

FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians

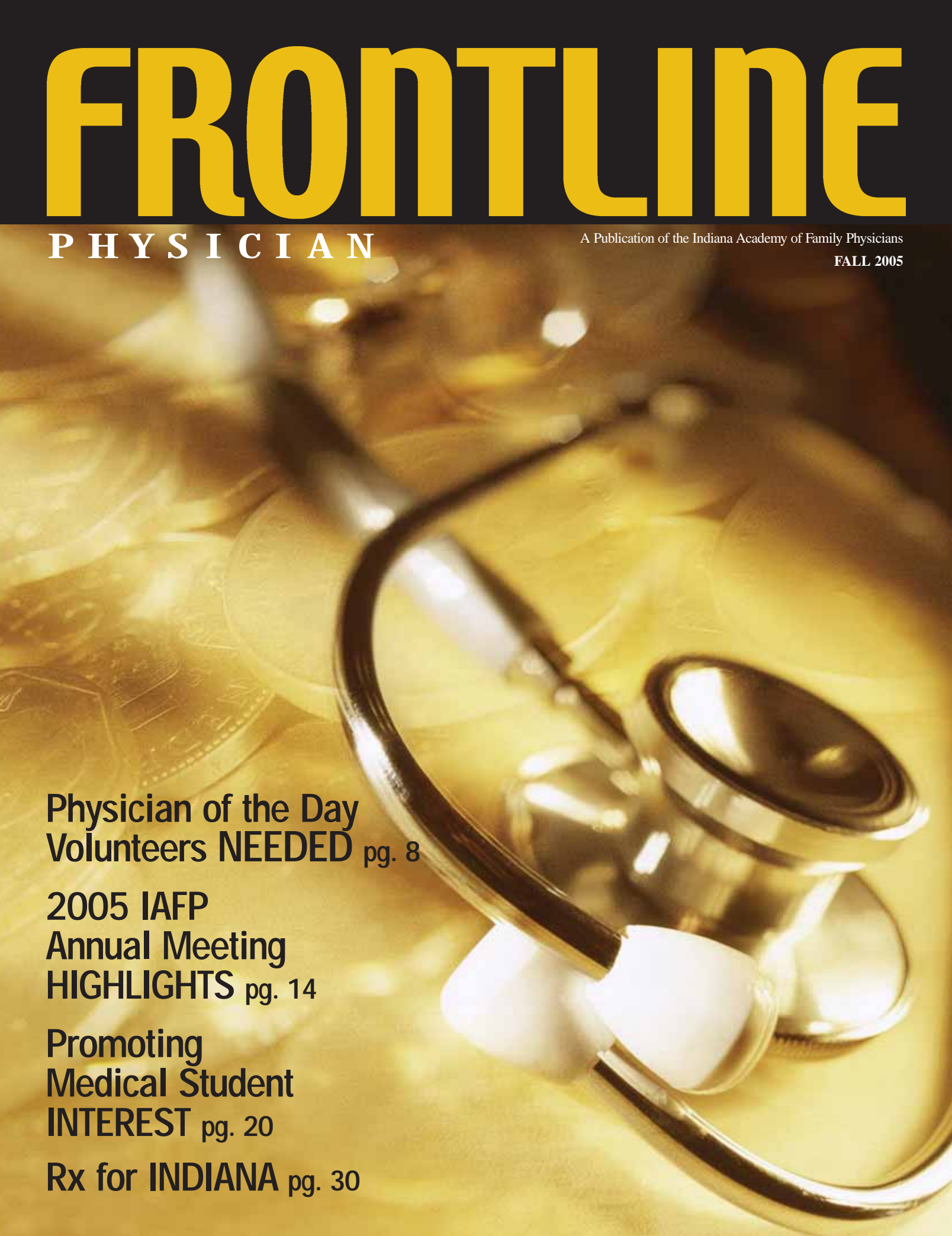
FALL 2005

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2005 IAFP
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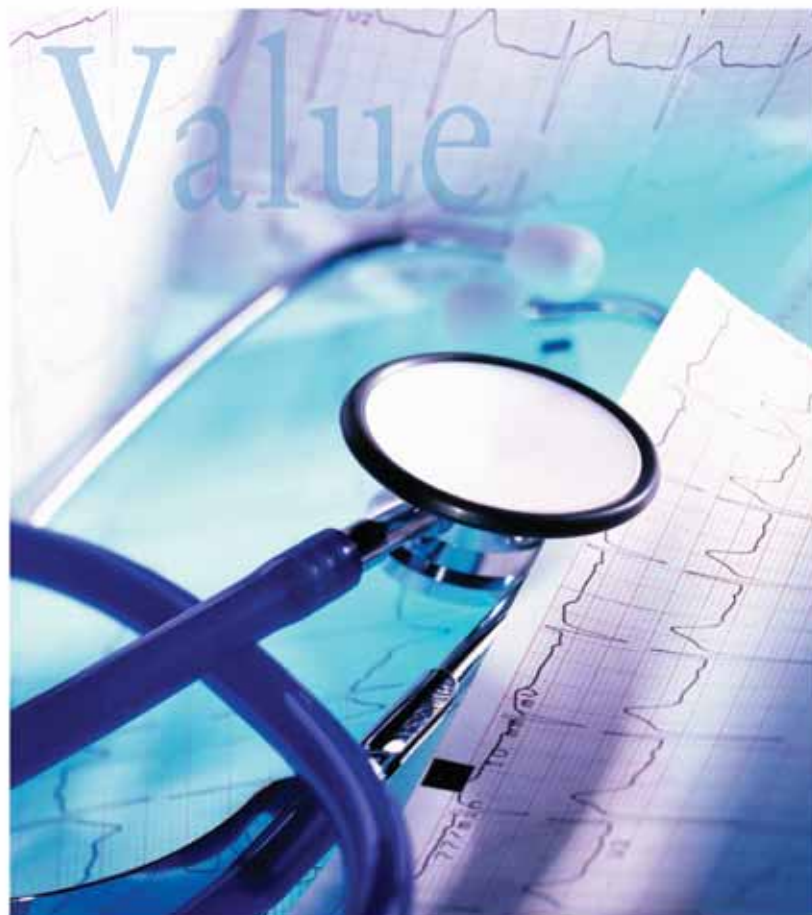
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The MISSION of the Indiana Academy of Family Physicians is to promote excellence in health care and the betterment of the health of the American people. Purposes in support of this mission are:

- 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 medicine;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.



**INDIANA
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OF FAMILY
PHYSICIANS**



PRESIDENT'S MESSAGE

Challenges

Daniel Walters, MD

It is with great pleasure and pride that I begin my presidency for the Indiana Academy of Family Physicians. We have many challenges in front of us. They include declining reimbursement, increasing practice expenses, medical malpractice issues, scope of practice issues, patient access to care, maintenance of certification, information technology and electronic health records, pay for performance programs and the Medicare Part D prescription drug program.

As individuals, we have very little influence over many of these factors. Through the Indiana Academy of Family Physicians with 2,400 members, we have a much larger voice to affect change in the healthcare system.

