

# FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • WINTER 2005



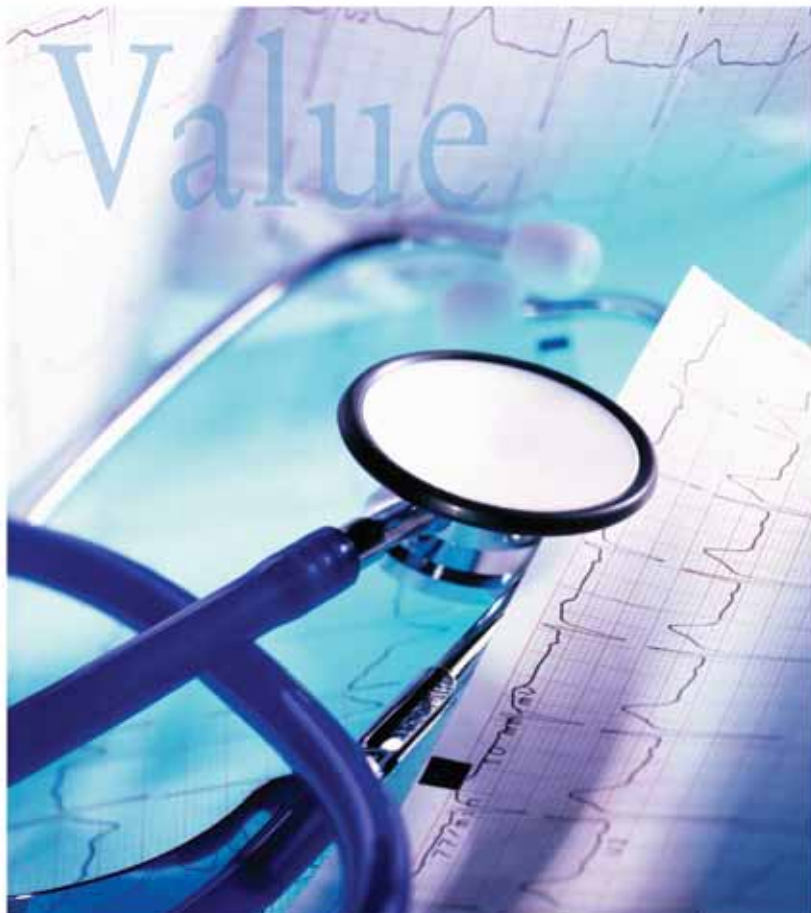
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**Visitors Enjoy Historic  
Family Doctor's Office** pg. 14

**Family Medicine UPDATE** pg. 16

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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.



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## PRESIDENT'S MESSAGE



Daniel Walters, MD

The year has been moving along very rapidly. I have represented the Indiana Academy of Family Physicians at the following functions: Ohio Academy of Family Physicians Annual Meeting, the dedication of the IAFP Family Doctor Office at the Indiana Medical History Museum, ISMA's Annual Meeting, ISMA's meeting of Association Presidents, Obesity Prevention Health Summit sponsored by the Indiana State Department of Health, AAFP Annual Scientific Assembly in San Francisco, and the AAFP Conference on Legislation in San Diego.

The American Board of Family Medicine released a statement the first part of November indicating there will be improvements to the **Maintenance of Certification** process. The ABFM reported that they have made 24 major improvements to streamline the MC-FP process. The new framework creates more options and greater flexibility for completing the MC-FP, enabling diplomats who are actively participating in the process the opportunity to extend their original seven-year certificate by three years. Final details will be announced by the ABFM in early 2006.

We should all be proud of our chapter leaders, as Indiana was one of the first state chapters to question the MC-FP process at the Annual Leadership Forum in Kansas City two years ago. Our past president, Richard Feldman, took the lead in networking with other states and writing articles and resolutions that obviously have made a difference.

The health crisis of being overweight and obese is dramatically affecting our friends, families and patients. Nearly one third of all adults in the United States are classified as obese. This number has doubled in the past 30 years. To address this issue, the Governor convened the Obesity Prevention Health Summit on October 27 in Indianapolis. The IAFP plans to develop a task force to help our members with this life-threatening crisis. Our goal would be to serve as a clearinghouse to link physicians to resources and best practices around the state and country. Hopefully,

we can work together with the AAFP and their Americans in Motion (AIM) initiative and the State Department of Health's In Shape Indiana Program to make a difference for our patients and ourselves.

At the IAFP board meeting in November in Fort Wayne, members discussed their plans for governance restructuring.

As reported in past issues of the *Frontline Physician* and the *eFrontline*, the IAFP has been building a restructuring plan designed to streamline the governance of the IAFP, allow for more participation by all members and improve communications between the IAFP leadership and the members-at-large. The 2005 IAFP Congress of Delegates approved bylaw changes that alter our Congress of Delegates. Now all IAFP active members in attendance will be allowed to vote instead of only allowing elected district delegates the right to vote. In addition on November 20, the IAFP Board of Directors approved the redrawing of the IAFP's district map to change from 13 to only 8 geographical districts. A slate of directors and alternate directors was approved and a decision to name districts (as opposed to the previous numbering) was made. The new district map is posted on the IAFP Web site at [in-afp.org](http://in-afp.org). Watch your mail for further details on these changes.

I would like to invite all members to attend our annual Family Medicine Update which will take place January 19 to 22 at the Marriott North in Indianapolis. This event continues to become bigger and better every year, and I look forward to another great update. I hope to see you there.

Last and most important, I would like to strongly encourage you all to make a donation to our IAFP Foundation and IAFP-PAC. A \$25 to \$50 donation from each of our 1,500 members would net between \$35,000 to \$75,000 annually to each program. Your support of these programs will make it possible for us to advocate for better healthcare for our fellow Hoosiers.

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Kevin Speer, JD, EVP

## Pay-for-Performance – Fad or the Future?

Providers hoped that it was a passing fad, but these days it seems that pay-for-performance is the wave of the future. From private insurers to the federal government, third party payers are developing and implementing pay-for-performance programs which give health care providers financial incentives for providing safe, efficient and quality care.

### CMS Medicare Demonstrations

In a press statement earlier this year, CMS Administrator Mark McClellan indicated that pay-for-performance is here to stay ... at least with respect to Medicare. "Better care should be rewarded, and thanks to growing support from health care providers and other stakeholders, we have better approaches to doing so than ever before," he said. "It is time that we pay for the quality of the health care provided to our beneficiaries, not simply the amount. We are working to apply this in every setting in which Medicare and Medicaid pays for care."

