FRONTLINE PHYSICIAN

A Publication of the Indiana Academy of Family Physicians
FALL 2004

Honoring our past and celebrating the "Future of Family Medicine" was the theme for this year's annual meeting. Twenty IAFP Past Presidents attended the 2004 annual meeting.

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Contents

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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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Presia

As your 56th President, I am awash in emotions. Among them, I am humbled to have been selected to serve as your President for 2004-2005. I am humbled, but I am not awed. For me, this is the culmination of a dream, the impossible that I have lived for some 37 years. Tonight it is reality, and I thank you.

I am also inspired. Inspired by the opportunities and challenges that stretch down the road before us. Some in our profession—and I'm speaking of all specialties—talk of frustration with paperwork, reimbursement issues, third party payers, threats of malpractice suits, government intrusion, drug formularies and patient demands. The list goes on and on. They say they would never want their children to follow their footsteps into medicine. They view our profession as a setting sun.

They are wrong. This is a great time to practice medicine, and I see a rising sun. I see change coming that will make practice increasingly fun and satisfying again—with better, more functional office models, enhanced reimbursement where we are paid for the work we do, where patients become active participants in their health and health care. I also see an increased comprehension that health care cannot be delivered by an individual, but by a system, which implies a multidisciplinary team approach of delivering and continually improving care for an identified population.

The Future of Family Medicine Project initiative was undertaken by seven national family medicine organizations in 2002. It is now complete. It has met with nearly rave reviews by both medical leaders in virtually all specialties, as well as the lay press.

Dr. Fineberg of the National Academy of Sciences wrote, "This initiative in the field of family medicine to promote higher quality care serves as a model for all professionals who seek to transform medical care for the better."

Dr. Abrommowitz of the American Medical Association said, "Facing these challenges and opportunities, the specialty's leadership initiated the Future of Family Medicine Project to chart the course of the specialty into the 21st century. What has emerged preserves the core

values of the specialty while creating a blueprint for the future."

Dr. Loh of Wonca wrote, "The ten final recommendations of the Future of Family Medicine report are all encompassing in their prescription. They are also applicable, achievable, and patient-centered, with health care costs and quality of care very much in mind."

While the ten recommendations cannot be delved into detail here, they involve a personal medical home for all patients, patient-centered care based on a patient-physician relationship that is highly satisfying and humanizing to both parties and comprehensive and integrative whole-person orientation. These are all things we strive for and largely achieve now. But elements involving a team approach, which in addition to nurses and clerical personnel, might involve physician assistants, nurse practitioners, nutritionists, health educators, behavioral scientists, and other professional and lay partners are different. These present new challenges in their implementation.

Included in the New Model is the elimination of barriers to access. New concepts include an open scheduling model for patient visits, communication for non-urgent issues via voice mail and e-mail and providing access to online patient education materials appropriate to a patient health status.

Included in the New Model is a standardized electronic medical record that will constitute the central nervous system of the practice with high priority given to assuring that information from multiple diverse sources (office, hospital, extended care facility, etc.) is integrated into a single system that supports the comprehensive-information needs on which primary care practices depend. Any electronic information system must integrate easily into the daily practice of family physicians, must be accessible at a reasonable cost, and must result in a major enhancement of the efficiency and quality of the care that is delivered.

Practice facilities may become redesigned to accommodate staffing patterns that differ from current models, including most notably a broader array of health professionals working together as part of a multidisciplinary team. The traditional waiting room, as we know it, may become a thing of the past, replaced by a patient resource center with materials and patients information-gathering systems.

New Models practices will place high priority on taking steps to insure patients' safety within the practice, including the use of electric data and decision-support systems. Enhanced equitable reimbursement will include coding and billing for such services as hospital case management and group visits for chronic disease entities.

As has been said, what emerges preserves the core values of our specialty while creating a blueprint for the future. Those core values are sacred to all of us who dedicated our lives to family medicine. We are asked and sometimes ask ourselves, "Why do we do what we do?" And perhaps the answer is as simple as, "Why not?" But on more careful consideration, we might be reminded of the words of Winston Churchill when he said, "We make a living by what we get. We make a life by what we give."

It is a brave new world, my friends and colleagues. It is a rising sun.

In our work as family physicians, in our practices, we stand for Wanda, Justin, Linda, Scott, Randy, Virginia, Paul, Mary, Kip, Susan, Jacob, Mark, Tony, and all the others who trust us with their care. We know what this means. Somehow, it's just hard to say.

Dedication to the best possible patient care is part of the answer. Timely, thoughtful, dignified, evaluations, recommendations, and treatments are the important form, but not the essence of our work.

Now we come together as a staff in the hope of making a special difference. We try to support our patients day-to-day through the often-remarkable things they face. We care about their pain and their families' pain. We are a medical, administrative team, or maybe at times even a family that wants to help with more than the physical needs.

We always seek to learn. Education and research are among out highest priorities. Forever students on behalf of our patients, we study to stay at the forefront of medicine. We are also teachers teaching others what we have learned and teaching them about our team approach.

Finally, we are honored by the patients who allow and want us close by at intimate moments. We are proud that despite our own great fears, we do not shy away because in the end we believe in the good of what we do.

KEVIN P. SPEER, JD

CMS Issues Stark II Phase II Regulations

On March 26, 2004, the Centers for Medicare and Medicaid Services ("CMS") issued the highly anticipated second phase of its final regulations implementing Section 1877 of the Social Security Act, better known as the "Stark II" legislation. The Stark II legislation, which became effective in 1993, prohibits a physician from referring a patient to an entity for the furnishing of a "designated health service" ("DHS") if the physician or a member of the physician's immediate family has a financial relationship with that entity unless that financial relationship fits within one of the exceptions to the law. A broad array of ownership or investment interests or compensation arrangements between the physician, his/her immediate family member and the DHS entity are implicated by this statute. The Stark II law further prohibits the DHS entity from presenting or causing to be presented to Medicare a claim or bill for services furnished pursuant to the prohibited referral. Phase II was enacted as a final regulation with comment period. It is effective July 26, 2004, however, CMS will consider comments through June 24, 2004.

The Stark II prohibition applies to eleven categories of DHS, including, clinical laboratory services; physical therapy services; occupational therapy services; radiology services; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment and supplies; prosthetics, orthotics, and prosthetic devices and supplies; home health services; outpatient prescription drugs; and in-patient and out-patient hospital services for which the hospital bills. CMS intends for Phases I and II to be read together as a single rule making. The prohibitions identified in the statute are to be narrowly interpreted whereas the exceptions are to be broadly interpreted. Neither is to be interpreted in a manner that adversely affects patient care services, nor are they intended to supplant other CMS payment and coverage policies. Key to understanding these rules is that most ownership arrangements are prohibited, while most compensation arrangements are allowed provided they are at fair market value.

"Intent" is irrelevant under Stark II. It is a "strict liability law", describing conduct that is illegal. Compliance with an enumerated exception is crucial to avoid liability.

The additions, revisions and modifications implemented by Phase II are vast, as such this article will review only some of the Phase II highlights.

In Phase II, CMS makes it clear that lithotripsy is neither an in- or out-patient hospital service. Citing to its unique legislative history, CMS concludes that Congress intended to exclude lithotripsy from the purview of Stark II. CMS also declined to add nuclear medicine as a DHS, however, it will consider whether it should be added as one in the future.

Another area generating many comments was that of indirect compensation arrangements. In Phase II, CMS makes it clear that an unbroken chain of financial relationships can be comprised of both financial relationships meeting an exception and those not meeting an exception. Simply put, the fact that one link in a chain of financial relationships fits within an exception does not break the chain when determining whether an indirect compensation relationship exists. CMS' obvious intent is to reach illegal arrangements which may be conducted through a series of legal entities. CMS also attempts to clear up the relationship between "indirect compensation arrangements" and the "volume or value" and "other business generated" standards. An indirect compensation arrangement exists if compensation varies with or takes into account the volume or value of referrals or "other business generated" by the referring physician. The "special rules on compensation" which allow for volume based compensation under certain of the exceptions, do not apply to indirect compensation arrangements.