I strongly encourage you to become active in our Academy. We need members to serve on the following committees: Education and CME, Health Care Services, Membership & Communications, Legislative and Government Affairs and By-Laws. The commission meetings are usually one to two hours on a Sunday morning in conjunction with the Board of Directors in the afternoon. The meetings are usually downtown in Indianapolis. The tentative meeting dates are November 20, 2005; March 19, 2006. The Annual Meeting from July 26-30, 2006, is scheduled to be in Fort Wayne next year.

I know we are all very busy with our personal and professional lives and feel that we have no extra time to commit to another organization. I had the same concerns when I became involved at the commission level in 1986. After attending my first commission meeting, I became energized and excited about the importance of our specialty. I was welcomed by my colleagues and my input was valued. I began to realize that if we are not actively involved in shaping the future of health care for our state and nation, we have no one to blame but ourselves.

We all practice in different situations throughout the state. We need input from physicians to better understand the problems and challenges that face Indiana physicians in different practices and locations.

This is where you need to be involved. Contact your district directors with problems and concerns. Become active in your district to help organize your fellow physicians. Encourage them to show the passion for organized medicine that they show toward their patients every day. Volunteer to become a committee or commission member in areas where you have an interest. If you become involved, together we can make a difference.

I also would like to see better membership support of our IAFP Foundation. The Foundation runs the Tar Wars® program throughout the state of Indiana. This program provides educational materials to fifth grade students about the adverse affects of smoking on our health. Volunteer physicians in local communities present the programs. The program and presentation materials are provided free to the schools that want to participate. We need physicians to volunteer one hour of their time in their local communities to help improve the health of our young Hoosiers.

The Adopt-A-Student Program is also critical to the future of family medicine in Indiana. This program pairs medical students between their first and second year with family physician mentors. This is our best way to show young physicians the value and importance of family medicine in Indiana. The students are paid a stipend through the IAFP Foundation. We need a network of physicians to help support this program and also financial support to the IAFP Foundation to ensure that any student who wants to take advantage of this program has the opportunity to do so. This past year only three scholarships were available for the Adopt-A-Student Program.

I strongly encourage you to donate at least \$50 to the IAFP Foundation yearly to make sure that these two very important programs continue to exist.

My next concern is our lack of support for the IAFP Political Action Committee (PAC). We have a talented group of physicians, staff and lobbyists who work for us at the legislature on a daily basis. Our legislative committee is highly respected at the Statehouse, but that only goes so far. The political system is fueled by contributions to political campaigns. This past year, our PAC had a budget of \$3,000 - \$5,000. If every academy member could donate \$25 to our Political Action Committee, we would have \$30,000 - \$40,000 annually. With this capital, we could better advocate for our patients and the health of Hoosiers.

The next issue, which will be affecting many of our patients, will be the new Medicare Part D prescription drug program. As advocates for our patients, I encourage you to become familiar with this program. I know that we will all have patients who will be asking our offices for advice as they try to decide which plan to enroll in. The prescription drug plans available for Indiana and nationally will be available October 13, 2005 at www.medicare.gov. Enrollment begins November 15, 2005 through May 15, 2006. Members must be enrolled by December 31, 2005 for benefits to begin January 1, 2006.

Important Websites to visit are: www.medicare.gov, www.cms.hhs.gov, and www.socialsecurity.gov.

I would like to thank the membership for the opportunity to serve the Indiana Academy of Family Physicians as President in the coming year. I welcome input from all members as to how the Academy can best meet your needs. If you would like to become involved, please contact the Academy staff or myself.



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OIG Weighs in on Gainsharing

Kevin Speer, JD, EVP

Hospitals in today's healthcare industry are in the unenviable position of relying on people often outside of their control to determine their costs — the physicians on their medical staffs. Many hospitals have found that offering the doctors a portion of any savings they help realize, or gainsharing, is an effective way to enhance care and cut costs. Recently, the Office of the Inspector General (OIG) of the federal Department of Health and Human Services issued a flurry of advisory opinions that approved six similarly constructed hospital-physician gainsharing programs, suggesting it is taking a more open-minded approach to these types of arrangements.

However, while the OIG's favorable view of these arrangements is encouraging for other healthcare providers interested in establishing their own gainsharing programs, it is important to note that the OIG still views these arrangements as illegal. The OIG has simply declined, in its discretion, to impose sanctions against the participants in these particular arrangements, due to the programs' built-in safeguards against illegal reductions in healthcare services and risk of federal healthcare program abuse.

The OIG has never strayed from its position, first declared in 1999, that hospital-physician gainsharing programs in connection with federal healthcare programs, such as Medicare and Medicaid, are illegal. Specifically, the OIG states that such gainsharing programs are prohibited by the federal Civil Monetary Penalties (CMP) law, which prohibits a hospital from knowingly making payments, directly or indirectly, to induce a physician to reduce or limit services to Medicare or Medicaid beneficiaries under the physician's direct care. The OIG also believes that gainsharing plans can violate

the federal anti-kickback and Stark anti-referral statutes by impermissibly inducing or rewarding the physicians involved for referrals to their partner hospitals.

Nevertheless, healthcare providers interested in gainsharing can take heart from the fact that the OIG's approach to these arrangements has evolved from its belief in 1999 that gainsharing programs were so ripe for abuse that any OIG review would always result in a rejection to its current position that properly constructed gainsharing programs are permissible. The OIG maintains that its current position on gainsharing is consistent with its previous pronouncements because the plans the OIG has approved are markedly different from previous gainsharing programs it examined in their specificity and transparency. But, the disconcerting fact remains that the OIG continues to view these arrangements as illegal, and whether or not a gainsharing program will subject its participants to federal sanctions is matter completely within the OIG's discretion.

The OIG's recent opinions involve separate similar programs to pay physicians a percentage of the savings achieved through cost-reduction measures in cardiology or cardiovascular services. The OIG considered arrangements that measured cost savings based on the physicians' use of certain supplies during designated medical procedures. The hospitals paid the physicians a share of the first-year savings that were directly attributable to these specific changes in their practices.

The OIG concluded that most of the cost-saving measures within each of the gainsharing programs violated the CMP law, and also noted that the arrangements could be viewed as disguising payments from the

hospital to reward or induce referrals by the physicians, in violation of the federal anti-kickback law. The OIG declined to impose sanctions on the participants of each arrangement, however, because it determined there were safeguards in place in these particular arrangements sufficient to prevent federal healthcare program fraud and abuse, as well as harm to patients. The safeguards included:

- Ensuring public access to information about the cost-saving actions,
- Providing credible medical support that the measures would not adversely affect patient care, and
- Placing limits on the amount of savings physicians could earn.

While the OIG's opinions are not binding on entities outside those involved in these arrangements, the OIG acknowledged that other healthcare providers might look to them for guidance regarding establishment of their own gainsharing programs by cautioning that gainsharing arrangements that fail to include the kinds of safeguards noted in these opinions would likely be viewed less approvingly.

The OIG's recent approval of six similar hospital-physician gainsharing programs is encouraging for healthcare providers seeking effective methods of cutting costs without compromising care or running afoul of the law. Such providers should approach such plans cautiously, however, since the OIG has the discretion to impose sanctions on those plans it does not find to contain the proper safeguards. Given the high risk of fraud and abuse the OIG associates with gainsharing programs, anyone that may be considering similar cost saving plans should review them carefully against the OIG guidance.