CMS is collaborating with a wide range of public agencies and private organizations on pay-for-performance initiatives, including the National Quality Forum, the Joint Commission on the Accreditation of Health Care Organizations, the National Committee for Quality Assurance, the Agency for Health Care Research and Quality, the American Medical Association and many others. CMS has now launched several Medicare Pay-for-Performance demonstrations for hospitals, physicians and physician groups. In addition to these initiatives, CMS indicates that they are also exploring such programs for nursing homes, home health and home dialysis providers.

Specifically, CMS's Hospital Quality Initiative, authorized by the Medicare Modernization Act, focuses on an initial set of 10 quality measures by linking reporting of those measures to the payments the hospitals receive for each discharge. CMS has also launched the Premier Hospital Quality Incentive Demonstration to improve the quality of inpatient care for Medicare beneficiaries by giving financial incentives to almost 300 hospitals for high quality care. For physicians and/or integrated health systems, CMS is implementing three demonstration projects each aimed at rewarding physicians for improving the quality and efficiency of health care services delivered to Medicare patients.

Although the programs have not been implemented long, CMS has announced that the Hospital Medicare Pay-for-Performance initiatives are paying off. CMS notes improvements across the board, regardless of a hospital's initial performance on the quality measures. In a speech before the American Hospital Association Annual Conference, Administrator McClellan noted that the demonstrations are resulting in better health outcomes for beneficiaries and lower Medicare costs as well.

### Senators Launch Plan

As the demonstration results roll in, Congressional leaders begin work on their own Medicare pay-for-performance programs. In late June, Sens. Chuck Grassley (R-Iowa) and Max Baucus (D-Mont.) introduced legislation in Congress that would give providers bonus incentives if they meet certain quality standards. The bill would affect Medicare reimbursements beginning in 2007, with up to 1% of Medicare hospital inpatient payments being pooled for such bonuses and up to 2% being pooled by 2008. A similar pool would be created for physicians beginning in 2009.

### Physicians Join In

While still skeptical about such initiatives, physicians have decided to join the pay-for-performance movement. At the American Medical Association meeting in June, the AMA House of Delegates amended the AMA Principles and Guidelines for the formation and implementation of pay-for-performance programs. The AMA believes pay-for-performance must be aligned with the following five principles:

1. Ensure quality of care;
2. Foster the relationship between the patient and physician;
3. Offer voluntary physician participation;
4. Use accurate data and fair reporting; and
5. Provide fair and equitable program incentives.

Further, the AMA is working with CMS on the agency's demonstration projects.

### The Future of Pay-for-Performance

While the future of pay-for-performance programs is still uncertain, all signs indicate that these programs are here to stay.

# IAFP Awards: Call for Nominations

The Indiana Academy of Family Physicians strives to better health care in the state of Indiana. In recognition of the individuals who work to improve the practice of family medicine, the IAFP bestows awards on an annual basis. This call for nominations plays an important part in the process of recognizing outstanding service.

Nominations must be in writing and submitted on an official nomination form with appropriate attachments. The IAFP Commission on Membership and Communications will review the entries and present its recommendation to the IAFP Board of Directors for approval. Nominations will be accepted from IAFP members until **March 1, 2006**. Thank you for your participation in recognizing outstanding family physicians and supporters of family medicine.

For more information and nomination forms, please contact Amanda Bowling at (317) 237-4237 or (888) 422-4237.

## **Lester D. Bibler Award**

The **Lester D. Bibler Award** is designated to recognize long-term dedication, rather than any single significant contribution, and is given on the basis of dedicated effective leadership toward furthering the development of family medicine in the state of Indiana.

## **A. Alan Fischer Award**

The **A. Alan Fischer Award** was established in 1984 and is designed to “recognize members, who in the opinion of the Board of Directors of the Indiana Academy of Family Physicians, have made outstanding contributions to education for family medicine, in undergraduate, graduate and continuing education spheres.” This award was named in honor of Dr. Alan Fischer, a long-time member of the IAFP who actively served both the Indiana Chapter and AAFP. Dr. Fischer established the Department of Family Medicine at Indiana University School of Medicine and the IU Family Medicine Residency Program.

## **Jackie Schilling Certificate of Commendation**

The **Jackie Schilling Certificate of Commendation** was established to recognize non-family physicians who have been deemed to contribute, in a distinguished manner, to the advancement of family medicine in the state of Indiana. The recipients of the award are considered to be persons of repute in many fields, including medical education, government, the arts and journalism. In 1999 the award was named after past IAFP Executive Vice President Jackie Schilling.

## **Distinguished Public Service Award**

The **Distinguished Public Service Award** is presented to a member in good standing who has distinguished him/herself rendering a community or public service. The

service must be entirely separate from professional achievement in research and scientific endeavors. The service for which this award is bestowed should have been performed on a voluntary basis and should indeed have benefited the local and/or state community in a civic, cultural or general economic sense and, except in unusual circumstances, should have been uncompensated.

## **Indiana Family Physician of the Year Award**

Nominees for the **Indiana Family Physician of the Year Award** must be members in good standing with both the IAFP and AAFP. Nominees must provide his/her patients with compassionate, comprehensive and caring family medicine on a continuing basis and must be directly and effectively involved in community affairs and activities that enhance the quality of his/her community. A nominee must be a family physician that is a credible role model professionally and personally to his/her community, to other health professionals, and to residents and medical students. Nominees must also be able to effectively represent the specialty of family medicine and the IAFP and AAFP in public forum.

## **Outstanding Resident Award**

The **Outstanding Resident Award** seeks to reward a mature family medicine resident who demonstrates exceptional interest and involvement in family medicine and exemplifies a balance of the qualities of a family physician. The recipient of this award should exemplify the following qualities: community service and social awareness, evidence of scholarly inquiry, caring and compassionate patient care, involvement in Academy affairs locally or nationally, balance between personal and professional activities, and mature interpersonal and collegial skills.