In Phase II physician groups meeting the definition of "group practice" receive favorable treatment with respect to physician compensation. Group practices may now pay their employed and independent contractor physicians, who qualify as physicians in the group, productivity bonuses that are based on the physician's personally performed services, as well as services that are "incident to" the physician's personally performed services. Similarly, employees and independent contractors who are physicians in the group may participate in profit-sharing arrangements derived from DHS revenue provided the methodology for allocating shares is reasonable and verifiable, and not based on volume or value of referrals.

There has been much speculation within the industry regarding compensation "set in advance". In Phase II CMS defines "set in advance" to permit some percentage compensation arrangements provided the methodology for calculating the compensation has been determined prospectively and is objectively verifiable. The methodology must be set prior to the performance of the arrangement.

The "same building" requirement of the in-office ancillary services exception has been substantially revised by CMS in Phase II. Under this exception, DHS may be furnished to patients within the group practice so long as several conditions are met. These conditions are summarized as performance, location and billing requirements. In short, the location requirements meant that the DHS performed by the group were to be done in either the same building in which the group practice performed other non-DHS services or in a centralized building used exclusively by the group practice to provide some or all of its DHS. In Phase II CMS retains its definition of "centralized building" but it simplifies the "same building" determination by developing three alternative tests. Only one of these three tests must be satisfied by the group practice to qualify a practice locale as the "same building". These alternatives involve a varied number of hours served per physician per week. The referring physician or, in at least two of the alternatives, other members of the referring physician's group must practice at the office located in the "same building" where the designated health services are furnished.

Other notable revisions made in Phase II include those pertaining to space and equipment leases and personal services arrangements exceptions. Space and equipment leases and personal services agreements may now be terminated

with or without cause prior to the expiration of the first year of the initial term of the agreement. Without cause termination is now permitted so long as the parties do not enter into the same or substantially the same arrangement during the first year of the initial term.

Sublease arrangements are permitted provided the sublessor has exclusive use of the rented space or equipment during the time when the space or equipment is being subleased. Per click rental payments are also permitted if they are set at fair market value and not based on the volume or value of referrals or other business generated between the Lessor and Lessee.

Phase II eases the requirement that professional services agreements "cover all the services". Integration or incorporation of other agreements or cross-referencing of master lists of contracts is permitted where those agreements are maintained centrally.

The physician recruitment exception has also been modified. CMS focuses the "relocation test" on the locale of the physician's practice and not on the location of the physician's residence. This exception protects arrangements made by hospitals, and now Federally Qualified Health Centers ("FQHC"), to induce physicians to relocate to the hospital's or FQHC's geographic service area. A geographic service area is defined by zip code and is the area comprised of the lowest number of contiguous zip codes from which the hospital draws 75% of its inpatients. The relocating physician must either move his or her medical practice at least twenty five (25) miles away from the existing practice site, or alternatively, at least 75% of the practice revenue at the new site must be derived from patients who had not been seen or treated by the physician at his or her prior practice for the three preceding years. Residents and physicians having practiced less than one year are not subject to the relocation requirements. Recruitment payments may now be made to group practices as long as certain conditions are met. A limited exception was created for the retention of physicians in healthcare professional shortage areas. A bona fide offer recruiting a local physician away from the hospital's service area must exist prior to the hospital or FQHC offering the retention incentive.

Other changes of note were made to the "Non-Monetary Compensation up to $300 and Medical Staff Incidental Benefits" exception. Phase II adds the ability to index the $300 and $25 thresholds for inflation. Listing affiliated physicians in the hospital's advertising is now an incidental benefit, however, advertising or promoting physician's private practices on the hospital's website is not protected.

Professional courtesy was added as a new regulatory exception. This is significant given the OIG's inclination to view these arrangements as suspect. Free or discounted healthcare items or services may now be provided to a physician, the physician's immediate family member or office staff. The professional courtesy must be offered to all physicians on an entity's bona fide medical staff or in its local community without regard to the referrals or other business generated between them; the healthcare items or services must be of the type routinely provided by the entity; and the entity's professional courtesy policy must be set out in writing and approved in advance by the entity's governing board. Professional courtesy may be provided to physicians or members of his or her immediate family who are Federal Program beneficiaries if there is a good faith showing of financial need.

The foregoing is just a sample of the changes, modifications, and additions made by CMS in this latest Stark II saga. Due to the breadth and technical nature of the Stark II law, careful review is required prior to healthcare providers and physicians engaging in any type of financial arrangement.

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Standing: (L to R) Clif Knight, M.D., Indianapolis; Deborah Allen, M.D., Indianapolis; Edward Langston, M.D., Lafayette; Thomas Kintanar, M.D., Fort Wayne; Alan Sidel, M.D., Fort Wayne; Deborah McClain, M.D., South Bend; Bruce Burton, M.D., Corydon; Ronald Blankenbaker, M.D., Indianapolis (now lives in Chattanooga, TN); John Haste, M.D., Argos; Richard Feldman, M.D., Indianapolis; Tom Felger, M.D., Fort Wayne (now lives in South Bend); Fred Ridge, M.D., Linton; Worthe Holt, M.D., Indianapolis; Clarence Clarkson, M.D., Richmond; Raymond Nicholson, M.D., Evansville; Seated: (L to R) Robert Mouser, M.D., Indianapolis; Fred Haggerty, M.D., Greencastle; Kenneth Bobb, M.D., Seymour; Ross Egger, M.D., Middletown; Paul Siebenmorgen, M.D., Terre Haute

IAFP living past presidents not able to attend: Wilson Dalton, M.D., Shelbyville; A. Alan Fischer, M.D., Indianapolis; Alvin Haley, M.D., Fort Wayne (now lives in Carmel); Fred Schoen, M.D., Indianapolis (now lives in Peoria, IL); Fred Blix, M.D., Indianapolis; Paul Williams, M.D., Rensselaer (now lives in Kansas City, MO); William Ritchie, M.D., Evansville; Charles Hachmeister, M.D., Evansville; Michael Silvers, M.D., North Manchester (now lives in Kansas City, MO); Wallace "Bill" Adye, M.D., Evansville; Robert Clutter, M.D., Indianapolis

Picturing the Past

Honoring our past and celebrating the "Future of Family Medicine" was the theme for this year's annual convention. The IAFP invited all past presidents to attend for special recognition. Twenty out of the 29 living past presidents came for the event.

The IAFP realizes that our organization wouldn't have the strong foundation it has today without the help of these past presidents. They gave their time, resources, and energy to make the future of family medicine better, and many are still involved in this effort today. We salute them for this!

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everyminute

of

everyhour

of

everyday

to

everybeat

of

yourheart

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Annual Meeting Attendance Exceeds 400

By Amanda C. Bowling

In French Lick this July, 445 people gathered for the IAFP Annual Meeting. This included 160 physicians, their families, ancillary personnel, and visiting dignitaries. In addition, 58 companies were represented in the exhibit center.

During the five-day event, guests enjoyed educational, business, and social activities. They participated in the Congress of Delegates, over 25 hours of CME offerings, the 2nd Annual Chuck Schilling Memorial Golf Tournament, the All Member Party, and the Annual Banquet.

Thanks to its many supporters, this year's IAFP annual meeting was again a great success. Each year financial contributions made by supporters of the IAFP make the meeting possible. Support is provided in many forms. Educational grants are solicited for the overall CME program. Only grants that allow the IAFP to maintain independence in the selection of content, faculty and topics are accepted. Sponsorships are solicited for social activities and meals. Companies may reach different levels of support with a combination of educational grant monies, exhibit fess and event sponsorships.

The primary mission of the IAFP is to offer members outstanding educational opportunities. The IAFP greatly appreciates all support of our high quality CME offerings. We would like to give special recognition to the following supporters and ask that our members take the opportunity to thank their representatives personally when they call on you in your office.

Exhibiting Companies at the 56th Annual Scientific Assembly

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Aventis
Aventis Pasteur
Bayer HealthCare
BioVail Pharmaceuticals
Braintree Laboratories
Bristol-Myers Squibb
Caylor-Nickel Clinic
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Charting Plus
Clarian Health Partners
Clarian Health Partners-Center for Female Pelvic Medicine & Reconstructive Surgery
Clarian Health Partners-Woman's HeartAdvantage
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Extendicare Health Services, Inc.
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Awards Banquet

Bruce Burton, MD, (left) receives the Raymond Nicholson, MD, award. Presenting the award is Raymond "Nick" Nicholson, MD.

Donald Phillips, MD, (middle) receives the award for IAFP Family Physician of the Year. Presenting the award to him is Kevin Speer, JD (left) and Worthe Holt, MD (right).