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Dr. George Daniel, MD FACC, FSCAI

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Physician of the Day Volunteers Needed for January 2006!

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 2006 General Assembly. Your assistance is needed! In this short 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 month of January. 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 calendar, and return it to the IAFP office no later than Nov. 11. Or 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 January 2006

Sun	Mon	Tues	Wed	Thur	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	25	26	27	28
29	30	31				

Please note: Only the **shaded dates** are available.
Physician of the Day does not operate Friday-Sunday.

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IAFP Gears Up for New Session

by Doug Kinser, JD & Zach Cattell

We have received contributions from many new family physicians. Thank you for your support.

Recap of 2005 Legislative Session

The 2005 Session adjourned on April 29, and since then there has been little activity at the Indiana State House. It was the “long” session and the biennial budget was approved. The \$24.3 billion budget passed generally along party lines. The budget provides for Medicaid growth of 5.2 percent per year, which amounts to \$142 million. The additional funds are only for projected growth. There is no increase in reimbursement. Medicaid is projected to grow by 10 percent. Passage of all legislation was completed by April 29, and the session adjourned on time.

Interim Committees

Interim study committees met in June and will conclude before the session begins this November. The announcements of committee assignments have been made. The following interim committees may 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.

Senator Pat Miller will chair two key committees, Health Finance and Medicaid Oversight. At the initial Health Finance meeting, the following items were on the agenda: malpractice costs, infertility issues, moratorium/certificate of need, FSSA outside audit. The initial Medicaid Oversight meeting will be held sometime after this issue of *Frontline* is published. Scheduled on the agenda is Medicaid managed care organization emergency room denials.

Academy Resolutions

At the Academy’s annual meeting in July, the Congress of Delegates adopted the following resolutions for action during the 2006 legislative session. You can read the full text on each resolution on page 17.

- Clean Indoor Air
- Perceived Physician Over Coding
- Fee Schedule Disclosure

PAC Contributions

As of August 5, the Academy has approximately \$1,800 remaining after contributions to the campaign committees of the following legislators:

- Senator David Long (R-Ft. Wayne)
- Representative Jerry Denbo (D-French Lick)
- Representative Charlie Brown (D-Gary)
- Senator Gary Dillon (R-Pierceton)
- Representative Vaneta Becker (R-Evansville)

Your Board of Directors approved the legislators that have received or that are to receive a contribution in 2005. Despite 2005 not being an election year, the Academy has received many invitations. We are being responsible in our donations this year but we need to contribute to key legislators. Dr. Richard Feldman, Chair of the Commission on Legislation (COL), sent a letter requesting members to contribute funds toward our PAC for this year. To-date we have received contributions from many new family physicians. Thank you for your support.

We balance donations between parties in the House, but contributions are more heavily weighted to the Republicans in the Senate. The House is fairly evenly divided, but the Republicans clearly control the Senate.

If you have not given to your PAC this year, please consider doing so. The General Assembly can affect your practice and for us to participate by attending a fundraiser is yet another step in building a good relationship.

If you have questions either about the PAC or other legislative activities, please contact Doug at 317-977-1454 or Zach at 317-237-4237.

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IAFP Installs New Officers, Awards Excellence and Passes Policy that Allows for Restructuring at the 57th Annual Meeting

The IAFP's 57th Annual Meeting proved again that when "the family of Indiana family medicine" gets together, they can learn, work, and have a good time. This year's meeting was full of excellent CME, important policy debate, and good times spent with colleagues and family. The meeting was held at the historic French Lick Springs Resort, French Lick, Ind., on July 20-24. Total attendance at this year's meeting exceeded 400 with more than 140 physicians.

The CME portion of the IAFP annual meeting is billed as the premier CME event for family physicians in the state and this year's educational sessions held up to that reputation. The full program offered more than 29 hours of approved CME credits.

AAFP President-Elect **Larry Fields, M.D.**, installed IAFP's new officers at the annual banquet. **Daniel Walters, M.D.**, of Seymour Indiana is IAFP's new President.

More than 60 IAFP members participated in the Congress of Delegates where they debated and passed resolutions that will allow for a new "all member" Congress of Delegates. Beginning with the 2006 Congress of Delegates, all members of the IAFP will have the privilege of being seated in the COD and voting on all resolutions and recommendations coming before that body. The approved bylaw changes will also allow for restructuring of the IAFP districts and reducing the overall number of district chapters. The IAFP Board of Directors will be working throughout the next year to develop future guidelines and make-up for IAFP districts.

The COD passed two resolutions that the Indiana delegation will take to the AAFP COD in San Francisco this September. The first of these deals with Maintenance of Certification and the second, Advocacy for FPs, calls on the AAFP to establish a formal, collective advocacy process on behalf of family physicians. In addition, the IAFP Congress of Delegates passed two resolutions that call for legislative action. Read about these in the Legislative Report on page 10. All resolutions passed at the 2005 Congress of Delegates can be found on the IAFP Web page at www.in-afp.org.

And the Winners Are!

On July 23, at the Annual Scientific Assembly in French Lick, Ind., the IAFP had a drawing for physicians who visited booths in the exhibit center. The winners of the \$100 VISA gift certificates were **David Hadley, M.D.**, of Plainfield, and **Roy Huntzman, M.D.**, of Richmond. Also, we gave away a year subscription to Prescriber's Letter and a certificate for either a leather purse or leather shoes from SAS Shoemakers.

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Howard Deitsch, MD, Family Physician of the Year with family and friends. Andrew Deitsch, MD, (left) presented him with the award during the banquet.



Paul Beckett, DO, (left) receives the Outstanding Resident Award. Presenting him with the award is Worthe Holte, MD.



Each year the President of the Indiana Academy of Family Physicians gives out an award to a person that they feel provided valuable support during their year as President. This year, Mandy Bowling, IAFP Coordinator of Membership and Communications, received the President Award. Presenting her with the award is David Pepple, MD, IAFP President. Mandy has been with the IAFP for four years. She is also the exhibitor coordinator for the Annual Meeting and maintains the membership records for the IAFP.

ANNUAL MEETING



Curt Ward, MD, MBA, (left) receives the A. Alan Fischer Award. Presenting him with the award is Worthe Holte, MD.



John Haste, MD, (left) receives the Raymond Nicholson Award. Presenting the award is Raymond "Nick" Nicholson, MD.



Tom Jones, MD, (left) receives the Lester D. Bibler Award. Presenting him with the award is Fred Ridge, MD.



Louis Winternheimer, MD, (left) receives the Distinguished Public Service Award. Presenting him with the award is Worthe Holt, MD.

ALL MEMBER PARTY



Brian Cunningham, MS, and family enjoy the All Member Party.



Drs. Don and Marilyn Wagoner and family win "The Games People Play" costume contest at the All Member Party.



Teresa Lovins, MD, and her "Scrabble Family" pose at the All Member Party.



Dr. Windel and Deborah Stracener enjoy the All Member Party.

2005 Resolutions Passed by Congress of Delegates

The following are resolutions passed by the 2005 IAFP Congress of Delegates. To view the resolutions in their entirety please go to www.in-afp.org.