# Physician of the Day Volunteers Needed for January & March 2006!

The Indiana Academy of Family Physicians and the Indiana State Medical Association 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 makes an impression on our legislators. This important program allows physicians to observe the legislative process first hand and to meet with 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 January and March. If you are interested in serving as the Physician of the Day, please call the IAFP office at (888) 422-4237 (toll-free, in-state only) or (317) 237-4237 to schedule your shift. You can also e-mail Chris Barry at cbarry@in-afp.org. Thank you in advance for your assistance with this important program.



## A NEW GENERATION OF CARDIOLOGIST— TREATING THE PATHWAYS OF LIFE.

As the first cardiologist to use carotid artery stents in Indianapolis, Care Group cardiologist **Dr. George Daniel** has been on the cutting edge of a movement that looks at new ways of treating vascular diseases using minimally invasive techniques. The FDA approved the treatment of carotid arteries with stents in 2004 for stroke prevention in high risk patients. Dr. Daniel has been at the forefront of this and other procedures as an investigator in clinical trials, testing



*"I feel privileged to be a practicing cardiologist at this time in the 21<sup>st</sup> century. It could never be a better moment to be helping the whole patient in a very positive and effective way."*  
Dr. George Daniel, MD FACC, FSCAI

new devices and treatment modalities for Peripheral Arterial Disease (PAD). Through his efforts, **The Vascular Institute**, a division of **The Care Group**, located on **The Heart Center of Indiana's** campus was created. According to Dr. Daniel, finding less invasive ways to treat patients with PAD, along with the cardiologists' legacy of preventive care and patient education is setting the standard for vascular care.

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# LEGISLATIVE REPORT

by Doug Kinser, JD

Zach Cattell left the Academy in October to join the Indiana State Medical Association as director of government relations. While he was only at the Academy for a short period, Zach carried a positive message for family physicians, and I wish him well.

## Family Physician Becomes New Chair of Public Health

Representative Vaneta Becker (R-Evansville) was chair of public health and, in that capacity, was one of the key health legislators in the state. She became Senator Vaneta Becker in September when she won a caucus election to replace former Senator Greg Server. As a result, Senator Becker had to give up her chair's role.

**Representative Tim Brown (R-Crawfordsville) was selected by Speaker Brian Bosma to replace Senator Becker.** Senator Becker will become a member of the Senate Health and Provider Services committee.

As the new chair of public health, Representative Tim Brown is a family and emergency physician from Crawfordsville, Indiana. He greatly understands the health issues that are, and need to be considered, in the legislature. The Academy congratulates Representative Brown on his new appointment. In addition, Representative Brown has also been mentioned as a possible candidate for an open seat in the Senate in District 23. While Representative Brown has also been mentioned as a possible candidate for an open seat in the Senate in District 23, he recently announced that he will run for re-election to the House.

## Academy Resolutions

At its annual meeting in July, the Congress of Delegates adopted two resolutions for action in conjunction with ISMA during the legislative session. Since that time, ISMA amended and approved both resolutions. ISMA's amended resolutions are as follows:

### 1. Resolution 05-56

**RESOLVED**, that the ISMA work with the Indiana Academy of Family Physicians to enact state legislation making complete payer fee schedules and reimbursement practices readily available.

### 2. Resolution 05-55

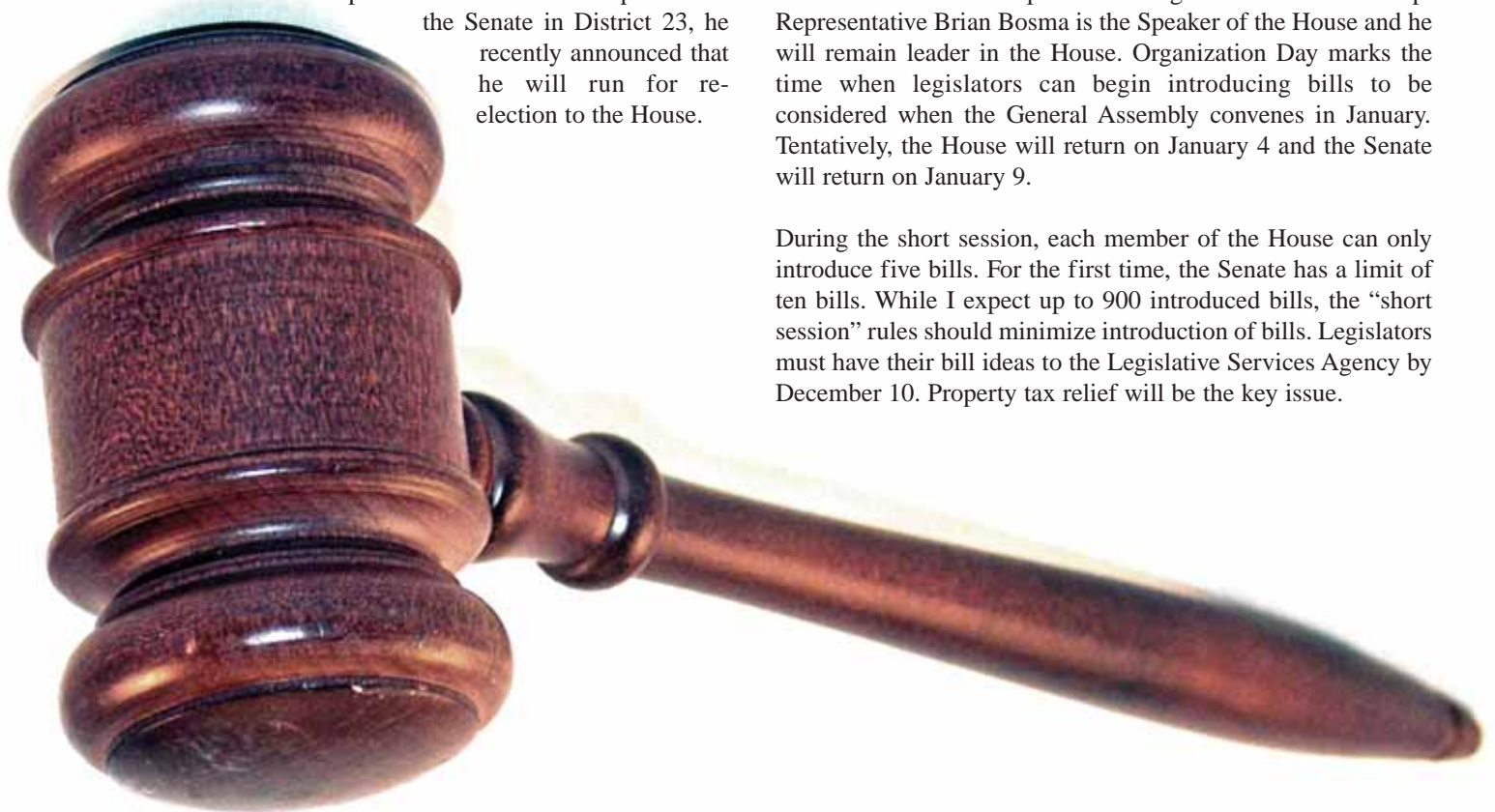
**RESOLVED**, that the ISMA work with the IAFP to enact legislation that would require insurers to perform an on-site, open-chart coding audit with opportunity for physician rebuttal prior to disciplinary action.