Larry Allen, MD, receives President Award from Richard Feldman, MD, for his efforts on the Governance Restructuring Task Force.

Scott Frankenfield, MD, (left) receives the Outstanding Resident Award. Presenting him with the award is Worthe Holt, MD.

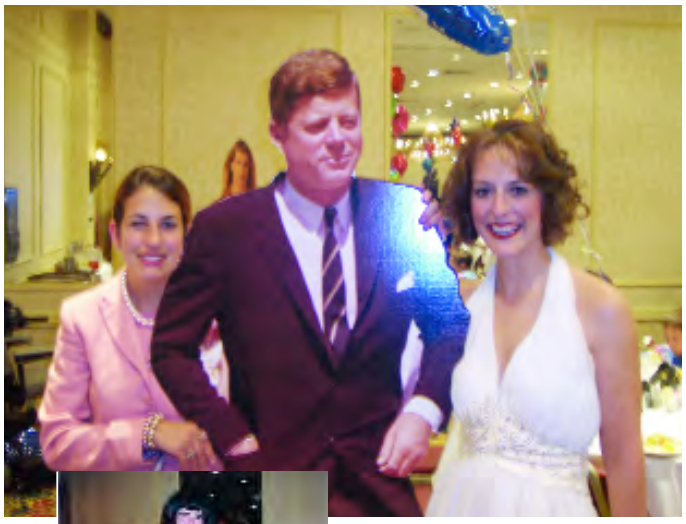
Clif Knight, MD, (left) receives the A. Alan Fischer Award. Presenting him with the award is Worthe Holt, MD.

John Haste, MD, (middle) receives the Lester D. Bibler award. Presenting him with the award is Deborah Allen, MD, (left) and Worthe Holt, MD.

Larissa Roepke Tar Wars® poster winner recognized at the banquet by President Richard Feldman, MD.

All Member Party

John Haste, MD, family and friends enjoy the All Member Party.



Laura Hahn (left) and Andrea Impicciche pose with John F. Kennedy at the All Member Party.

Dr. Roy and Mary Kaye Hunteman celebrate their 37th wedding anniversary at the All Member Party.

Brenda O'Hara, MD, (left), Tom Jones, MD, (center) and Debbie Allen, MD, (right) participate in the "My Generation" All Member Party.

PHYSICIAN OF THE DAY

Volunteers Needed for the Months of February & April 2005

The Indiana Academy of Family Physicians (IAFP) and the Indiana State Medical Association (ISMA) will once again sponsor the Physician of the Day Program at the 2005 General Assembly. Your assistance is needed! In this long session it is most important that family medicine make an impression on our legislators. This important program allows you to observe the legislative process first hand and to meet with your area representatives.

The Physician of the Day Program is one in which IAFP members volunteer to spend one or more days at the Statehouse during the legislative session. The purpose of the Physician of the Day Program is to provide episodic primary care services, as a convenience, for the governor, legislators and their staff during the time the state legislature is in session. The Physician of the Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of February and April. If you are interested in serving as the Physician of the Day, please circle the day or days that you want to serve, fill out the information below the calendars, and return it to the IAFP office no later than November 12, 2004. Feel free to call the IAFP office at (888) 422-4237 (toll-free, in state only) or (317) 237-4237 to schedule your Physician of the Day shift.

Thank you in advance for your assistance with this important program.

Calendar for February 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	24	26
27	28					

Please note: only the shaded dates are available – the Physician of the Day program does not operate Friday – Sunday.

Calendar for April 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	22	23	24	24	26
24	25	26	27	28	29	30

Please note: only the shaded dates are available – the Physician of the Day program does not operate Friday – Sunday.

NAME: _____ PHONE: _____

MALPRACTICE INSURANCE CARRIER: _____

DAY(S) REQUESTED: _____

Family Physician New ISMA President

A family physician from Kokomo, William H. Mohr, M.D., is the new president of the Indiana State Medical Association. Dr. Mohr will serve a one-year term, expiring in September 2005.

Before becoming president-elect of the ISMA, Dr. Mohr was Chairman of the Board of Trustees of the 8,000-physician member organization in 2002-2003. He served for many years as a delegate of the ISMA annual meeting from Howard County.

Dr. Mohr was born in Kokomo and currently is employed by American Health Network and affiliated with St. Joseph and Howard Community hospitals. He served as chief of staff at St. Joseph Hospital from 1996 to 1997. He has practiced family medicine in Kokomo since 1988 and until recently delivered babies – nearly 1,000 of them – at both Howard County Hospitals.

A graduate of Indiana University School of Medicine, Dr. Mohr is also on the Board of Directors of the Indiana Academy of Family Physicians and holds membership in the American Medical Association.

Indiana Arthritis Initiative (IAI) Campaign

Indiana Arthritis Initiative (IAI) Campaign is the state's arthritis program based at the Indiana State Department of Health.

The Centers for Disease Control and Prevention have encouraged people with arthritis to be physically active. There are many benefits: decreased pain, increased strength and flexibility, increased weight control, decreased stress, and improved general health. This campaign is called "Physical Activity: The Arthritis Pain Reliever." It is directed toward Caucasians and African Americans, from 45 to 64 years old.

Brochures can be distributed in your office and copies are available. Please contact Sue Hancock at (317) 234-2561 or shancock@isdh.state.in.us. There is no cost for the brochures.

Also available is a sample brochure directed toward farmers and ranchers, two occupational groups that are high risk for arthritis. The brochure was produced jointly by the Purdue Breaking New Ground Program and the Arthritis Foundation, Indiana Chapter. To order copies of this publication, contact the Arthritis Foundation (toll free hotline: 1-800-783-2342). There is a nominal charge for this brochure.

Legislative Update

By Doug Kinser

Good Luck, Laura

I have known Laura Hahn since 1989 when a partner in my law firm at Hall, Render, Killian, Heath & Lyman, P.S.C. asked me if his niece from Hamilton County could serve as page for a legislator from Henry County. Laura was my page and our picture graced *Frontline* in the winter of 2003. Laura showed an interest in government relations then and later showed an interest on behalf of physicians. After six years with the Academy, Laura is moving on to serve as Executive Director of the Arizona Academy of Family Physicians. I wish her the best.

Primary Elections

Running unopposed, Gov. Joe Kernan was nominated as the Democratic candidate for Governor. Lt. Gov. Kathy Davis will remain Gov. Kernan's choice in the upcoming general election. Mitch Daniels won easily with 66% of the vote over Eric Miller for the Republican nod for Governor. Senator Becky Skillman from Bedford is the Republican nominee for Lieutenant Governor.

There were no surprises in the Congress with all incumbents re-nominated. In the State House primary elections, no incumbent was defeated.

In the State Senate primary elections, Brent Waltz defeated Senator Borst by 38 votes after a lengthy recount. No Democrat has ever won in the district, although a Democrat is on the ballot. Many expect Waltz will be elected to the General Assembly in November. Senator Borst served in the General Assembly since 1966 and he was a key player in the legislative process. It is not known yet who will replace Senator Borst as Chair of Finance.

Interim Committees

Interim study committees began meeting in June and will conclude before the session begins in November. As of this date, the announcement of committee assignments has not been made. The following interim committees will discuss health issues: Legislative Council, Health Finance Commission, Select Joint Commission on Medicaid Oversight, Government Efficiency Subcommittee on Medicaid and Human Services, and Commission on Excellence of Health Care. Initial meetings have been held but nothing substantive has occurred yet.

Academy Resolutions

At its annual meeting in July, the Congress of Delegates adopted the following resolutions for action during the legislative session:

- 4-2 to seek and support legislation requiring that any fee payment reductions in place from payers for non-physician providers exclude ancillary services ordered by, but not performed by, the non-physician provider and that fees for these services are to be paid at 100% of the established physician fee schedule for that plan, and further requiring third party payers follow Medicare guidelines regarding reimbursement and pay no less than 85% of the established physician fee for the non-physician provider

- 4-3 to seek and support legislation to mandate all insurers selling insurance products in Indiana be mandated to pay physician submitted claims using standard CPT coding guidelines as written and intended

- 4-4 to seek and support legislation mandating insurance plans provide, within 30 days of written request, a plan fee schedule for up to 50 CPT codes as chosen by the requesting physician

- 4-11 to seek and support legislation to call for the funding of the Indiana Tobacco Prevention and Cessation Agency to be restored to $32.5 million annually and that the resolution is to be submitted to ISMA's 2004 Congress of Delegates

IAFP's Commission on Legislation will meet Oct. 3 to determine the best way to implement the resolutions.