Maintenance of Certification (MOC) **APPROVED**

RESOLVED, that the AAFP continue to strongly advocate for meaningful change in the ABFM MOC process acceptable to AAFP membership, and therefore be it further

RESOLVED, that AAFP continue to strongly advocate that the ABFM reduce the number of completed Self Assessment Modules required per recertification cycle to three.

Clean Indoor Air **APPROVED**

RESOLVED, that the Indiana Academy of Family Physicians (IAFP), which has a vested interest in the health and well-being of the citizens of Indiana, publicly support all effective clean indoor air policies on the local level in Indiana in accordance with the *Fundamentals of Clean Indoor Air Policy*¹, which is based on best practices. Effective smoke-free policies are clearly defined; minimize exemptions; avoid “minors only” provisions; do not include hardship exemptions, “accommodation,” or ventilation; and are first enacted on the local level, with the ultimate goal of totally smoke free environments all of the time, therefore be it further

RESOLVED, that the IAFP urge the Indiana General Assembly to maintain the rights of local communities to enact and enforce secondhand smoke ordinances, therefore be it further

RESOLVED, that the IAFP call on its members to continue to spread the message to patients and local decision makers about the dangers of secondhand smoke.

International Medical Graduates and Family Practice Residency Programs (IMGs) **APPROVED**

RESOLVED, that the IAFP supports working with the Indiana Medical Licensing Board, the Indiana General Assembly, the Governor of Indiana, and any other appropriate body or official to maximize the ability of Indiana family practice residency programs to accept ECFMG certified IMGs from medical schools that are not on the Medical Licensing Board’s list of disallowed medical schools; and be it further

RESOLVED, if necessary the IAFP will support changes to the Indiana Code, including the removal of the LCME equivalence requirements, to maximize the ability of Indiana family practice

residency programs to accept ECFMG certified IMGs from medical schools that are not on the Medical Licensing Board’s list of disallowed medical schools.

Strengthening AAFP Advocacy for the Practicing Family Physician **APPROVED**

RESOLVED, that the AAFP Board of Directors pursue the following actions:

- (1) Establish a formal, collective advocacy process on behalf of any Family Physician who is subjected to economic threats of restriction, termination or exclusion from health care organizations; and,
- (2) Cooperate with the American Medical Association and state medical associations to achieve the environment where quality-driven, evidence-based, efficient medicine can be practiced with adequate reimbursement.

Perceived Physician Over Coding **APPROVED**

RESOLVED, that the IAFP Board of Directors attempt to collect and share with the State Department of Insurance data regarding notices received from insurers which use inappropriate norms to penalize physicians for perceived over-coding, and be it further

RESOLVED, that the IAFP draft a resolution to be submitted to the ISMA requiring insurers to perform an onsite, open chart-coding audit with opportunity for physician rebuttal prior to disciplinary action.

Fee Schedule Disclosure **APPROVED**

RESOLVED, that the IAFP lobby the state legislature to enact legislation making complete payer fee schedules and reimbursement practices readily available upon request for physicians, employers and interested parties, and be it further

RESOLVED, that this resolution be forwarded to the ISMA.

Medicaid Payments **APPROVED**

RESOLVED, that the IAFP continue to educate members regarding the opportunities and pitfalls of reimbursement from various Medicaid managed care organizations, and be it further

RESOLVED, that the IAFP establish a link from the IAFP Web site to ISMANET.org for further information.

¹ Americans for Nonsmokers’ Rights [et al.]. *Fundamentals of Clean Air Policy*, Americans for Nonsmokers’ Rights, 2002

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 June 30

Active: 1582

Supporting: 3

Inactive: 20

Life: 202

Resident: 261

Student: 285

ACTIVE

Wanda Estep, MD Rossville	Jeffrey Jenson, MD Indianapolis	Michelle Pearson, MD Granger	Terri Fites, MD Fort Wayne
Andrew McLaren, MD Westfield	Dianna Andrews, MD Sharpsville	David Stopperich, MD Indianapolis	Raud Estep, MD Mishawaka
Trina Chapman-Smith, MD Auburn	Stephen Harrold, MD Zionsville	Jennifer Hauk, MD Indianapolis	Kevin McAward, MD Mishawaka
William Harter, MD Fort Wayne	Patricia Galanti, MD Beech Grove	Hao Yan, MD Indianapolis	Jamie Hannah, MD Muncie
Roberta Mueller, MD New Castle	Patricia Hallett, MD Beech Grove	Julie Becker, MD Indianapolis	Laura Hannon, MD New Carlisle
Henry Lemley, MD Bedford	David Williams, MD Beech Grove	Ted Lai, MD Indianapolis	Debbie Heit, MD Osceola

ACTIVE (RESIDENTS UPGADED)

Melanie Schreiner, MD Brownsburg	Dannee Neal, MD Indianapolis	Mettisa McLeod, MD South Bend	Gregory Gahl, MD Muncie
Lori Hurst, MD Anderson	Andrew Cougill, MD Avon	Remus Airinei, MD Indianapolis	Angela Miller, MD South Bend
Vera Shreder, MD Carmel	Amy Roberts, MD Avon	Hyounsup Park, MD Crown Point	Laura Smelter, MD South Bend
Catherine Broach, MD Carmel	Rhonda Goul, MD Greenwood	Heather Hazel, MD Trial Creek	Eric Miller, MD South Bend
Margarita Czeskis, MD Carmel	Zainab Hamza, MD Indianapolis	Lauren Harting, MD Gary	Elizabeth Weston, MD South Bend
Tricia Hettmansberger, MD Carmel	Addison Crag-Chaderton, DO Indianapolis	Rebekkah Ross, MD Gary	Jason Ransom, MD South Bend
Meredith Langhorst, MD Fishers	Cynthia Kizer, MD Indianapolis	Louis Uwagerikpe, MD Gary	Jordan Bailey, MD South Bend
Tamera Vandegriff, MD Frankfort	Bernard Richard, MD Indianapolis	Waldmar Niklinski, MD Granger	Joseph Putman, MD Auburn
Varsha Nagarsenker, MD McCordsville	Viktor Hinov, MD Indianapolis		