The Academy's Commission on Legislation will meet to determine how to implement the resolutions. It hasn't been decided yet whether separate legislation will be initiated by the IAFP.

## 2006 Legislative Session

Organization Day took place on November 22. Organization Day is the day party caucuses officially elect their leadership. Senator Robert Garton has been president pro-tem since 1980 and there is no expected change in his leadership. Representative Brian Bosma is the Speaker of the House and he will remain leader in the House. Organization Day marks the time when legislators can begin introducing bills to be considered when the General Assembly convenes in January. Tentatively, the House will return on January 4 and the Senate will return on January 9.

During the short session, each member of the House can only introduce five bills. For the first time, the Senate has a limit of ten bills. While I expect up to 900 introduced bills, the "short session" rules should minimize introduction of bills. Legislators must have their bill ideas to the Legislative Services Agency by December 10. Property tax relief will be the key issue.



Governor Daniels hit the ground running in 2005 and I don't expect him to slow down during 2006. The governor's message is clear: economic development and change for the good of Indiana. Governor Daniels' legislative agenda has not been released as of publication date. Passage of all legislation must occur by March 14, 2006, for the session to adjourn on time. It is not likely that anything will cause a special session. Since the governor's office, House and Senate are Republican, this session should adjourn sine die no later than March 14, 2006.

## 2006 Elections

In 2006, there will be legislative and statewide office elections. All 100 House members will be elected in November 2006 after a May primary. In both chambers, there's a strong possibility that there will be several contested primary races. Currently, the caucuses are recruiting candidates. The House Republicans lead the House Democrats by 52-48 and it is expected to be a hard-fought battle. Leadership in the House and setting the agenda are the reasons both caucuses want to have the majority.

In 2006, 25 of 50 Senate members will be elected. Currently, Senate Republicans lead the Senate Democrats by a 33-17 margin. After 36 years, the dean of the Senate, Senator Harrison (R-Williamsport), will not run for re-election. Senator Craycraft (D-Selma) is not expected to run and his district will be competitive. Senator Lutz (D-Evansville) has also announced that he will not run for re-election. Competitive and contested races occur only infrequently in the General Assembly. Finally, there are a few seats where members may retire but we will not likely know who the candidates will be until the deadline in mid-February.

As always, it should be an interesting session. If you have questions or concerns during the session, please call me at (317) 977-1454.

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## Visitors Enjoy Historic Family Doctor's Office



On September 17, the IAFP Foundation and the Indiana Medical History Museum dedicated the IAFP Historic Family Doctor's Office with more than 70 people in attendance. The Foundation adopted the doctor's office as its priority program in 2003, soon after learning of a gift left to the museum. The gift was the entire contents of a family physician's office. Marion Scheetz, MD, practiced family medicine in the basement of his home in Lewisville, Indiana, from 1938 until his death in 1971. His wife closed the basement door and left the office untouched until her passing nearly 30 years later.

Dr. Scheetz's family knew that the contents of his office were meant to be somewhere special after all of this time. Upon discussion with their own family doctor, they decided to donate the entire office to the Indiana Medical History Museum. Staff and volunteers of the museum made many trips to the old office in Lewisville, taking pictures and carefully removing items so they could recreate the office in Indianapolis just as it was 30 years ago.

Guests at the exhibit's September opening included Gov. Otis Bowen, a retired family

physician, who was the keynote speaker. He shared stories and anecdotes from his days as both a family doctor and public servant, many of which came from his book, *Doc: Memories from a Life in Public Service*. Several of Dr. Scheetz's patients also attended, informally reminiscing about the time they spent in his care and sharing stories about their own visits with him.

This project could not have happened without the vision and dedicated fundraising efforts of our own Dr. Richard Feldman, or the generous donations of our members. We would also like to thank Drs. J.W. Asher, C.G. Clarkson, Richard Feldman, David Hadley and Alvin Haley for serving on the Historic Family Doctor's Office Advisory Committee at the museum.

The following people made contributions to the IAFP Foundation and designated them to the IAFP Historic Family Doctor's Office project since its inception in 2003. Those marked with an asterisk (\*) generously donated \$500 or more and have their names listed on a plaque just inside the entrance to the office.

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 Rosemary Weir, MD  
 Mr. Michael & Dr. Cathy Yoder



We are still graciously accepting donations for maintenance and enhancement of the IAFP Historic Family Doctor's Office. Current needs for the office include windows to better insulate the exhibit from moisture. Contact Missy Lewis at [mlewis@in-afp.org](mailto:mlewis@in-afp.org) or 317-237-4237 to learn more about naming opportunities or to make a gift.



# 2006 IAFP Family Medicine Update

## Schedule

Marriott North, Indianapolis

**Thursday, January 19, 2006**

**2:30 p.m. - 8:30 p.m.**

Topics will include:

How Low Can You Go?: Impact of the Latest Lipid Trials  
on Clinical Practice Addiction Update

The Role of the Family Physician in the Medical Management  
of the Adult Patient with Down Syndrome

**Friday, January 20, 2006**

**7:00 a.m. - 4:00 p.m.**

Topics will include:

Transmyocardial Revascularization: Safety and Effectiveness  
in Prospective, Randomized, Controlled Trials

Surviving the World of Pay for Performance

Pandemic Flu

Orthopedics: Office Treatments/Procedures

**Saturday, January 21, 2006**

**6:45 a.m. - 4:45 p.m.**

Topics will include:

Pediatric Dermatology Update

Encouraging Behavior Change: Motivational Interviewing Workshop

Aortic Dissection

**Sunday, January 22, 2006**

**7:30 a.m. - 10:00 a.m.**

Topics will include:

Prescriptions for Life: How to Stay Motivated,  
Productive and Excited at Work and at Home!