General Election

On Nov. 2, the citizens of Indiana will elect the President, U.S. Senate, all Congressional seats, the Governor, 25 State Senate seats, 100 House of Representatives seats, other statewide offices, and local county officials.

Candidates for Governor will spend $30 million dollars. It is the largest amount spent in Indiana's history. It is an increase from the $19.9 million spent in 2000. Both candidates will have sufficient funding to get their message out. Polling numbers indicate a close race.

Senator Dembowski (D - Starke County) is expected to have the only close race in the State Senate. With a current split of 33 Republicans and 17 Democrats in the state Senate, control will remain securely in the hands of Republicans. If one Democrat is defeated, Republicans will be able to transact business without even one Democrat present.

With a current split of 51 Democrats and 49 Republicans, control of the State House of Representatives will depend upon relatively few races. In a repeat of 2002, HD 86 may be the most expensive and closest race with Incumbent Representative David Orentlicher (D) opposing Mort Lange (R). In another expected close race, Representative Phil Pflum (D) will oppose Ed Yanos (R) in HD 55. Bruce Borders (R), former mayor of Jasonville, will challenge Representative Alan Chowning (D). There will be open seat races in West Lafayette, Hartford City, and Terre Haute. Republicans hold all seats with one open seat in Evansville held by a Democrat. No incumbent House Republicans are expected to be seriously challenged.

2005 Legislative Session

Organization Day is scheduled for Nov. 16. Organization Day is the day party caucuses elect their leadership. Senator Garton has been President Pro-Tem since 1980 and there is no expected change in his leadership. The Speaker of the House is selected by the majority party and will be Representative Bauer, the current Speaker, if Democrats control the chamber. If Republicans control the House, the Speaker will likely be Representative Bosma of Indianapolis. The leader of each chamber will then make leadership and committee chair appointments. Bills can be introduced from November 16 on but hearings begin when the session regularly convenes in the New Year. The calendar for January will become available in December.

2005 will be the "long" session because the biennial budget must be approved. In July 2004, the first month of the fiscal year, Indiana's revenue shortfall continued with the largest shortfall in twelve months. It remains difficult to see how Indiana can grow itself out of its budget shortfall. Passage of all legislation must occur by April 29, 2005 for the session to adjourn on time. If a budget is not approved, the Governor must call a "special" session. It is unlikely that any bill other than the budget would cause a special session.

National Data Reporting Initiatives:

The National Voluntary Hospital Reporting Initiative (NVHRI) and Reporting Hospital Quality Data Annual Payment Update (RHQDAPU)

Physicians largely control patient care and play an important role in the overall outcome of quality of care data reporting for the hospitals they serve. Comparing data on key aspects of clinical quality—patients receiving the correct medications, treatments, or tests at the right time for their conditions—will help hospitals and clinicians focus on the importance of providing quality care.

There is growing consensus among a broad array of federal, state, industry, union, employer, and consumer stakeholders around the importance of public reporting of hospital quality measures, including those that measure clinical outcomes and the patient's perspectives on care. Over time, public reporting will give consumers needed information about the health care system that may help them make more informed decisions about their care. Valid, reliable, comparable, and salient quality measures have been shown to provide a potent stimulus for clinicians and providers to improve the quality of the care they provide. These reporting initiatives are a significant step toward a more informed public and sustained health care quality improvement.

The National Voluntary Hospital Reporting Initiative (NVHRI)

The American Hospital Association (AHA), the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) are collaborating in this national initiative to collect and report hospital quality information. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the Centers for Medicare & Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ) support this initiative. In the NVHRI, which began in October 2003, participating hospitals voluntarily report on the starter set of 10 hospital quality measures that will later be expanded, in addition to collecting information on patient perspectives on hospital care. By volunteering to participate in the NVHRI, hospitals will gain experience in collecting and transmitting their data, as well as using national and local benchmarks to assess their performance.

This quality initiative will provide information on hospital performance that will help consumers make choices and hospitals focus their quality improvement efforts. The 10 reported measures focus on how well care was delivered—whether the right test or treatment was given at the right time for specific conditions, such as heart attacks and pneumonia. Such measures represent just the beginning of what consumers need to assess the full range of hospital services. It is equally important for consumers to know both the outcomes of care and consumers' satisfaction with the care and service provided to them. A commitment to this long-term, comprehensive initiative strengthens the public's trust in the care they receive—a priority for every health care provider.

Ten Quality Measures

This set of 10 quality measures has gone through years of extensive testing for validity and reliability. They have been chosen because they are related to three serious medical conditions that are common among people with Medicare and that result in hospitalization: heart attack (acute myocardial infarction), heart failure, and pneumonia. The measures are endorsed by the National Quality Forum, a voluntary standard-setting, consensus-building organization representing providers, consumers, purchasers, and researchers.

Heart Attack

(Acute Myocardial Infarction)

- Was aspirin given to the patient upon arrival to the hospital?
- Was aspirin prescribed when the patient was discharged?
- Was a beta-blocker given to the patient upon arrival to the hospital?
- Was a beta-blocker prescribed when the patient was discharged?
- Was an ACE inhibitor given for the patient with heart failure?

Heart Failure

- Did the patient get an assessment of his or her heart function?
- Was an ACE inhibitor given to the patient?

Pneumonia

- Was an antibiotic given to the patient in a timely way?
- Did the patient receive a pneumococcal vaccination?
- Was the patient's oxygen level assessed?

Additional Measures (to be expanded in 2005)

Pneumonia

- Initial selection of antibiotic
- Influenza vaccination

Surgical Infections

- Timing of prophylaxis antibiotic
- Selection of antibiotic
- Duration of prophylaxis

HCAHPS (Hospital Consumer Assessment of Health Plans Survey)

- Survey of patients' perceptions of care

Reporting Hospital Quality Data Annual Payment Update (RHQDAPU)

The recently released Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) can affect how much certain hospitals will receive in their annual payment updates from Medicare. Section 501(b) of the MMA requires certain inpatient hospitals to submit quality data for the set of 10 quality indicators to CMS, an agency of the U.S. Department of Health and Human Services, in order to receive a full payment update. Hospitals that do not submit data in a form and manner, and at a time that CMS specifies, will have their payment update reduced by 0.4 percentage points for fiscal

years 2005-2007. (The 10 indicators are the same as the measures contained in the starter set for the NVHRI.)

To receive the full annual payment update under the new MMA, a hospital must complete the following three criteria. (If a hospital has been reporting under NVHRI it must notify CMS that they are reporting for purposes of the annual payment update.)

1. Register with QualityNet Exchange by **June 1, 2004.**
2. Notify CMS at the time that it registers, or prior to August 1, 2004, that it will participate in reporting the required data specifically for the purpose of the annual update.
3. Begin submission of its quality data no later than **July 1, 2004**.

Section 501(b) of the MMA only requires the reporting of the "starter set" of ten measures, and sunsets after three years. In contrast, the NHVRI looks to expand well beyond the 10-measure starter set to have hospitals reporting a robust and comprehensive set of hospital performance measures.

