

FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Summer 2011



IAFP Alaskan
CME Cruise
PG 14

2011 IAFP
Annual Convention
PG 16

IAFP Residents' Day/
Research Forum and
Student Reception
PG 18

why choose a brain surgeon

for your back and neck pain patients?

The spine is more than just bones. It contains the spinal cord, which connects to the brain. And all the nerves in the body connect to the spinal cord.

Only neurosurgeons have the advanced medical training to understand how the brain, spine and nerves function together as a whole, as the nervous system.

Pain management physicians work closely with our neurosurgeons to bring your patients the most options for pain relief.

Choose a brain surgeon for your patients with back and neck pain. Choose a neurosurgeon at Goodman Campbell Brain and Spine. Find out more at:
www.goodmancampbell.com



GOODMAN CAMPBELL BRAIN AND SPINE

Goodman Campbell Brain and Spine is a merger of Indianapolis Neurosurgical Group and Indiana University School of Medicine Department of Neurological Surgery.

*Private practice and academic neurosurgeons,
collaborating for the good of patients*

Laurie Ackerman, MD
Pediatric neurosurgeon
Joel Boaz, MD
Pediatric neurosurgeon
James Callahan, MD
Neurosurgeon
Aaron Cohen-Gadol, MD
Neurosurgeon
Jeffrey Crecelius, MD
Neurosurgeon
Andrew DeNardo, MD
Interventional neuroradiologist
Christopher Doran, MD
Interventional pain management physician
Henry Feuer, MD
Neurosurgeon
Daniel Fulkerson, MD
Adult & pediatric neurosurgeon
Randy Gehring, MD
Neurosurgeon
Peter Gianaris, MD
Neurosurgeon
Eric Horn, MD, PhD
Neurosurgeon
Steven James, MD
Neurosurgeon
Saad Khairi, MD
Neurosurgeon
Donald Layton, PhD
Neuropsychologist
Thomas Leipzig, MD
Neurosurgeon
Nancy Lipson, MD
Physiatrist (Physical Medicine and Rehabilitation)
Shannon McCanna, MD
Neurosurgeon
Itay Melamed, MD
Neurosurgeon
James Miller, MD
Neurosurgeon
Jean-Pierre Mobasser, MD
Neurosurgeon
Paul Nelson, MD
Neurosurgeon
Troy Payner, MD
Neurosurgeon
Eric Potts, MD
Neurosurgeon
Michael Pritz, MD, PhD
Neurosurgeon
Richard B. Rodgers, MD
Neurosurgeon
Anthony Sabatino, MD, FIPP
Interventional pain management physician
Carl Sartorius, MD
Neurosurgeon
John Scott, MD
Interventional neuroradiologist
Mitesh Shah, MD
Neurosurgeon
Scott Shapiro, MD
Neurosurgeon
Jodi Smith, PhD, MD
Pediatric neurosurgeon
W. James Thoman, MD
Neurosurgeon
Michael Turner, MD
Adult & pediatric neurosurgeon
Jose Vitto, MD
Interventional pain management physician
Derron Wilson, MD
Interventional pain management physician
Thomas Witt, MD
Neurosurgeon
Robert Worth, MD, PhD
Neurosurgeon
Ronald Young, MD
Adult & pediatric neurosurgeon

stability matters.

If there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.

Medical Protective, a proud member of Warren Buffett's Berkshire Hathaway, has always believed that to provide our healthcare providers the best defense in the nation, our financial stability needs to be *rock-solid*, stronger than any other company.



Stability even in the worst of times.

Medical Protective is the only medical professional liability insurance company to protect their healthcare providers through all the business and economic cycles of the last 110 years, including the tough economic times of the *Great Depression*. We are also proud to have provided unmatched defense and stability during all the medical crises.

We have received higher ratings from A.M. Best and S&P than any other carrier in the healthcare liability industry.

Trust Stability. Trust Medical Protective.



**MEDICAL
PROTECTIVE**

Strength. Defense. Solutions. Since 1899.

a Berkshire Hathaway Company

Serving Indiana doctors since 1899. Contact us today for your **FREE** expert guide to Indiana medical insurance.