## Program Goals

Registrants for this program will receive current information on a variety of medical subjects pertinent to patient care in the daily practice of family medicine. Subject matter was chosen based on assessed educational needs of the IAFP membership. At the conclusion of the program, registrants should have a working and applicable understanding of the topics.

## Who Should Attend

Family physicians and other primary care health care providers including other MD/DO specialties, PAs, RNs, Nurse Practitioners, etc.

## AAFP CME Credit

This activity has been reviewed and is acceptable for up to 25 Prescribed credit(s) by the American Academy of Family Physicians.

## Individuals with Disabilities

If you have a disability that requires special service to enable you to attend this conference, please contact the IAFP office by January 13 to speak with our staff regarding your special needs. Advance notification of any special need or service helps us to serve you better.

## Meeting Location

Marriott North, 3645 River Crossing Parkway, Indianapolis, Indiana. The Indianapolis Marriott North is located on the prestigious North Side, in the Keystone & River Crossing areas, just 25 minutes from the airport and 20 minutes from downtown. The hotel offers 300 spacious guest rooms, with a beautiful indoor pool and whirlpool, fitness center, and approximately 13,000 square feet of flexible meeting space.

## Overnight Accommodations

A block of rooms is being held at the Marriott North. The IAFP room rate is \$99. Reservations may be made by calling (317) 705-0000. You must identify yourself as being with the Indiana Academy of Family Physicians and make your reservation prior to December 30, 2005 to receive the group rate.

## Registration Fee Includes

Registration materials including a certificate of attendance and syllabus. Refreshment breaks each day along with dinner on Thursday, continental breakfast & lunch on Friday and Saturday, and full breakfast on Sunday.

---

### Registration Card IAFP 2005 Family Medicine Update January 19-22, 2006 - Marriott North, Indianapolis (Please Print)

Name \_\_\_\_\_ MD \_\_\_\_\_ DO \_\_\_\_\_ Other \_\_\_\_\_  
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#### IAFP Member One Day Only Fees:

Thursday Only @ \$75

Friday Only @ \$125

Saturday Only @ \$125

Sunday Only @ \$75

Non-Member physician  
of the AAFP @ \$395

To Register: Please complete this card and return in an envelope, along with your check or credit card information To: IAFP, 55 Monument Circle, Suite 400 Indianapolis, IN 46204.

Please print name of credit card holder: \_\_\_\_\_

Credit Card MC \_\_\_\_\_ VISA \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

*\*If paying with a credit card, please remember that when you receive your statement, this charge will appear from "Meetings Etc.", which is the firm the IAFP uses to make its credit charges.*

# AAFP Acts on Indiana Resolutions

At the direction of the Indiana Congress of Delegates, Indiana delegates carried two resolutions to the AAFP Congress of Delegates in San Francisco on September 26-28. The actions of the AAFP COD on these resolutions are outlined below:

## **Maintenance of Certification**

Resolution No. 601 from the Indiana Chapter entitled “Maintenance of Certification (MOC),” calling for the AAFP to continue to strongly advocate for meaningful change in the ABFM’s MOC process, and continue to strongly advocate that the ABFM reduce the number of completed SAMs required per recertification to three, was grouped together with several similar resolutions for consideration. The following substitute resolutions were adopted:

### **Substitute Resolution #601 – Adopted**

RESOLVED, That the American Academy of Family Physicians continue to strongly advocate for ongoing meaningful change in the ABFM MC-FP process acceptable to the AAFP membership, and be it further

RESOLVED, That the American Academy of Family Physicians continue to educate and inform our members about how the advantages of maintaining board certification would impact their ability to practice medicine.

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

Resolution No. 315 from the Indiana Chapter entitled “Strengthening AAFP Advocacy for the Practicing Family Physician,” calling for a collective advocacy process on behalf of

family physicians, was grouped together with several similar resolutions for consideration. The following substitute resolutions were adopted:

### **Substitute Resolution #304 – Adopted**

RESOLVED, That the American Academy of Family Physicians develop a national clearinghouse for the purpose of collecting data regarding undesirable business practices of health care insurance companies and use the information to identify trends and develop effective policy to promote fair payment for physician services, and be it further

RESOLVED, That the American Academy of Family Physicians collaborate with other national and state medical societies and academies to advocate on behalf of Academy members and their patients by addressing unfair health plan policies and programs and, by supporting an environment where quality-driven, evidence-based, efficient medicine can be practiced with adequate payment, and be it further

RESOLVED, That the American Academy of Family Physicians instruct its AMA delegation to work within the AMA to ensure adherence to proper coding guidelines as outlined in CPT in its CPT licensure contracts with all insurance carriers.

### **Substitute Resolution #311 – Adopted**

RESOLVED, That the American Academy of Family Physicians work legislatively toward developing the concept of collective bargaining by physicians.



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- Bloomington Hospital campus 812.336.0561
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# Family Medicine Interest Dinner and Program



On November 10, the IAFP sponsored a Family Medicine Interest Dinner and Program for Indiana University School of Medicine medical students. Almost 120 people attended and were able to visit exhibits from various Indiana Family Medicine Residency Programs. State Health Commissioner Dr. Judith Monroe presented a lecture on Pandemic Flu during dinner and shared some of her thoughts on the value of a family medicine background in her current position.



After dinner, a drawing was held for several Visa Gift Cards ranging in value from \$100 to \$500.

# More News on IAFP Web Site

Several changes are coming in 2006. Visit the IAFP Web site at [www.in-afp.org](http://www.in-afp.org) frequently to stay up-to-date. The following articles already have been posted or will be posted shortly.