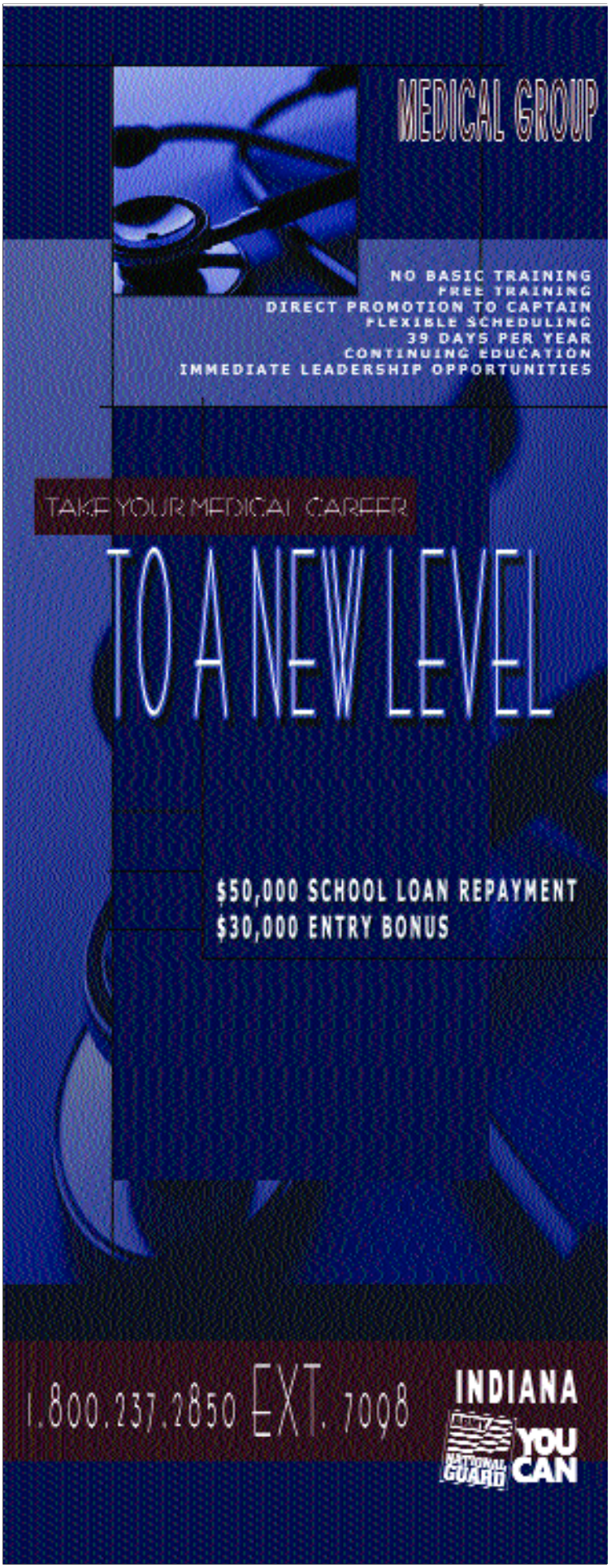
Medicare Quality Improvement Organizations (QIOs)

The federal government contracts with QIOs to work with hospitals on activities designed specifically to improve the quality of care provided in hospitals. The QIOs have been working with hospitals for the last six years to improve performance on most of the measures in the initial set of ten measures. During this period, performance on these measures has improved across the country; there is published evidence specifically linking QIO efforts with improvements. QIOs are in the unique position of being able to provide local, community-based quality improvement assistance to hospitals to improve their performance on the identified measures.

For more information, contact Health Care Excel, Indiana's QIO, at the Medicare Provider Help Desk, 1-800-300-8190, or e-mail at inhospital@hce.org.

Submitted by: Health Care Excel, Indiana Medicare Quality Improvement Organization

This material was prepared by Health Care Excel under contract with the Centers for Medicare & Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 7SOW-IN-HOS-04-49



Tar Wars®

Larissa Roepke goes to Washington D.C.

Larissa Roepke has been a busy young woman this summer. She began the summer with a trip to Indianapolis to be honored on the field prior to an Indianapolis Indians baseball game, and she threw out the first pitch! Two weeks later Larissa and her mom returned to Indianapolis to participate in the Indiana Tobacco Prevention and Cessation (ITPC) Information X-Change at the Radisson. Larissa, along with Missy Lewis, helped kick off the conference by talking about Tar Wars® and Larissa's winning poster during the opening ceremonies.

In July, the Roepkes, Fred Ridge, M.D., and Missy Lewis traveled to Washington, D.C., for the 2004 Tar Wars® National Poster Contest and Coordinators' Conference. Students made new friends from across the country and learned how to become youth advocates thanks to the staff at Campaign for Tobacco-free Kids, while Coordinators and Program Advisors met for two days to share ideas and successes. Look for exciting new changes to the Tar Wars® program in Indiana this fall.

Larissa wasn't the only Indiana delegate being honored at the conference. Indiana's own Fred Ridge, M.D., was also honored for his work as a Tar Wars® Program Advisor during his service on the AAFP Commission on Public Health. While in the nation's capitol, the Indiana visitors were also able to schedule appointments with Senator Richard Lugar's office—whose staff took them on an exciting tour of the Capitol building—and Congressman Baron Hill. Both of the men received copies of Larissa's winning poster.

The Academy was fortunate to have Larissa and her family in attendance at the President's Banquet at this year's Annual Meeting in French Lick, where she was once again honored for her artwork. Additionally, the local Ripley County media has featured Larissa on the front page of the newspaper and on the radio from the county fair. She certainly will have stories to tell about what she did on her summer vacation!

Foundation News

Local Family Physician Awarded Teaching Honor

Indianapolis physician, Amy Lahood, M.D., is among a select group of physicians honored by the American Academy of Family Physicians Foundation for her commitment to education in the field of family medicine. Dr. Lahood was selected to receive the 2004 Pfizer Teacher Development Award based on her scholastic achievement, leadership qualities and ongoing dedication to family medicine.

"We are pleased that Pfizer is committed to making such prestigious awards available to our members," said David L. Massanari, M.D., AAFP/F President. "This program helps to recognize dedication and mentorship among family physicians such as Dr. Lahood. Her accomplishments go beyond her professional successes with an impressive array of community volunteer activities as well."

The $2,000 award, supported by Pfizer Medical Humanities Initiative, promotes interest in the part-time teaching of family medicine after residency and provides funding for each recipient to attend the American Academy of Family Physicians' Annual Scientific Assembly, the AAFP's largest meeting for continuing medical education.

Dr. Lahood received her M.D. degree from Rush Medical College and is a graduate of MacNeal Family Practice. She is currently teaching family medicine part-time at Indiana University. She will be recognized for this achievement during the AAFP Assembly on Oct. 12 in Orlando, Fla.

The AAFP Foundation, which administers the Pfizer Teacher Development Award, is the philanthropic arm of the American Academy of Family Physicians. The AAFP Foundation supports a variety of programs which benefits health care, including research grants as well as training opportunities for residents and medical students, health screening initiatives, professional review of patient-education materials, and financial assistance for family practice residents who are committed to careers in areas of high need.

What's Happening at the IAFP Foundation?

Barnett Adopt-A-Student Program

Four students were selected to participate in the 2004 Barnett Adopt-A-Student program. These students completed eight-week externships with family physician preceptors in Bedford, Plainfield, Greenfield and Tipton, Ind. In addition to their time in the office, students were required to participate in a self-directed community service project in the community where their preceptor's office was located.

This year the Adopt-A-Student program provided more support to students than in any previous program year. This was due to strong family physician support of the program, as well as grant funds provided by the American Academy of Family Physicians Foundation and Pfizer.

The 2004 participants and their preceptors are:

Students	Preceptor(s)
Heather Nichols	Karen Reid-Renner, MD
Andrew Campbell	Donald Johnson, MD, David Cheesman, MD & Dietlinde Scott, MD
Jennifer Loh	Talessa Powell, MD
Danielle Burket	Jerry Powell, MD

The Foundation Board of Trustees would like to thank all IAFP members who have supported this valuable program. We would especially like to thank the six family physicians who precepted this year's adopted students. Without your efforts, this program would not have been possible. Thank you for giving your time and attention to the future of your specialty!

Physicians interested in serving as preceptors to adopted students next summer should contact Coral Cosway at 317-237-4237, 888-422-4237 or ccosway@in-afp.org. The students' externships generally occur between mid-May and late July each summer and last for eight weeks.