Randal Davis, MD Evansville	Eric Marcotte, MD Carmel	Fatima Khurram, MD Fort Wayne	John Baldea, MD Muncie	STUDENTS
Darren Brucken, MD Terre Haute	Nicholas Nussbaum, MD Muncie	Michelle Cropper, DO Fort Wayne	Michelle Biltz, MD Muncie	Ms. Teresa Batteiger Bargersville
Mirta Cura-Lukich, MD Terre Haute	Brenda LeRoy, MD Beech Grove	Kristen Witter, DO Fort Wayne	Jeremy Haymore, MD Muncie	Ms. Lauren Baker Plainfield
Mohan Garikaparthi, MD Terre Haute	Ashley Kimmel, MD Indianapolis	Jason Logan, MD Fort Wayne	Aaron Brown, MD Muncie	Ms. Susan Creary Indianapolis
Debra Lane, MD Terre Haute	Sara Bruns, DO Indianapolis	Joel Valarcel, MD Fort Wayne	Christian Shue, DO Muncie	Ms. Lindsey Moore Indianapolis
Shobha Sahi, MD Terre Haute	Christopher LaFollette, MD Indianapolis	Altaf Rasool, MD Fort Wayne	Ken Kinshita, MD Terre Haute	Ms. Kimberly Kenney Indianapolis
Surinder Singh, MD Terre Haute	Christopher Conrad, MD Indianapolis	Milan Za, MD Fort Wayne	Anuradha Satyavolu, MD Terre Haute	Ms. April Gish Indianapolis
RESIDENTS	Nicole Boersma, MD Granger	Kristopher Kaufmann, DO Fort Wayne	Safana Mushtaq, MD Terre Haute	Ms. Julia Cavallaro Indianapolis
Nicholaus Wilhite, MD Zionsville	Eric Weaver, MD South Bend	Kristina Kaufman, DO Fort Wayne	Peter Kiprop, MD Terre Haute	Ms. Amanda Schmidt Gary
Jennfier Schamerloh, MD Indianapolis	Robert Johnson, DO New Haven	Scott Keyes, MD Muncie	Rachel Bailey, DO Terre Haute	
Shekar Pushpala, MD Fishers	Kinzi Stevenson, MD Fort Wayne	Patricia Eden, MD Muncie	Sonya Adam, MD Terre Haute	



CME at Sea

Join us for the upcoming seven-night IAFP Continuing Medical Education Cruise in the Eastern Caribbean, from April 2-9, 2006.

We will be sailing from Port Canaveral aboard Royal Caribbean Cruise Line's beautiful Mariner of the Seas, one of the largest cruise ships in the world. Launched in 2003, this ship has everything - top quality entertainment, activities galore and the absolute finest food and service afloat! And even though the ship itself is a "destination," you won't want to miss this exceptional Caribbean itinerary and a chance to meet new colleagues in the best imaginable environment for a "continuing medical education" curriculum.

Register by November 1st to receive a discounted CME fee.

For more information and to register for the cruise, please visit: <http://www.specialeventcruises.com/iafp.html> or call the IAFP office for a complete brochure.



Promoting Medical Student

As many of us know, each year fewer and fewer medical students choose primary care, specifically family medicine, as a career. Student interest in family medicine is at a crisis level nationwide, and we as family physicians must focus on promoting interest in our specialty for the future.

On June 11, 2005, the Indiana Academy of Family Physicians (IAFP) and the Family Medicine Student Interest Group (FMSIG), through the Department of Family Medicine at the Indiana University School of Medicine, sponsored the second annual "Medical Student Procedure Day" for students preparing to begin their third year. Resident physicians from family medicine residency programs throughout the state volunteered to provide hands-on instruction to medical students about procedures and skills they will use during the third and fourth year of training. This also presented an opportunity to expose students to family medicine and to the residency programs.

This year there were a total of eight residency programs, fourteen residents, and three faculty members who participated in the workshop. They are as follows: Community (**Jared Basham, M.D., Karl Ost, M.D., and Donna Smith, M.D.**); St. Francis (**Steve Harold, M.D., and Alison Bilyeu, M.D.**); St. Vincent (**Darcy Henson, M.D.,**

and Ellen Ian, M.D.); IU (**Scott Renshaw, M.D., faculty**); Memorial South Bend (**R. Steven LeGrow, M.D., and John Reinoehl, M.D.**); St. Joseph South Bend (**Greg Shaskan, M.D., and Lashunda Williams, M.D.**); Ball (**Mandy Dornfeld, M.D.**); and Fort Wayne (**Brenda O'Hara, M.D., faculty, Jeffery Witt, M.D., faculty, Hameed Khan, M.D., and Lilly Santeliz, M.D.**). Topics included: "How to Scrub In," "Suturing," "Writing SOAP Notes," "3rd Year PEARLS," "Writing Admission Orders," "Delivering a Baby," and "Airway Management/ABG Interpretation."

There were a total of 40 third-year medical students who participated in the procedure day. The day began with lunch provided by the IAFP. Students had the opportunity to sign up for membership in the FMSIG and the IAFP. The students then separated into small groups and rotated through each skill station. Afterwards, students completed a satisfaction survey. The overwhelming sentiment was that the procedure day was very beneficial, students had fun, they felt more prepared for their third year, and they would recommend the procedure day to a friend next year. I want to thank all of the residents and IAFP staff who volunteered their time and effort to make this day successful. I would also like to personally thank **Dr. Scott Renshaw**, FMSIG faculty advisor and assistant professor of FM at IU, who was



Interest in Family Medicine

integral in promoting, scheduling, and organizing the workshop at the medical school.

We are already gearing up for the third annual “Procedure Day” next year with plans for improvement. The goal is to make this a day-long event with the addition of family physicians from around the state participating in the education as well as providing informal lectures on topics such as “What is family medicine?” and “Why should I consider family medicine as a career?” The IAFP will continue to play a major role in promoting student interest. The IAFP Foundation has designated “student outreach” as a priority project for the next two years. The foundation will partner with the IU Department of Family Medicine to provide support for and coordination of future projects to foster student interest in family medicine. This will be an exciting time and I look forward to the future of family medicine.

Jared Basham, M.D.

IAFP Resident Director, Resident District
PGY 3 and Chief Resident
Community FM Residency Program, Indianapolis, IN





Fall Foundation News

Barnett Adopt-A-Student Program Update

Three students from the Indiana University School of Medicine completed eight-week externships with family physician preceptors in Indianapolis, Brownsburg, and Lake County, IN. The Barnett Adopt-A-Student program was able to offer support to these students due to strong family physician support as well as grant funds provided by the American Academy of Family Physicians.

The Foundation Board of Trustees would like to thank all IAFP members who supported this program throughout 2004 and those that continue to support it in 2005. This has become an invaluable program that helps to introduce outstanding first year medical students to the world of family medicine. Below are the medical students and IAFP members who participated in the Barnett Adopt-A-Student program in 2005:

Students

Joshua Goergen

Anna Edwards

Amanda Schmidt

Preceptors

Scott Frankenfield, M.D.
(Brownsburg)

Holly Simpson, M.D.
(Indianapolis)

Robyn Ledyard, M.D. & Tom
Ledyard, M.D. (Lake Co.)

It's not too early to get started for next year! If you would be willing to host a student in your office—for the summer or as a one-time shadow—contact Missy at the IAFP (mlewis@in-afp.org).

"This experience has truly motivated me and inspired me, and I am extremely excited about my future and choosing a career in medicine...I have learned so much about what it takes to be a good family practice doctor and how a family practice office runs; this will truly be an invaluable resource for me throughout my career in medicine. Thank you for giving me this opportunity." – A 2005 Barnett Adopt-A-Student Participant

2005 Annual Meeting Update

The IAFP Foundation would like to thank everyone who contributed to this year's Annual Meeting! Many of you gave generously, and others were inspired to do so when we returned to the office! We would especially like to recognize Jackie Schilling, past IAFP EVP, and Ray Nicholson, M.D., for their gifts at the Gold Level during the 2005 Annual Meeting. Mrs. Schilling's gift was given in memory of her late husband, Chuck, and in honor of Alan Fischer, M.D. It has been designated for the Jackie Schilling Family Practice Medical Student/Resident Fund. Dr. Nicholson once again donated half of the cost for the IAFP Foundation to send three residents to the AAFP Conference on Patient Education in November. Donations like these—as well as the many others that we receive—make our programs possible. Thank you!!