- 2006 Health Professional Shortage Areas and Physician Scarcity Areas
- Medicare Prescription Drug Coverage Information – Help Your Patients
- New Medicare Contractor – TrustSolutions
- Medicare Telephone Redetermination Clarification
- Smoking and Tobacco Use Cessation Counseling – Medicare Coverage and Billing Instructions
- Explanation of Medicare Competitive Acquisition Program
- Incident to Billing – Instructions for Completing the 1500 Claim Form
- November 2005 – Update – National Provider Identifier (NPI)
- Purchased Diagnostic Tests – Locality Information for Billing Purposes

## IAFP Student Says, "Thanks!"

*I would like to thank the IAFP for sponsoring my trip to the American Academy of Family Physicians' National Students and Residents Conference, which I was delighted to participate in at the end of July. I learned a lot from the educational sessions and only regret there was not more time to take advantage of more sessions.*

*The greatest aid to me, however, was being able to speak with residents and program directors to help me in choosing which programs to apply to for residency. The opportunity to pre-interview programs has been immensely helpful to me in determining those programs that most meet my educational and personal objectives for residency. I appreciate your financial support, without which, I would not have been able to attend the conference.*

*Sincerely,  
Keyna Martinez*



April is National Minority Health Month. This year, YOUR AAFP's National Minority Health Month focuses on the need to address health and health care disparities by asking members to encourage under-represented minorities to seriously consider family medicine as their career choice.

Did you know that according to the 2004 Institute of Medicine report "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," there are a number of benefits of racial and ethnic diversity among health professionals.

- Racial and ethnic minority health care professional are more likely to serve minority and medically underserved communities, thereby increasing access to care;
- Racial and ethnic minority patients report greater levels of satisfaction with care provided by minority health professionals;
- Racial and ethnic minority health care professionals can help health systems in efforts to reduce cultural and linguistic barriers and improve cultural competence; and
- Diversity in higher education and health professions training settings is associated with better educational outcomes for all students.

To review AAFP's online minority health month resources, go to <http://www.aafp.org/x19970.xml>



# SHS Activity

by Missy Lewis, MS, CHES

A wave of local smoke-free ordinances is sweeping Indiana, and your Academy is helping to lead the way! In 2004, I was asked to join a statewide secondhand smoke “team” that is charged with monitoring local and statewide activity, assisting local municipalities with their smoke-free campaigns and strategizing how we can best protect all Indiana residents from secondhand smoke. As you may know, the IAFP passed a resolution regarding the support of local secondhand smoke ordinances at the July Congress of Delegates in French Lick, Indiana (see <http://www.in-afp.org/x6677.html>.) And since that time I have been busy traveling to local communities, writing letters and mobilizing members to enact local smoke-free legislation.

What progress has been made? Check out this 2005 timeline (as of press time):

- City of Bloomington’s smoke-free ordinance expanded to include bars on January 1, 2005.
- Indianapolis-Marion County City-County Council passed Proposal 45, prohibiting smoking in any indoor workplace, excluding bars, bowling alleys, tobacco bars and private clubs on May 23, 2005. It will take effect March 1, 2006.
- Columbus City Council passed an ordinance exempting bars and private clubs on August 2, 2005. The ordinance will go into effect on February 1, 2006.

- Greenfield City Council passed a smoke-free ordinance exempting bars and private clubs on October 27, 2005. It will also go into effect on March 1, 2006.
- Delaware County Board of Health recommended a local comprehensive ordinance to commissioners on October 17, 2005.
- Carmel Mayor Jim Brainard introduced a smoke-free ordinance excluding bars, bowling alleys and private clubs on October 17, 2005. A final vote is expected before Thanksgiving.
- Kokomo tobacco control advocates presented to the City Council on October 17. The issue has been referred to a council committee.
- Marshall County officials, with the help of our own John Haste, MD, were presented with a comprehensive ordinance on November 7, 2005.
- West Lafayette City Council President Patti O’Callaghan introduced a comprehensive ordinance on November 7, 2005. A final vote is expected on January 9, 2006. If passed, the ordinance will go into effect next summer.
- St. Joseph County officials will introduce an ordinance, excluding bars and private clubs, on November 17, 2005, following a long approval process with the local Board of Health.

Many other local communities have begun to build support for similar actions. Others have attempted to pass local ordinances

but faced setbacks. And others were able to successfully defeat legislation that was potentially detrimental to the movement. However, ALL of these activities take us one step closer to a healthier Hoosier workforce that is 100% smoke free!

It has been exciting to hear what many of you are doing to support local smoke-free air ordinances. Our members have been spotted speaking at hearings, writing letters, leading coalitions, visiting councilors and commissioners, lending their names, testifying before policymakers and much more. Please let me know what you are doing in your community, and if there is anything that the Academy can do to help! There are countless resources right at your fingertips!

The following letter was printed in the *Lafayette Journal & Courier* on November 7, 2005.

### Physicians Group: Pass Smoking Ban

*The Indiana Academy of Family Physicians has been closely monitoring smoke-free policy around the state, and we are aware of the crucial decision that will soon come before the West Lafayette City Council. We are writing to formally endorse a comprehensive smoke-free ordinance in both West Lafayette and Lafayette and commend council member Patti O'Callaghan and the rest of the West Lafayette City Council for bringing this important issue forth. We hope to see the two communities collaborate as they are so able to do and make the greater community a healthier one.*

*Public officials have both an opportunity and obligation to help bring an end to the unnecessary disease and death that secondhand smoke creates. Research tells us that smoke-free workplaces result in improved air quality, decreased community morbidity and mortality, and decreased utilization of health care services. Smoke-free policies result in rapid community compliance, decreased health care costs for businesses and improved quality of life.*

*It has been well documented that smoking ordinances improve the health of nonsmokers and lead to decreased cigarette consumption and increased smoking cessation among smokers. A smoke-free ordinance will not only have a significant long-term impact on the health of Hoosiers, but it will start saving lives today. The West Lafayette City Council has the opportunity to save more lives with one vote than one family physician may in an entire career. It's time to take action and support this proposed ordinance.*

*Countless lives depend on it.*

*Daniel A. Walters, MD  
President, Indiana Academy of Family Physicians*



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# Thank You!