Foundation News

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 in 2004. 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 2004 are noted with a diamond (◆).
Donations as of August 11, 2004

Deborah I. Allen, MD ✓◆
Dr. Jennifer & Lee Bigelow
Kenneth Bobb, 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 ✓◆
Teresa Lovins, 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

2004 CONTRIBUTORS

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

Ent & Imler CPA Group
Richard D. Feldman, MD
Green County Medical Society
Raymond W. Nicholson, MD

Silver Level ($100-$999)

Deborah I. Allen, MD
Bruce Burton, MD
Mr. & Dr. Lee & Jennifer Bigelow
Bernard Emkes, MD
Excel Decorators, Inc.
Tom Felger, MD
Mike Fremion
William Gilkison, MD
Hall, Render, Killian, Heath & Lyman, LLP
John Haste, MD
IAFP 7th District
Edward Langston,MD
Teresa Lovins, MD
Debra R. McClain, MD
Loren Martin, MD
Robert Mouser, MD
Frederick Ridge, MD
Henry Schirmer Riley, MD
Kevin Speer, JD (IAFP EVP)
Alan Sidel, MD
Union Planters Bank
Dan Walters, MD

Bronze Level ($1-$99)

Larry Allen, MD
James Black, MD
Eric Clark, MD
Robert Clutter, MD
Gil Cowles
Scott Frankenfield, MD
Robert Gnade, MD
Ashraf Hanna, MD
Worthe Holt, MD
Indiana Osteopathic Association
Tom Kintanar, MD
Clif Knight, MD
Memorial Hospital & Health System
Pamela Middleton, MD
Christie Reagan, MD
Matt Rogers
Mark Seib, MD
Windel Stracener, MD
Suburban Health
George Underwood, MD
Williams Brothers Pharmacy
Mr. & Mrs. Wininger Smith

Smoke Free Indy Blues Night

participants

The Foundation would also like to thank those individuals and organizations that participated in the Foundation-organized Smoke Free Indy Blues Night earlier this year. Those persons and organizations are:

Kelly & Steve Alley
Tonya Miller Bailey
Phyllis J. Becker
Bruce Bryant
Maria Alejandra Caldera
Brenda Chamness
Clarian Health Partners
Amy Clifford
Coral Cosway
Harry L. Davis
Victor DeNoble
Aaron Doeppers
Julia & Mark Eminger
Steve Ford
Will Friedericks
Anita Wood Gaillard
Patrice Graham
Laura Hahn
Becky Haywood
Cindy Henry
Gurinder & Scott Hohl
Dick Huber, MD
Indiana Black Expo, Inc.
Stephen Jay, MD
Teena M. Jennings
Kendra Lewis
Melissa Lewis
Tammy Loew
Jeff Mathews
Michael Morgan
Amelia M. Munoz
Campaign for Tobacco Free Kids
Natasha Palmer
Lori Peterson
Michelle Peters
Mark Potuck
Jennifer A. Riley
Amy and Tad Robinson
Jill Sabo
Erin Seedorf
Karla Sneegas
Mark Sneegas
Matt Spitznagle
St. Francis Hospitals & Health Ctrs.
Becky Pattison Tuttle
Carolyn J. Waller
Linda White
Becky Williams
Kyresa Westbrook

Membership News

Student Director Shares Her Path

By Nicole Boersma

I have been interested in family medicine since before I started medical school. During my undergraduate years at Manchester College, my experiences in primary care during a medical missions trip to Nicaragua and my exposure to the principles of Doctors Without Borders during a semester in France made it clear to me that my path lay in the direction of primary care. With the aim of ultimately becoming a family physician, I completed my undergraduate degree cum laude, with a major in biology-chemistry and minors in French and computer science.

Nicole Boersma

I was accepted to the IU School of Medicine in Indianapolis. At IUSM, I am the recipient of an Indiana Primary Care Scholarship, for which I will spend four years working in an underserved area in Indiana, as well as scholarships from the School of Medicine itself and the Rushville County Department of Health. Over the last three years, my clinical exposure has served only to refine my interest in family medicine, and I am working with several other students to breathe new life into the Family Medicine Interest Group.

My interest in family medicine led me to the IAFP conference in French Lick, where I was elected the Student District Director at the beginning of my third year. During this year, I have been privileged both to return to the IAFP Scientific Assembly and to be the Indiana delegate to the AAFP Resident-Student Congress in Kansas City. While there, I had the opportunity to become involved in the discipline of family medicine at a national level by running for an elected position as student representative to the Society of Teachers of Family Medicine Board of Directors.

IAFP Member to Present Findings at AAFP Scientific Assembly in Orlando

Vipin Jain, M.D., medical director with the Madison County Community Health Center in Anderson/Elwood, Ind., will be presenting his research findings at the 2004 Scientific Assembly of the American Academy of Family Physicians and 17th World Conference of Family Doctors (WONCA) in Orlando, Florida. The presentation, titled "Point of Care Diagnostics Improve Diabetes Outcomes among the Underserved," will take place Oct. 15 at Orlando's Orange County Convention Center.

Jain analyzed the impact of implementing a point of care diagnostics to patients with diabetes at a community health center in Anderson and compared quality outcomes with the patients receiving traditional care at the health center in nearby Elwood.

The point of care group achieved improvementof 1.47 percent in their HbA1c in comparison to 0.83% improvement in the traditional care group. In addition, blood pressure controls were better achieved in the point of care group with 78.9 percent and 74.6 percent below 130 systolic and 80 diastolic respectively in comparison to 57.1 percent achieving desired blood pressures in the traditional care group.

"The underserved population faces significant socio-economic barriers and lead to enormous challenges for primary care physicians in meeting desired goals by traditional approach which involves referral to nearby hospital for testing," says Jain. "A point of care approach could decrease overall long-term risk of diabetes complications."

Vipin Jain, M.D

2004 Exhibit Hall Drawing

On July 24, at the Annual Scientific Assembly in French Lick, Ind., we had a drawing for the physicians who visited the booths in the exhibit center. The winners of the $100 VISA gift cards were Debra McClain, MD, of South Bend and Ray Nicholson, MD, of Evansville.

Winners of Drawing at IUSM Student Orientation Day

On Aug. 13, the Indiana University School of Medicine had student orientation for first-year medical students. We received 45 new student applications and gave away a $100 VISA gift card and two IAFP bags with our logo on it for joining that day. The winner of the gift card was Alex Maasa, and the winners of the bags were Jennifer Hartwell and Matthew Abbott. We would like to thank all of the students who joined the American Academy of Family Physicians and the Indiana Chapter.

Two Indiana Residents Win AAFP Award

Matthew C. Winkleman of Evansville and Brandon W. Zabukovic of South Bend have been awarded the $2,000 AAFP/Bristol-Myers Squibb Award for Graduate Education in Family Practice from the American Academy of Family Physicians. Nationwide only 20 recipients received the award.

The award is designed to help finance the recipients' medical training in family practice. Recipients were selected on the basis of scholastic achievement, leadership qualities, community involvement and exemplary patient care.

Winkleman received his medical degree from Southern Illinois University School of Medicine and is finishing his residency at Deaconess Family Practice in Evansville.

Zabukovic earned his medical degree from New York Medical College, Valhalla, N.Y. and is currently attending Indiana University South Bend to earn a degree in MPA in Health Systems Administration and Policy.

Membership Update

KEEP US UP-TO-DATE

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

Your address
Phone/Fax
Email Address

To update, please call:
Amanda Bowling @ IAFP: (888) 422-4237
AAFP: (800) 274-2237

Membership Status Totals
Active: 1652
Supporting: 4
Inactive: 20
Life: 182
Resident: 215
Student: 220