New IAFP Foundation Leadership

With the 2005 Annual Meeting came a change in leadership at the Foundation. Clif Knight, M.D., decided it was time for him to step down as Chairman of the Board of Trustees. Deb McClain, M.D., a staunch supporter of the Foundation and tireless fundraiser, was elected the new Chairman of the Board. She previously served as Vice Chairman. Richard Feldman, M.D., was elected Vice Chairman, and Dr. Knight agreed to serve as Treasurer. Windel Stracener, M.D., and Tom Kintanar, M.D., were nominated to serve their first three-year terms on the Board of Trustees. They will be filling the spots vacated by Debbie Allen, M.D., and Dianna Dowdy, M.D.

Our sincere appreciation goes out to Drs. Allen and Dowdy for their commitment to the IAFP Foundation. Although he will remain on the Board, a huge thank you also goes out to Dr. Knight for his excellent leadership in recent years.



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 2005. 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 ✓◆	Richard Juergens, MD
Dr. Jennifer & Lee Bigelow	Thomas Kintanar, MD ✓◆
Kenneth Bobb, MD ✓◆	H. Clifton Knight, MD ✓◆
Bruce Burton, MD ✓◆	Teresa Lovins, MD ✓◆
Kalen A. Carty, MD	Jason Marker, MD
Clarence G. Clarkson, MD ✓	Debra R. McClain, MD ✓◆
Dr. Robert & Donna Clutter ✓	Robert Mouser, MD ✓◆
Dianna L. Dowdy, MD	Raymond W. Nicholson, MD ✓◆
Richard D. Feldman, MD ✓◆	Frederick Ridge, MD ✓◆
Thomas A. Felger, MD ✓	Jackie Schilling ✓◆
Fred Haggerty, MD ✓	Paul Siebenmorgen, MD ✓
Alvin J. Haley, MD ✓◆	Kevin Speer, JD (IAFP EVP)
John L. Haste, MD ✓◆	Daniel A. Walters, MD ✓◆
Jack W. Higgins, MD ✓	Deanna R. Willis, MD, MBA
Worthe S. Holt, MD	

PLANNED GIVING CONTRIBUTORS

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

2005 CONTRIBUTORS

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

Raymond W. Nicholson, MD
Jackie Schilling

Silver Level (\$100-\$999)

Larry Allen, MD	Alvin Haley, MD
Bruce Burton, MD	Ashraf Hanna, MD
Ent & Imler CPA Group	Worthe Holt, MD
Ken Elek, MD	Pam Middleton, MD
Bernard Emkes, MD	Melissa Pavelka, MD
Richard Feldman, MD	Alan Sidel, MD
Maria Fletcher, MD	Daniel Walters, MD

Bronze Level (\$1-\$99)

Susan Amos, MD	Teresa Lovins, MD
Doug Boss, MD	Clovis Manley, MD
Amanda Bowling	Debra McClain, MD
Zach Cattell	Doug McKeag, MD
Robert Clutter, MD	Bill Mohr, MD
John Haste, MD	Suzanne Montgomery, MD
Tom Kintanar, MD	Robert Mouser, MD
Clif Knight, MD	Donya Powers, MD
Melissa Lewis, MS	Fred Ridge, MD
John Linson, MD	Kevin Speer, JD



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Tar Wars®

Jacob Walters was presented with a “Special Recognition” certificate by Dr. Saria Carter at the Annual Tar Wars Award Ceremony on July 19. Also that night, Missy Lewis was recognized for her service on the Tar Wars Program Advisory Board. Her two-year term comes to a close this fall.



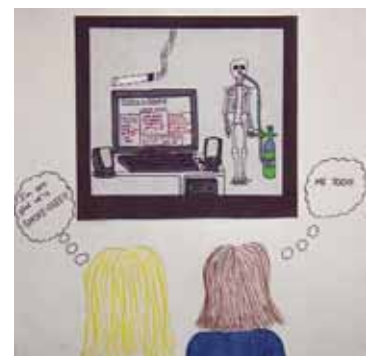
This poster, created by Marlee Sills of Hose Elementary in Crawfordsville, was selected to receive the IAFP Award in this year’s poster contest. Marlee’s poster depicts a girl looking into two mirrors. One represents her life as a smoker; the other represents her smoke-free life—as a doctor!



Quit the Tar
Ellen Austin, Royerton
(Featured on our Tar Wars t-shirts this year)



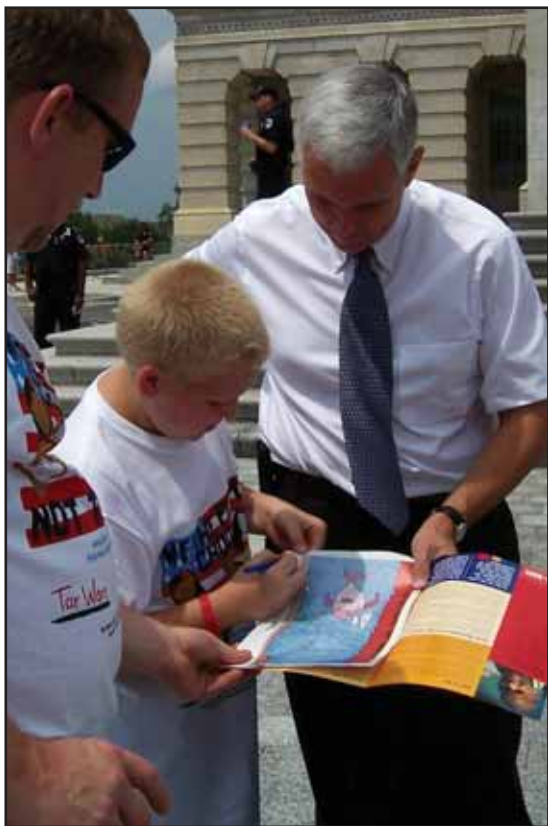
You’ll Get Hooked
Jacob Walters, Rushville



TV
Velena Meade, Greenfield
(Winner of the ITPC Award and State Health Commissioner’s Award)



Artists, presenters, and friends of Tar Wars® were welcomed at the Third Annual Tar Wars® Celebration at Victory Field on Father’s Day. First place, runners up, IAFP Award, State Health Commissioner’s Award, and ITPC Award winners were all recognized on the field prior to the game. Jake Walters also was able to throw the first pitch. Students in the photo are (l-r) Jake Walters, Sophie Abner, Shelby Freesman, Ellen Austin, and Marlee Sills.



Jacob Walters autographed a reprint of his winning poster for Congressman Mike Pence (Columbus). Congressman Pence spoke on the floor of the House that day. He made a special trip to meet Jake so they could have their photo taken outside of the Capitol.



Deb McClain, MD, new Chairman of the IAFP Board of Trustees, was there to congratulate winners and present them with their awards.