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations who donated to the Foundation in 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 ✓◆  
Dr. Jennifer & Lee Bigelow  
Kenneth Bobb, MD ✓◆  
Douglas Boss, MD  
Bruce Burton, MD ✓◆  
Kalen A. Carty, MD  
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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 ✓◆  
Jason Marker, MD  
Debra R. McClain, MD ✓◆  
Robert Mouser, MD ✓◆  
Raymond W. Nicholson, MD ✓◆  
Frederick Ridge, MD ✓◆  
Jackie Schilling ✓◆  
Paul Siebenmorgen, MD ✓  
Kevin Speer, JD (IAFP EVP)  
Daniel A. Walters, MD ✓◆  
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## PLANNED GIVING CONTRIBUTORS

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Raymond W. Nicholson, MD

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Donya Powers, MD  
Fred Ridge, MD  
Kevin Speer, JD

**Don’t forget!** The IAFP/F fiscal year ends December 31. If you haven’t made your annual contribution to the Foundation you still have time! To be included in the 2005 donations your check must be dated and postmarked on or before December 31, 2005.





## 2006 IAFP Calendar

### IAFP Meetings

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 Annual Leadership Forum  
May 5-6, 2006  
Kansas City, Missouri

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### Indiana Family Physician Recipient of the Prestigious Harvard Scholarship



Dr. Vipin Jain

Dr. Vipin Jain, alumni of the IU Family Medicine Residency, has been awarded a scholarship from the prestigious Harvard University. During the month of October 2005, Harvard School of Public Health organized a specialty workshop of ambulatory health care in a community health setting.

Dr. Jain has taken many chronic disease initiatives as a medical director of the Madison County Community Health Center in Anderson, Indiana. Dr. Frank Campbell, a retired family physician who also serves as chairman of the center's clinical committee, states, "I strongly feel that Dr. Jain's work on diabetes is meeting the chronic disease needs of the uninsured at the national level which is evidenced by the recognition he has received

from the leading organizations such as the American Academy of Family Physicians, the American Medical Association, and the American Diabetes Association."

Dr. Jain feels that this Harvard scholarship will help secure an ongoing partnership with the esteemed Harvard faculty in designing an efficient, cost effective and collaborative model of chronic disease management that overcomes health disparities ailing the uninsured and underserved. Dr. Jain's work in this field has been featured in Anderson's *The Herald Bulletin*, the American Diabetes Association's *DocNews* and the American Medical Association's *American Medical News*, amongst others.

### IAFP Member Elected to Speaker of the House



Dr. Frederick R. Ridge

Frederick R. Ridge, MD, of Linton, Indiana, took an oath of office September 18 to serve as speaker of the Indiana State Medical Association House of Delegates.

Dr. Ridge, who is health officer for Greene County, was elected to his first term as house speaker during the organization's annual meeting at The Westin Hotel in downtown Indianapolis. In his new position, Dr. Ridge will preside over the annual meeting of the ISMA House of Delegates, which is comprised of nearly 200 physicians from all over Indiana. He also must perform duties required by parliamentary procedure.

Dr. Ridge completed medical school and a residency program at Indiana University and began his rural solo practice in 1978. Currently, he is medical director of the Ridge Medical and Rural Health Center. He also is on the medical staff at Greene County General Hospital where he serves on the Executive Committee. He previously served as the hospital's chief of staff and director of the Obstetrics and Gynecology Department.

He is a diplomat of the American Board of Family Practice and a fellow with the American Academy of Family Physicians.

## IAFP Members Earn AAFP Degree of Fellow

IAFP members received the AAFP Degree of Fellow during the AAFP Scientific Assembly in San Francisco this October. Nationwide, 29,000 physicians have earned the AAFP Degree of Fellow. Criteria include a minimum of six years of membership in the organization, extensive continuing medical education, participation in public service programs outside of medicine, conducting original research and serving as a teacher in family medicine.

Congratulations to the following physicians:

Keith Barkow, MD  
James Blechl, MD  
Edward Boyts, MD  
Bhupindra Chhabra, MD  
Lisa Hart Hatcher, MD  
Phillip Scott, DO

## IAFP Members Receive AAFP/ Bristol-Myers Squibb Award

IAFP members Paul Beckett, MD, and Justin K. Whitt, MD, have received the 2005 AAFP/Bristol-Myers Squibb Award for Excellence in Graduate Medical Education. They were awarded for their performance in residency training. "Their performance in residency training has proven to be the finest and brightest among a large group of highly qualified applicants," said Christine Stabler, MD, chair of the AAFP Commission on Membership and Member Services.



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# CODING AND BILLING UPDATE

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

## 2006 Medicare Physician Fee Schedule

Unless Congress acts quickly, Medicare's payment conversion factor, which changes Medicare's relative value units into payment allowances, will drop 4.4 percent for 2006. Currently, the Centers for Medicare and Medicaid Services (CMS) is predicting a conversion factor of \$36.1770 down from \$37.8975 in 2005. In a recent listserv article, Medicare announced that CMS has directed all Carriers not to include the 2006 Medicare Fee Schedule on CD-ROM.

CMS made this decision in order to have greater flexibility for making any last minute changes to the 2006 payment rates. Physicians will download the fee schedule from the Carrier Web site. CMS believes this action gives physicians the most current and correct fees available at the time of posting. To receive immediate updates on the 2006 Medicare fee schedule, be sure your practice receives postings from the Carrier's listserv.

The Carrier should have sent the 2006 CD-ROM Medicare Participation Enrollment

materials in mid November. The CD-ROM should contain:

- Internet Link 2006 Fee Schedule for Indiana and Kentucky
- A video containing information about the new prescription drug coverage benefit
- Medicare Participation Agreement
- CMS 855 Enrollment Applications
- Supplemental information about the Medicare Program
- Survey

Some advantages of using the CD-ROM include:

- Information about External Affairs, Advance Beneficiary Notices (ABN), Appeals, Assistance Directory, Comprehensive Error Rate Testing (CERT), CMS 1500 claim form, EDI, as well as an Interactive Voice Response (IVR) flow chart is at your fingertips
- Easy access to forms to request a redetermination, refund or subscription to the Carrier's listserv

If after receiving the CD-ROM you find you are unable to access the data, you can obtain the information from the AdminaStar Web site at [www.adminastar.com](http://www.adminastar.com) or by contacting Provider

Enrollment Customer Service at 1-866-700-0142 for a hard-copy disclosure.

## Comprehensive Error Rate Testing

CMS established the Comprehensive Error Rate Testing (CERT) program in November 2003. The purpose of the CERT program is to measure and improve the quality and accuracy of Medicare claims submission, processing and payment. These claims are reviewed by CERT to see if the claims comply with the Medicare coverage, coding and billing guidelines.