New Members

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

Active

Amy Morris, MD
Muncie

Amy Ripperger, MD
Batesville

Angela House, DO
Indianapolis

Antoinette Davis, MD
Evansville

Anupama Subramanian, MD
Schererville

Benjamin Adkins, MD
South Bend

Benjamin Smith, MD
Evansville

Candice Yu-Fleming, MD
Portage

Carrie Thackeray, MD
Indianapolis

Christopher Frazier, MD
Kendallville

Daniela Djodjeva, MD
Indianapolis

Daria Dreboty-Cerimele, MD
Indianapolis

David Matlock, MD
Mitchell

Deeya Brooks-Phalora, MD
Beech Grove

Derek Campbell, MD
Fort Wayne

Emily Szewczyk, MD
Indianapolis

Gregory Rodocker, MD
Evansville

James Brinkruff, MD
Greenfield

Jeffrey Walker, MD
Fort Wayne

Jeffrey Gladd, MD
Columbia City

Jeffrey Szuba, MD
Goshen

Jeffrey Walker, MD
Indianapolis

Jennifer Brake, MD
South Bend

Jennifer Trimble, DO
Terre Haute

Jeremy Adler, MD
Indianapolis

Joel Mulder, DO
Demotte

John Miller, MD
Bloomington

Joseph Furr, MD
Indianapolis

Justin Clutter, MD
Terre Haute

Kathryn Lubak, MD
South Bend

Keith Landry, MD
Greencastle

Keshava Reddy, MD
Terre Haute

Kimberly Johnson, MD
Beech Grove

Kristin Charpentier, MD
Indianapolis

Kyle Kakac, MD
Newburgh

Liza Almodiel-Rabe, MD
Newburgh

Mark Shatsky, DO
Evansville

Mary Vajgrt, MD
South Bend

Mary Caron, MD
Fishers

Matthew Teters, MD
Mishawaka

Matthew Bobzien, MD
Greencastle

Melissa Hullinger, MD
Muncie

Merle Holsopple, MD
Montgomery

Michael Sullivan, MD
South Bend

Millicent Moye, MD
Indianapolis

Nathan Foote, MD
Fort Wayne

Nicole Norris, MD
South Bend

Padma Vaela, MD
Fort Wayne

Patricia Marciano-Lee, MD
Fort Wayne

Patrick McGill, MD
Muncie

Patricia Webb, MD
La Porte

Renee Lass, DO
Fort Wayne

Robert Schnecker, MD
Indianapolis

Scott Frankenfield, MD
Brownsburg

Rock Tiffault, MD
Indianapolis

Ronald Campbell, DO
Fort Wayne

Sameera Syed, MD
Indianapolis

Samuel Byrd, MD
Evansville

Scott Renshaw, MD
Indianapolis

Scott Hastings, DO
Fort Wayne

Stephanie Demkowicz, MD
Lafayette

Steve Windley, MD
Yorktown

Sunu George, MD
Indianapolis

Takeshi Kitagaki, MD
Terre Haute

Theodore Sauer, MD
South Bend

Theppanya Keolasy, MD
South Bend

Vinod Pallekonda, MD
Indianapolis

Vivien Tucker, MD
Evansville

William Cooke, MD
Muncie

Yaser Alobeid, MD
Valparaiso

Yolanda Lucas, MD
Indianapolis

Resident

Alicia Risch, MD
Muncie

Brian Adams, MD
Fort Wayne

Brian Reichenbach, MD
South Bend

Dana Forrest, MD
Auburn

David Casey, DO
Fort Wayne

Hubert Reyes, MD
Newburgh

Jennifer Andrasco, DO
South Bend

Kelly Givler, MD
Fishers

Kelly Burse, MD
Muncie

Kerry Amstutz, DO
Muncie

Kristin Wood, MD
Muncie

Laura Bentley, MD
South Bend

Laura Moeller, MD
Granger

Lilly Santeliz, MD
Fort Wayne

Matthew Facknell, DO
Fort Wayne

Michael Heniser, DO
Fort Wayne

Michele Thurston, MD
Fort Wayne

Michelle Klawiter-Benton, MD
South Bend

Michelle Carpenter, DO
Fort Wayne

Natalie VanDeventer, MD
South Bend

Norma Cantu, MD
Evansville

Pamela Gaborni, MD
Evansville

Raul Dominguiano, MD
Evansville

Ryan Wallace, MD
Munice

Satheesh Suddala, MD
Evansville

Scott Armstrong, DO
Fort Wayne

Seth Spanos, MD
South Bend

Shelby Kenner, MD
Fort Wayne

Stuart Black, MD
South Bend

Suzanne Coleman, MD
Fort Wayne

Student

Mr. Adam Lemmon
Terre Haute

Mr. Adrian Davis
Indianapolis

Mr. Andrew Campbell
Indianapolis

Mr. Andy Messiha
Indianapolis

Mr. Benjamin Miles
Indianapolis

Mr. Gentry Dodd
Evansville

Mr. Jason Henney
Fort Wayne

Mr. Jeffrey Scott
Indianapolis

Mr. John Meunier
Indianapolis

Mr. Juan Jimenez
Indianapolis

Mr. Munir Khatri
Indianapolis

Mr. Nathaniel Justice
Indianapolis

Mr. Paul Chestovich
Indianapolis

Mr. Richard Bernhardt
Evansville

Mr. Robert McGee
Terre Haute

Mr. Timothy Nash
Westfield

Ms. Anna Krauze
Fishers

Ms. April Kirby
Terre Haute

Ms. Carly Burguess
Indianapolis

Ms. Christy Brown
Terre Haute

Ms. Emily Burdick
Evansville

Ms. Heather Harris
Indianapolis

Ms. Heather Nichols
Bloomington

Ms. Jami Lovell
Indianapolis

Ms. Jamie Joehl
Carmel

Ms. Jamie Spurrier
Indianapolis

Ms. Jennifer Stoltzfus
Evansville

Ms. Jennifer Loh
Indianapolis

Ms. Jennifer Labrie-Deem
Jamestown

Ms. Jennifer Schamerloh
Indianapolis

Ms. Jennifer Moll
Evansville

Ms. Jennifer Schuherk
Indianapolis

Ms. Jennifer Whitaker
Indianapolis

Ms. Jessica Nance
Bloomington

Ms. Kathryn Peck
Bloomington

Ms. Kelly Ralph
Indianapolis

Ms. Kelli Sorg
Fort Wayne

Ms. Kim Rutherford
Carmel

Ms. Leslie Helfert
Evansville

Ms. Mandy Huggins
Greenfield

Ms. Maryann Nwoko
Indianapolis

Ms. Megan Marine
Indianapolis

Ms. Michelle Blitz
Indianapolis

What is New With Reimbursement Issues?

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

Here's an overview of what is new with reimbursement issues. To learn even more, visit the IAFP Web site at www.in-afp.org for new information on these topics and more.

1. Possible slow down of payments due to Medicare's revision of their contingency plan for handling non-HIPAA compliant electronic claims. See Medicare Claim Filing Update.

2. The 2005 *ICD-9* codes become effective with dates of service on or after Oct. 1, 2005. There is no grace period this year. Physicians will want to review their superbills and computer databases for updated codes to ensure correct coding. See 2005*ICD-9* Diagnosis Code.

3. Medicare's claim filing requirements for shared visits between physicians and nurse practitioners and physician assistants. See Physician and Nonphysician Professionals Shared Visits.

4. Medicaid announces billing rules for nurse practitioners and physician assistants. See Medicaid Billing Rules For Advance Practice Nurses and Physician Assistants.

5. Anthem's credentialing and fee schedules for nurse practitioners and physician Assistants. See Anthem's Billing Instructions for Nurse Practitioners and Physician Assistants.

6. Compliance with Medicare's Skilled Nursing Facility Consolidated Billing Requirements. See Billing Encounters for Nursing Home Patients.

7. Revision of Medicare's criteria for reporting discharge management codes. See Discharge Day Management - Coding Update.

8. Office of Inspector General's warning about boutique or concierge charges. See OIG's Alerts Physicians About Added Charges For Covered Services.

9. Sending duplicate claims can cause Medicare audits. See Medicare to Crack Down on Duplicate Billing.

10. The implementation National Provider Identifier will change claim filing in May 23, 2005. See National Provider Identifier.

Visit the IAFP website frequently for new and revised postings on practice management issues including coding and reimbursement tips. Upcoming articles include information on the new preventive medicine services covered by Medicare and 2005 CPT coding changes affecting family physicians.

Consultant's DIRECTORY

The Orthopaedic, Pediatric, and Spine Institute
Orthopaedic Surgery with specialty training in Pediatric Orthopaedics, Scoliosis and Complex Spinal Reconstructions Adult and Pediatric
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2004-2005 Calendar

2004

Board of Directors/ Commissions/Committees Cluster Meeting
October 3
Indianapolis

AAFP Congress of Delegates
October 10-13
Orlando, FL

AAFP Scientific Assembly
October 13-17
Orlando, FL

AAFP State Legislative Conference
November 5-6
Savannah, GA

Family Medicine Interest Dinner and Residency Exhibits
November 11
Airport Holiday Inn, Indianapolis

2005

Family Medicine Update
January 20-23
Indianapolis Marriott North

Board of Directors/ Commission/Committees Cluster Meeting
January 23
Indianapolis Marriott North

