Clarkson, MD ✓
 Dr. Robert & Donna Clutter ✓
 Dianna L. Dowdy, MD
 Richard D. Feldman, MD ✓
 Thomas A. Felger, MD ✓
 Fred Haggerty, MD ✓
 Alvin J. Haley, MD ✓
 John L. Haste, MD ✓
 Jack W. Higgins, MD ✓◆
 Worthe S. Holt, MD ✓

Richard Juergens, MD ✓
 Thomas Kintanar, MD ✓
 H. Clifton Knight, MD ✓
 Edward L. Langston, MD ✓
 Teresa Lovins, MD
 Jason Marker, MD
 Debra R. McClain, MD ✓◆
 Robert Mouser, MD ✓
 Raymond W. Nicholson, MD ✓
 Frederick Ridge, MD
 Jackie Schilling ✓
 Paul Siebenmorgen, MD ✓
 Kevin Speer, JD (IAFP EVP)
 Daniel A. Walters, MD ✓◆
 Deanna R. Willis, MD, MBA

PLANNED GIVING CONTRIBUTORS

Ralph E. Barnett, MD
 Raymond W. Nicholson, MD

2006 CONTRIBUTORS

Gold Level (\$1,000-\$2,499)

Americans for Nonsmokers’ Rights
 Campaign for Tobacco-Free Kids
 Kalen Karty, MD
 Daniel A. Walters, MD

Silver Level (\$100-\$999)

American Cancer Society
 American Heart Association
 Dr. Jennifer W. & Lee Bigelow

Ken Elek, MD
 Bernard Emkes, MD
 Jack Higgins, MD

Melissa Pavelka, MD

Bronze Level (\$1-\$99)

F. A. Beardsley, MD
 Debra McClain, MD

IAFP MEMBERSHIP UPDATE

KEEP US INFORMED

Members, please keep all of your contact information up-to-date with the AAFP and the IAFP. This includes:

Address
Phone/Fax
E-mail

To update, please call Amanda Bowling at the IAFP: 888.422.4237; AAFP: 800.274.2237.

MEMBERSHIP STATUS TOTALS AS OF MAY 31, 2006

Active:1,629
Supporting (non-FP):5
Supporting CME (FP):3
Inactive:19
Life:188
Resident:259
Student:246
Total:2,349

NEW MEMBERS

The Academy wishes to extend a warm welcome to our new members:

ACTIVE

Charles Coats, MD
Fort Wayne

Sridevi Damera, MD
Zionsville

Stephen Glaser, MD
Batesville

Greg Gobrecht, MD
Muncie

STUDENTS

Alphonus Diamen
Granger

Matthew Overley
West Lafayette

Angela Qualey
Granger

NEW MEMBERSHIP BENEFIT FOR IAFP MEMBERS

IAFP is pleased to announce that we have negotiated a reduced subscription price with the editors of Prescriber's Letter, a very useful monthly drug advisory publication.

Prescriber's Letter is independent from any drug company and does not accept any advertising or support, and subscriber information is kept strictly confidential. As an IAFP member, your subscription price is reduced and includes complimentary CME credits. Plus, any time you need more

information on any of the topics, you can get a Prescriber's Letter Detail Document at no additional cost.

The PDA version for your mobile device is also available free of charge, as is the 2006 Prescriber's Letter Professional Rejuvenator, to give you the "best of the best" drug info of 2006. As an IAFP member, you will be receiving information about this benefit in mail or you may contact Mandy in the IAFP office at 317-237-4237 for subscription information.

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Indiana Launches Free Tobacco Quitline to Help Smokers Quit

On March 22, Smokefree Indiana announced a partnership with Free & Clear, Inc. to launch a statewide telephone-based tobacco treatment program, the Indiana Tobacco Quitline. The Indiana Tobacco Quitline was made possible through a supplemental grant from the Centers for Disease Control and Prevention, allocated to build a state tobacco quitline. Hoosiers now have access to Free & Clear's comprehensive tobacco treatment services by calling 1-800-QUIT-NOW. Free & Clear was chosen by an external review committee of cessation specialists and tobacco control experts in Indiana. The committee's decision was based on the company's comprehensive service offerings, evidence-based approach and proven efficacy. Services are available in both English and Spanish; translation is available for other languages.

With an adult smoking rate of 24.9%, Indiana ranks 7th among all states in adult smoking prevalence. Although that rate has declined since the Indiana Tobacco Prevention and Cessation Agency (ITPC) began operating in 2002, it is still higher than the national average rate of 22%. The program is designed to prioritize services for those most in need of cessation help. For the first three months, the Indiana Tobacco Quitline will serve all Hoosiers who wish to quit tobacco; however, services are limited due to funding. Beginning July 1, services will be targeted to pregnant smokers and other priority populations — most likely the low-income uninsured. The comprehensive program includes a personalized quit plan and proactive telephone-based treatment with a highly trained quit coach.