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Changes in Physician Scarcity Areas (PSA) and Health Professional Shortage Areas (HPSA)

by Joy Newby, LPN, CPC

On claims for services provided in zip code areas that fully fall within a county designated as a HPSA or PSA, Medicare automatically pays HPSA/PSA bonuses on a quarterly basis, without the need for a modifier. Only the professional component of a diagnostic test is subject to consideration for bonus payment. As a result, claims that included tests billed without a -26 and/or a -TC modifier or the specific codes for the components were rejected and the provider was instructed to recode the test using two (2) claim lines and submit a new claim. For example, if the chest x-ray performed in a HPSA/PSA is coded 71020, an electrocardiogram is coded 93000. The physician received a rejection. To get the claim paid, the physician had to recode the service and submit a new claim, e.g., 71020-26 and 71020-TC; 93005 and 93010.

CMS policy did not address the claim process to stop these rejections for physicians who do not want to receive the HPSA/PSA bonus payment. Some physicians want to forgo the HPSA/PSA incentive payment on these services rather than bill the components separately. In response to physician complaints, effective June 13, 2005, claims with dates of service on or after January 1, 2005 will no longer reject when the global service is billed in a HPSA/PSA.

Medicare Carriers have been accepting claims from physicians who are eligible to receive automated HPSA/PSA bonus payments but have billed services globally. If the test is approved for payment, the service is paid, but no bonus payment will be made at the end of the quarter.

This process is changing for claims received on or after October 1, 2005. Physicians choosing not to receive the HPSA/PSA bonus payment must submit their request in writing to:

AdminaStar Federal
Provider Enrollment
PO Box 7078
Indianapolis, IN 46207-7078

This request must be on company letterhead and must specifically request to opt out of the bonus program and include the following information:

- The provider's name or group name,
- A valid Medicare Provider Identification Number (PIN), and
- The name and telephone number of a contact person who is knowledgeable about the type of request you are making in case the Carrier has any questions.

Once Provider Enrollment receives the request, the provider's file will be updated to show they have elected not to receive the bonus payment. Again, these procedures will take effect for claims received on or after October 1, 2005.

CAUTION If you elect to opt-out of HPSA/PSA bonuses, you will not receive any bonus payments for *any* service, e.g., office visits, surgical procedures, etc.

Documenting the Patient's History of the Present Illness

by Joy Newby, LPN, CPC

For as long as we can remember, physician staff has been documenting the patient's chief complaint and the history of the present illness (HPI); however some Medicare Carriers have been publishing articles stating the physician/ nonphysician practitioner (NPP) is responsible for obtaining and documenting the HPI. Newby Consulting, Inc. (NCI) requested written clarification from CMS on this issue.

On July 5, 2005, NCI received instructions on the physician/NPP's responsibility for documenting the HPI. Cathleen M. (Kit) Scally M.S., CNM Division of Practitioner Services for the Centers for Medicare and Medicaid Services (CMS), provided the following information:

If the physician is to "claim" that he/she performed the level of service being billed, then all the components that are confirmed as "physician" services in the E/M documentation guidelines must be performed by the physician. In the E/M guidelines, ancillary staff (as noted under constitutional body area/organ system) may take and record the seven (7) examples of vital signs listed. Also, ancillary staff may perform the review of systems and past/family/social history which the physician or qualified NPP must review and confirm/supplement in a note in the medical record.

In the example of a triage nurse in the ER or office staff taking the chief complaint from the patient, it is common practice for these staff to ask the pertinent questions for the chief complaint and HPI and document the information. However, the physician must confirm this information with the patient and concur and/or add to the information in the medical record obtained by the triage nurse or office staff.

The physician/NPP's signature or initials at the end of the encounter note is not sufficient to document the physician/NPP has confirmed the documented HPI with the patient. To be given "credit" for the HPI, there must be evidence the physician/NPP confirmed the information. Confirmation can be documented by the physician/NPP in two ways:

- The physician/NPP documents additional information in his/her own handwriting.
- The physician/NPP includes a statement that the documented HPI as written was confirmed with the patient. This statement should be added in the HPI portion of the note and it should be signed/initialed by the physician/NPP.

Please review your process for confirming the patient's HPI. If necessary, revise the process to ensure you are documenting the information necessary to take credit for the HPI when selecting the code describing your E/M service.

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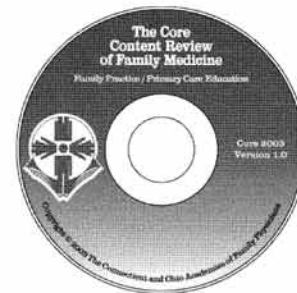
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Free Child Development Kit from CDC: Provides Educational Resources for Parents on Developmental Milestones

It's important for parents to know if their children, even as young as six months, are developing physical and mental skills as they should. To help them, the CDC, along with its national partners, will launch the "Learn the Signs. Act Early." campaign to help parents identify the important developmental milestones for young children. Along with height and weight, activities like smiling, pointing, and pretending are all important milestones in the first years of a child's life. In preparation for the anticipated increase in awareness and education among parents, CDC is encouraging the healthcare professional community to order free resource materials on measuring developmental milestones.

"Learn the Signs. Act Early." is designed to help parents recognize how young children should develop and the early warning signs of developmental disorders, including autism, mental retardation, and cerebral palsy. Often, these warning signs can be detected when children are in their first few years of life.

The campaign encourages parents to talk with their child's pediatrician or healthcare professional as early as possible when a delay in the development of an important skill or ability is suspected. In most cases, the earlier a developmental delay is detected, the sooner a child can receive treatment, and the better chance the child has to achieve his or her full potential.

CDC's campaign has been able to reach healthcare professionals by distributing these kits at more than a dozen national conferences. This resource kit, available in English and Spanish, contains a number of materials designed for providers to share with parents, including:

- Fact sheets on developmental milestones, screening, developmental disorders, and resources,
- Informational cards with milestones by age and a series of questions for the child's key healthcare professional, and
- An 11-inch-by-17-inch "Learn the Signs. Act Early." poster designed for an examination room.

Healthcare professional resource kits and additional information are available at: www.cdc.gov/actearly and 1-800-CDC-INFO.

Healthcare professionals can also direct parents to the Web site and telephone number to order a free parent resource kit.

"Learn the Signs. Act Early." is a collaborative effort of the U.S. Department of Health and Human Services (HHS) and CDC, the American Academy of Pediatrics (AAP), the Autism Coalition, the Autism Society of America (ASA), Cure Autism Now (CAN), First Signs, Organization for Autism Research (OAR), and the National Alliance for Autism Research (NAAR).



Monticello Family Practice Opportunity

Arnett HealthSystem, a physician-directed, physician-owned, multi-specialty group, has an excellent opportunity for a family practitioner to join us in our **mission** to *improve the health and quality of life in the communities we serve.*

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with its attractive neighborhoods, highly-ranked public and private schools, diverse cultural activities and **Purdue University**. Big 10 sports, academics, concerts, plays and other activities abound!