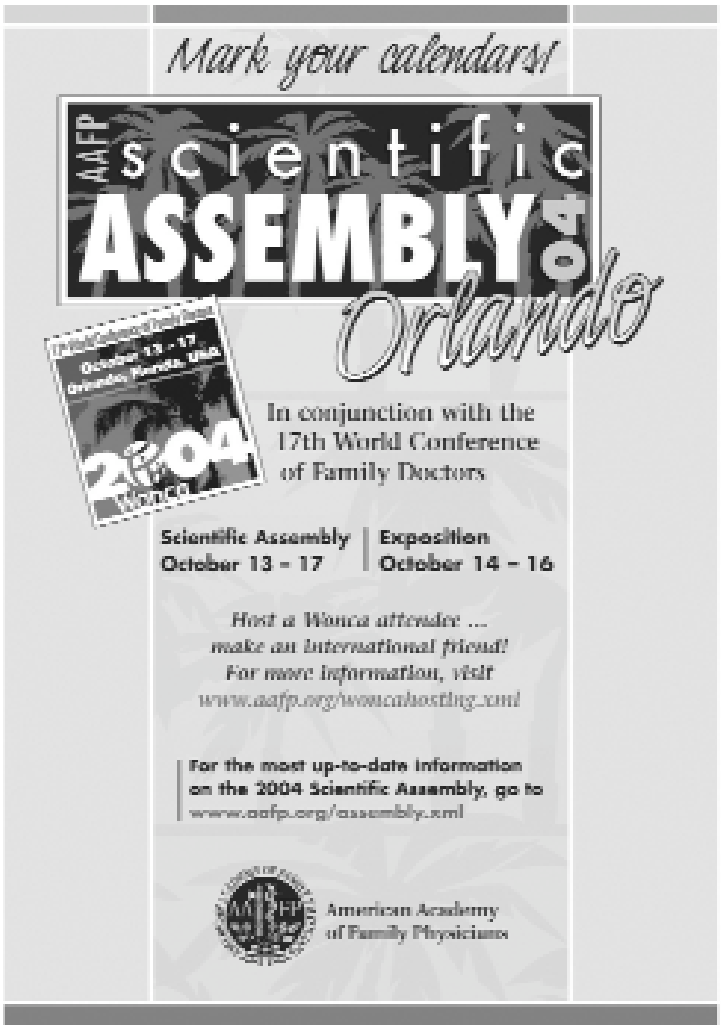
Faculty Development Workshop
March 2
Indianapolis

Residents' Day/Research Forum
March 3
Indianapolis

Board of Directors/ Commission/Committee Cluster Meeting
April 24
Indianapolis

AAFP Annual Leadership Forum
May 6 & 7
Kansas City, MO

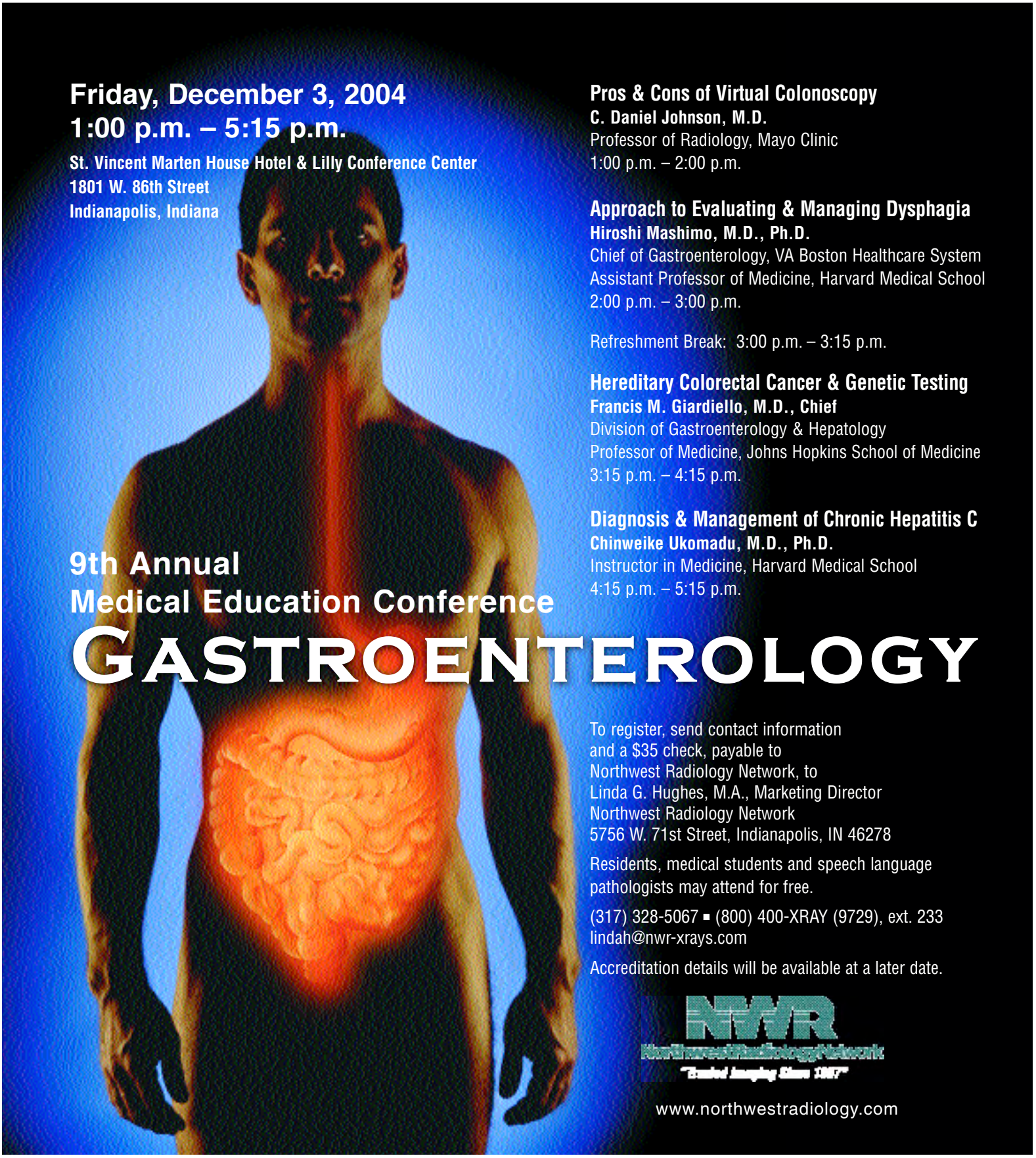
IAFP Annual Scientific Assembly
July 20-24
French Lick Springs Resort, French Lick



Attention Medical Students – Plan to Attend Family Medicine Interest Dinner

Dine and Learn About Family Medicine

The IAFP is hosting a Family Medicine Interest Dinner and Program for Indiana University medical students, and a guest, at 6 p.m. on Nov. 11. The program will take place at the Airport Holiday Inn, Indianapolis. During the evening, medical students will have an opportunity to meet with faculty and residents from Indiana family practice residency programs. IAFP will also provide dinner and door prizes. The event is free to students and their guests. RSVP by Nov. 9 by calling 317-237-4237.



Friday, December 3, 2004
1:00 p.m. – 5:15 p.m.

St. Vincent Marten House Hotel & Lilly Conference Center
1801 W. 86th Street
Indianapolis, Indiana

Pros & Cons of Virtual Colonoscopy
C. Daniel Johnson, M.D.
Professor of Radiology, Mayo Clinic
1:00 p.m. – 2:00 p.m.

Approach to Evaluating & Managing Dysphagia
Hiroshi Mashimo, M.D., Ph.D.
Chief of Gastroenterology, VA Boston Healthcare System
Assistant Professor of Medicine, Harvard Medical School
2:00 p.m. – 3:00 p.m.

Refreshment Break: 3:00 p.m. – 3:15 p.m.

Hereditary Colorectal Cancer & Genetic Testing
Francis M. Giardiello, M.D., Chief
Division of Gastroenterology & Hepatology
Professor of Medicine, Johns Hopkins School of Medicine
3:15 p.m. – 4:15 p.m.

Diagnosis & Management of Chronic Hepatitis C
Chinweike Ukomadu, M.D., Ph.D.
Instructor in Medicine, Harvard Medical School
4:15 p.m. – 5:15 p.m.

9th Annual
Medical Education Conference
GASTROENTEROLOGY

To register, send contact information
and a $35 check, payable to
Northwest Radiology Network, to
Linda G. Hughes, M.A., Marketing Director
Northwest Radiology Network
5756 W. 71st Street, Indianapolis, IN 46278

Residents, medical students and speech language pathologists may attend for free.

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lindah@nwr-xrays.com

Accreditation details will be available at a later date.

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