Prior to the launch of Indiana's Tobacco Quitline, callers from the state would be directed to the National Cancer Institute, and they would receive a packet of information about quitting tobacco. Now, pregnant smokers and other priority populations will receive focused, short-term treatment. Other callers will be referred to local cessation programs.

The new helpline is accessible 8 am-midnight EST seven days a week. Participants will also receive a Quit Kit of materials that will help them stay on track with their personalized quit plan.

Smokefree Indiana and its partners will be working to connect large employers and insurers with Free & Clear in the hopes that they will contract with the company to provide services to employees so that more Hoosiers will have the opportunity to take advantage of this outstanding resource.

Beginning July 1, family physicians should refer their pregnant and uninsured patients who smoke to the Indiana Tobacco Quitline at 1-800-QUIT-NOW, or submit the fax referral form that was sent to all members in the mail. If you did not receive the fax referral form, contact Erin Slevin (eslevin@smokefreeindiana.org) or 317.241.6377. All other patients who want help quitting tobacco should be referred to your local cessation providers. To find your local services, visit www.whitelies.tv/LocalContact.asp and click on your county.

Indiana Academy of Family Physicians, Inc. Statement of Assets, Liabilities and Net Assets

December 31, 2005
(Unaudited)

ASSETS

CURRENT ASSETS

Checking	\$112,714.63
Savings	1,231.04
Money Market	379,711.21
Merrill Lynch Investments	290,298.47
Total Current Assets	783,955.35

FIXED ASSETS

Office Equipment	128,508.76
Accumulated Depr.-Equipment	(127,529.82)
Total Fixed Assets	978.94

OTHER ASSETS

Deposit	4,000.00
Expenses - Next Year	11,021.01
Foundation Receivable	62,418.00
Total Other Assets	77,439.01
TOTAL ASSETS	862,373.30

LIABILITIES & NET ASSETS

LIABILITIES

Accounts Payable	\$12,671.07
Deferred Revenue	224,952.05
Fifth District	2,880.42
Seventh District	597.19
Total Liabilities	241,100.73

NET ASSETS

Net Assets 12/31/04	646,412
Expenses-Last year	(39,309.54)
Income-Last year	19,345.97
Current Earnings	(5,176.10)
Total Net Assets	621,272.57

TOTAL NET ASSETS \$862,373.30

Report of the Nominating Committee

The Nominating Committee, chaired by Richard Feldman, MD, is pleased to submit the following slate of nominees for the positions noted. The slate will be referred to the Congress of Delegates for final approval when it meets on July 27.

President-Elect

Larry Allen, MD, Syracuse

1st Vice President

Teresa Lovins, MD, Columbus

2nd Vice President

Ashraf Hanna, MD, Fort Wayne

Speaker, Congress

Kenneth Elek, MD, South Bend

Vice Speaker

Andrew Deitsch, MD, Richmond

AAFP Delegate (2-year term)

Tom Felger, MD, South Bend

AAFP Alternate Delegate (2-year term)

Worthe Holt, MD, Indianapolis

AAFP Alternate Delegate (1-year term)

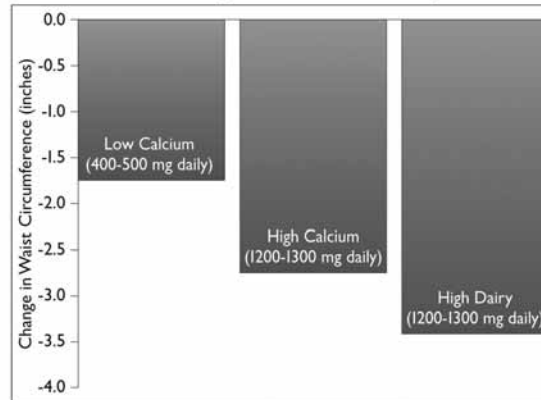
Clif Knight, MD, Indianapolis

Committee members who were present:

Richard Feldman, MD,
Chair; Tom Kintanar, MD
Teresa Lovins, MD
William Mohr, MD
Alan Sidel, MD
Tom Jones, MD;
Scott Eller, MD
Shannon Joyce, MD

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¹ 3 servings of dairy a day in a reduced-calorie diet supports weight loss. 3day.org



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Reimbursement Issues

Multi-District Lawsuits Result in Changes in Anthem Practices

by Joy Newby, LPN, CPC
Newby Consulting, Inc.