The need for appropriate coding and documentation is at an all-time high. 10-7-2005 CMS, through the CERT program, has estimated that 17.9% of dollars paid to Indiana and Kentucky providers have been inappropriately paid on Evaluation and Management (E/M) services. Historically, these services have been problematic for both physicians and Carriers. AdminaStar Federal's Medical Review department has identified E/M services as a Problem Focus Area for the fiscal year 2005 and 2006.

E/M *undercoding* is considered an error in audits. Do not think you are playing it safe



by undercoding E/Ms. If CERT program auditors find documentation that supports a higher-level of care than the one reported (under either the 1995 or 1997 guidelines), CMS instructions require the auditor to count it as an error in their audit finding. So, not only are you leaving money on the table, you may be penalized in your audit.

When physicians fail to submit the requested documentation, the claims are treated as errors and the physicians receive an adjustment on the remittance advice. If you receive a letter requesting documentation, don't ignore it! You will receive up to four letters over a period of 75 days. You will have a total of 90 days to submit records.

Be sure to look at the data before sending it to the CERT contractor. Remember the information must support the medical necessity of the service as well as support the service performed. It may be necessary to copy the notes of a previous visit that includes the order for a test performed during the encounter being reviewed or you may need to copy a medication list or a separate history form. Under the CERT process, when documentation is missing, the physician is to receive a letter indicating what information is missing and is given 15 days to respond. Unfortunately, some physicians have not received these letters.

### ***CPT 2006 Changes***

With more than 450 changes in *CPT 2006*, it is imperative all physicians obtain new coding manuals. By now you should have already placed your order for *CPT 2006* and the 2006 *HCPCS* coding manual. Significant changes will be found in the coding for nursing facility and domiciliary/rest home codes. The section on injection administration, hydration infusions and chemotherapy is also significantly changed for 2006. Remember there is no grace period for using the new codes. Physicians must have the necessary changes made when billing services on or after January 1, 2006.

### ***Medicare Premiums and Deductible for 2006***

The Medicare Part B monthly premium will be \$88.50 in 2006, an increase of

\$10.30 from the current \$78.20 premium. The 2006 premium is roughly the same as the CMS actuaries have been projecting since early this year.

Part B deductible is \$124, which includes an increase of \$14 over the 2005 deductible. Many of your patients may not be aware of the increase in deductible. Please be sure your staff is aware of the change. The patient's coinsurance amount remains at 20% once the deductible has been met.

### ***Nurse Practitioner/Physician Assistant "Incident to" Billing Clinical Breast Exam and Screening Pelvic Examination and Obtaining a PAP Smear – Recent Clarification***

CMS recently clarified physicians cannot bill "incident to" for nurse practitioner (NP) or physician assistant (PA) for Medicare-covered preventive care services. This clarification includes G0101 cervical or vaginal cancer screening; pelvic and clinical breast examination and Q0091 screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory.

When performed by an NP or PA, codes Q0091 and/or G0101 must be reported using the individual rendering provider number assigned to the NP or PA.

### ***Vaccine Payments***

All physicians, non-physician practitioners and suppliers who administer the influenza virus vaccination and the pneumococcal vaccination must take assignment on the claim for the vaccine. The administration codes should be reported in addition to the vaccine; however, nonparticipating physicians are not required to accept assignment on the administration code.

Effective with dates of service on or after September 1, 2005, the Medicare payment allowances for covered vaccines are:

- 90655 \$14.678 • 90656 \$15.818
- 90657 \$6.028 • 90658 \$12.056
- 90732 \$24.57

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**EM OPPORTUNITIES**

# 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 October 30

**Active: 1,596**  
**Supporting (non-FP): 5**  
**Supporting CME (FP): 2**  
**Inactive: 18**  
**Life: 191**  
**Resident: 254**  
**Student: 241**  
**Total: 2,307**

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

### ACTIVE

Marina Behrad, MD Indianapolis	Nabanita Bhowmick, MD Merrillville	Keith Kolodziej, MD Evansville	Ms. Jill Rogers Indianapolis
Amy Lahood, MD Indianapolis	Bruce Espenshade, MD Granger	Theresa Manaloto, MD Evansville	Ms. Maggie McClelland Indianapolis
Sameera Syed, MD Indianapolis	Randall Cramer, MD Granger	Aleah Pendergraff, MD Evansville	Mr. Paul Critser Indianapolis
G. Leland Potter, MD West Lafayette	Charity Baker, DO South Bend	Sheila Mohammed, MD Terre Haute	Mr. Christopher Benner Elkhart

### RESIDENTS

Amy Rock, DO Evansville	Gina Rocillo, MD Indianapolis	Joshua Baker, DO South Bend	<b>STUDENTS</b> Ms. Lean Buchwalter Goshen
Andrew Dillingham, DO Carmel	Sameera Syed, MD Indianapolis	Olugbemin Olubanjo, MD South Bend	Mr. Sean Thompson Anderson
Zskia Naz, MD Carmel	Suma Kharidi, MD Indianapolis	Melissa Zimmer, MD South Bend	Ms. Molly Sundheimer Cicero
Mecca Maxey-Smartt, MD Carmel	Anca Motaescu, MD Indianapolis	John Tipton, MD South Bend	Ms. Christina Holmes Greenfield
Thomas Duhig, MD Fishers	Thomas Opheim, MD Indianapolis	Jacob Pugsley, DO South Bend	Ms. Leah Mugo Indianapolis
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Azita Chehresa, MD Indianapolis	Michael Lagrange, MD Indianapolis	Kwana Devlin, MD South Bend	Ms. Rachel Manley Indianapolis
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Ruben Hernandez, MD Indianapolis	Jacqueline Nonweiler, MD Indianapolis	Lindsey Lira, MD South Bend	Mr. Timothy Shoemaker Indianapolis
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Abeer Al-qaisi, MD Indianapolis	Fadia Al Haddadin, MD Gary	Steven Mills, DO South Bend	Ms. Charisse Johnson Indianapolis
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			Mr. David Nordin Mishawaka
			Mr. Kyle Strycker Mishawaka
			Ms. Erica Martin Mishawaka
			Ms. Michelle Houck Mishawaka
			Ms. Lauren Hansen Mishawaka
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			Ms. Leah Monroe New Carlisle
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			Mr. Joshua Mitchell South Bend

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