For additional information or to submit a CV, contact:

Ms. Lori Lehe

providerrecruitment@arnett.com

(800) 899-8448 ext 8711

Fax: 765-448-7647

Indiana Immunization Fall Awards Conference

Registration is now open for the annual Indiana Fall Awards Conference (IFAC). IFAC is a free educational opportunity designed to encourage, promote, and celebrate immunizations. The conference will be held on Oct. 3 at the Hilton Indianapolis with a "Meet the Speakers" reception on Oct. 2. Detailed conference information, including registration materials, is available on the ISDH Immunization Program Web site: <http://www.in.gov/isdh/programs/immunization/immunization.htm> under the News and Events tab.

Registration is offered online at: <http://www.in.gov/isdh/programs/immunization/immunization.htm>. You can also fax the registration form to 317-587-1058 or 317-843-0570.



Connect your practice with the Midwest's most experienced consulting physicians, specialists and sub-specialists, and the most advanced levels of patient care with PhysicianLink™, exclusively from Clarian Health—Methodist, IU and Riley hospitals. Now you can take advantage of the most comprehensive clinical resources available to physicians, including one-on-one contacts to the best Clarian programs and services. Best of all, you remain the most important individual in your patient's continuum of care. Clarian PhysicianLink™. The strongest link between you and your patient.

Access the resources of PhysicianLink™ 24 hours a day, 7 days a week by calling IMACS (Indiana Medical Access and Communication System) at 1-800-622-4989.

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Clinical studies show that milk, cheese and yogurt actually signal the body to burn more fat when making 3 servings a day part of an exercise and weight-loss plan. So if you're cutting calories, include three servings of dairy in your diet, and make your tummy happy – in more ways than one.



2005-2006 Calendar

IAFP Meetings

Board of Directors Meeting
November 20, 2005
Fort Wayne

Family Medicine Update
January 19-22, 2006
Indianapolis

Faculty Development Workshop
March 1, 2006
Indianapolis

Residents' Day/Research Forum
March 2, 2006
Indianapolis

Board of Directors Meeting
March 19, 2006
Indianapolis

IAFP Annual Scientific Assembly
July 26-30, 2006
Fort Wayne

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

Board of Directors Meetings
July 26, 2006
Fort Wayne

July 30, 2006
Fort Wayne

AAFP Meetings

AAFP Congress of Delegates
September 25-28, 2005
San Francisco, CA

AAFP Scientific Assembly
September 28-October 2, 2005
San Francisco, CA

AAFP State Legislative Conference
November 11-12, 2005
San Diego, CA

AAFP Annual Leadership Forum
May 5-6, 2006
Kansas City, MO

Rx for Indiana

Dr. Maria Fletcher traveled to Washington, D.C., in the spring of this year to meet with the Indiana Congressional Delegation to brief them on Rx for Indiana. Together with representatives of the Pharmaceutical Research and Manufacturers of America (PhRMA), Dr. Fletcher, accompanied by a patient from Indiana, explained to the small group how this program will streamline the process of applying for help in obtaining medications at no cost, or at very low cost.

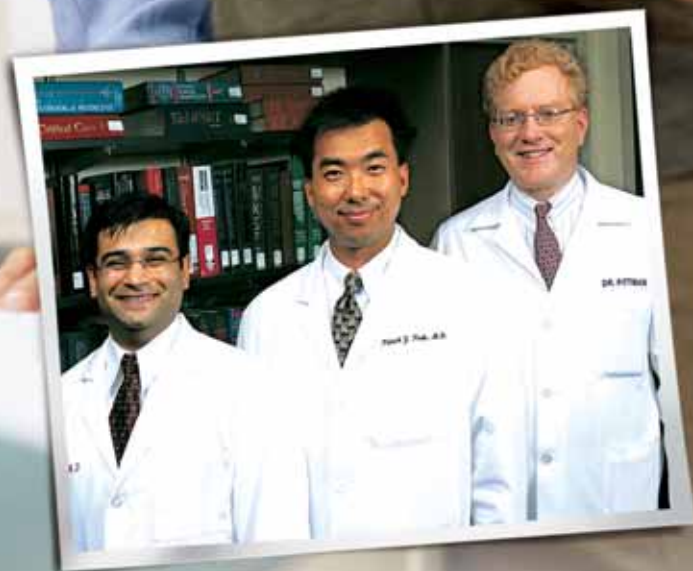
The price of medications represents a significant burden for patients everywhere. Pharmaceutical companies have developed patient assistance programs to ensure that more patients can have access to the prescription medications they need. Some of these programs have been in existence for as long as 50 years. Last year, these programs helped to provide more than 22 million prescriptions with an estimated wholesale value of more than \$4 billion.

Before the establishment of Rx for Indiana, patients and their physicians worked very hard to overcome the complexity of navigating the patient assistance programs. They devoted many hours filling out many different forms and gathering all the necessary documentation. With the establishment of Rx for Indiana, there is a confidential Web site RxforIndiana.org and a toll-free number (877) 793-0765 with trained operators who are available to assist callers in their application for assistance. This call center is accessible to the deaf and hearing impaired through Relay Indiana. There are trained Spanish speaking operators available as well. The Web site, with a Spanish language version, is designed to search for all the programs that the patient can qualify and will insert on the proper application forms all the necessary demographic information that the patient enters. This feature makes it easier for patients to have access to the medications they need.

Because the IAFP is committed to its mission in providing assistance to family physicians and their patients, we are looking forward to this opportunity to collaborate with Governor Daniels, PhRMA and the other healthcare groups and organizations in Indiana to make it easier for our patients to benefit from the best medicines available.



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October 11, 6 p.m.-8 p.m.

Ritz Charles

12156 N. Meridian St., Carmel

Presentations by: Drs. Nikhil Patel,
Patrick Park, and Scott Pittman

Seminar qualifies as 2 hr. CME credit.

Join us to learn about the latest advances in colorectal care.

Your patients benefit from the experience you've gained—and the knowledge you continually acquire. That's why our dinner seminar will cover several topics, including: advances in cancer screening, cancer treatment and staging, advances in surgery, an overview of anorectal disease, pelvic floor prolapse and surgical management of inflammatory bowel disease. Please RSVP by October 3, at 317-338-CARE.



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Friday, November 18, 2005

1:00 p.m. – 5:15 p.m.

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

Assessing & Managing Breast & Ovarian Cancer Risk
William J. Gradishar, M.D.

Associate Professor of Medicine
Northwestern University Feinberg School of Medicine
1:00 p.m. – 2:00 p.m.

Breast Imaging: Digital Mammography, Computer-Aided Detection & MRI

Laurie L. Fajardo, M.D.

Chair & Professor of Radiology
University of Iowa Health Care
2:00 p.m. – 3:00 p.m.

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

Beyond Estrogen: New Treatment Options for Osteoporosis

John A. Robbins, M.D.

Professor of Internal Medicine
University of California Davis School of Medicine
3:15 p.m. – 4:15 p.m.

Diagnosis & Treatment of Pelvic Cancers

Sharmila K. Makhija, M.D.

Assistant Professor of Gynecology & Oncology
University of Alabama School of Medicine
4:15 p.m. – 5:15 p.m.

Videotapes Available Upon Request

10th Annual Continuing Medical Education Conference

Women's Health

To register, send contact information and a \$35 check, payable to Northwest Radiology Network, to Linda G. Hughes, M.A., Marketing Director
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