In the recent issue of Anthem's Network Update, Anthem announced they had reached agreements with representatives of physicians in a pair of multi-district lawsuits. This agreement includes "improvements" in several Anthem processes. In the coming months Anthem will:

- Enact processes whereby they will not contest the timeliness of any bill for covered services provided to a fully-insured member if the bill is received by Anthem within 180 days of the date of service or the date you receive the EOB from the primary payer (when Anthem is the secondary payer), whichever is later.
- Streamline the recovery process for some accounts by setting an 18-month limit, after the payment was received by you, as the amount of time Anthem will have to initiate a recovery should an overpayment occur (with some exceptions, such as recovery of duplicate payments). Anthem will also now be providing 30 days advanced written notice before recovering most refunds.
- Standardize the definition of "medical necessity" for medical doctors and doctors of osteopathy, except where applicable law or regulation requires a different definition.
- Commit to take into account, among other things, National Physician Specialty Society recommendations and the views of prudent physicians practicing in relevant clinical areas when developing medical policies.
- Make a commitment to provide greater notice in the event a materially adverse change is made to a physician contract.
- Provide by hard copy (upon written request), the fee schedule for up to one hundred (100) CPT® codes customarily and routinely

used by the requesting physician, up to two (2) times per year. Eventually, all fee schedules will be available electronically or via CD-ROM.

- Enhance the process for transitioning members requiring continued care following a medical doctor and doctors of osteopathy termination.
- Ensure that a physician is responsible for the review and decision-making process relating to a denial of any pre-service requests as not medically necessary or experimental/investigational. Other health professionals, acting for a medical director, may approve any proposed health care service as being medically necessary, but only a physician can authorize a denial.

Finally, Anthem believes it has greatly enhanced the information available online at www.anthem.com, including instructions on how to return an overpayment, notify Anthem that your information in their directory is inaccurate, and categories of claims for which clinical information can routinely be sought. There is also a new authorization form that physicians providing mental health services can download to obtain plan member consent for release of clinical information.

Using CPT Codes 99211 vs. 90772 - Anthem Update

by Connie Woods, CPC
Newby Consulting, Inc.

If a patient comes to the physician's office for an injection and the physician is not present in the office suite, Anthem has advised Newby Consulting, Inc. that CPT code 99211 should be used for the administration of the injection. CPT guidelines for Therapeutic, Prophylactic and Diagnostic Injections and Infusions state, "These services typically require direct physician supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff." If the physician is not in the office suite, the direct supervision requirement would not be met. As Anthem does not require direct supervision to bill CPT code 99211, this would be the appropriate code to use in lieu of CPT code 90772.

For example, a patient with Anthem coverage presents in the physician's office for a previously ordered B-12 injection. The physician has been called to the ED for an emergency. The B-12 injection is administered during the physician's absence. Appropriate coding for the administration of the B-12 injection is 99211 with the HCPCS "J" code for the medication.

By contrast, Medicare requires the physician to be physically present in the office for all injection administrations. Physicians report 90772 for the administration and the appropriate HCPCS "J" code for the B-12 for Medicare patients. It is inappropriate to report 99211 in lieu of the administration code. If the physician is not in the office during the administration, the service is not covered by Medicare.

FLP TIPS

Quarterly Tips to Help You with Your Practice and Your Life

FOUR WAYS TO DEAL WITH A DIFFICULT PERSON

Consider these tactics when you have to cope with people who are difficult to deal with:

“Kill” with kindness. Treat everyone well regardless of how people treat you. Be direct — but likeable and polite. It’s difficult to treat a thoughtful person thoughtlessly.

Listen and respond. Allow the difficult person to fully express his or her feelings. Then acknowledge your awareness of the situation, describe what you see and hear, reveal what you think and feel, and say what you want. Tip: Don’t judge (“You shouldn’t be that way”) or generalize (“You always do that”).

Don’t take a position — deal with a need. Find out what motivates a person, so you can offer alternative ways of solving the problem. Chances are the difficult person confronting you has simply adopted the most obvious solution. In other words, move from what the person wants to why the person wants it.

Accept blame. More often than not, you have played some role in bringing about behaviors other subject you to. Admit what your fault is quickly and emphatically. Whenever you shoulder your share of the blame, others are more likely to own up to theirs. Tip: Sometimes you can encourage the other person to cooperate by claiming more responsibility than you deserve.

Source: What to Say to Get What You Want, by Sam Deep and Lyle Sussman, Addison-Wesley Publishing Co. Inc., Reading, MA 01867.



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