- Call: 800-4MEDPRO
- Email: experts@medpro.com
- Visit: www.medpro.com
- Contact your local Medical Protective agent



CORVASC

Cardiothoracic Surgeons & Vascular Specialists

Better Outcomes, Cardiothoracic & Vascular Solutions

corvascmds.com

317-583-7600 • 800-821-6359



Comprehensive Diagnosis & Treatment of Varicose Veins, Spider Veins & Vascular Birthmarks

VeinSolutions™

Leaders in Cosmetic & Therapeutic Vein Care

A DIVISION OF CORVASC MD'S, P.C.

Board Certified Vascular Surgeons

Richard W. Chitwood, M.D.

A. Joel Feldman, M.D.

William R. Finkelmeier, M.D.

Randy J. Irwin, M.D.

317.582.7676

800.477.0233



veinsolutions.com  AT ST. VINCENT CARMEL

Indiana Academy of Family Physicians

55 Monument Circle, Suite 400
Indianapolis, Indiana 46204
317.237.4237 • 888.422.4237
Fax: 317.237.4006
E-mail: iafp@in-afp.org
Website: www.in-afp.org

2010-2011 Officers

Chairman of the Board & Immediate Past President
Ashraf Hanna, MD
Fort Wayne

President
Jason Marker, MD
Wyatt

President-Elect
Deanna Willis, MD
Indianapolis

1st Vice President
Risheet Patel, MD
Fishers

2nd Vice President
Phil Scott, DO
Richmond

Speaker of the Congress
Kenneth Elek, MD
South Bend

Vice Speaker of the Congress
Teresa Lovins, MD
Columbus

Treasurer
Windel Stracener, MD
Richmond

AAFP Delegates
H. Clifton Knight, MD
Indianapolis

Richard D. Feldman, MD
Beech Grove

AAFP Alternate Delegates
Worthe Holt, MD
Fishers

W. David Pepple, MD
Fort Wayne

Committees and Commissions

Commission on Education and CME
Thomas Kintanar, MD, Fort Wayne – Chair

Commission on Health Care Services
Deanna Willis, MD, Indianapolis – Chair

Commission on Membership and Communications
Maria Fletcher, MD, Indianapolis – Chair

Commission on Legislation and Governmental Affairs
Richard Feldman, MD, Beech Grove – Chair

Medical School Liaison Committee
Frederick Ridge, MD, Linton – Chair

Your Academy produces FrontLine Physician magazine as a member service. The process is budget neutral for the IAFP — NONE of your dues dollars are used in the printing or distribution of this publication.

FRONTLINE PHYSICIAN

Volume 12 • Issue 2

FrontLine Physician is the official magazine of the Indiana Academy of Family Physicians and is published quarterly.

IAFP Staff

Christopher Barry
Director of Education
and Communications

Meredith Edwards
Director of Legislative and
Region Affairs

Deeda L. Ferree
Deputy Executive Vice President

Melissa Lewis, MS, CAE
Director of Membership and External Affairs

Kevin P. Speer, J.D.
Executive Vice President

Dawn O'Neill
Office Manager

Publication
Christopher Barry
Managing Editor

The mission of the Indiana Academy of Family Physicians is to promote and advance family medicine in order to improve the health of Indiana.

Advocacy and Influence

Shape health policy through interactions with government, the public, business, the health care industry and other health care professionals.

Membership and Leadership Development

Foster the development of leadership within IAFP and encourage Family Medicine involvement at the community, state and national levels.

Education and Research

Provide high-quality, innovative education for physicians, residents and medical students that highlights current, evidence-based practices in Family Medicine and practice management.



INDIANA ACADEMY OF
FAMILY PHYSICIANS

innovativepublishingink

FrontLine Physician is published by Innovative Publishing Ink.
10629 Henning Way, Suite 8 • Louisville, Kentucky 40241
502.423.7272
www.ipipub.com

Innovative Publishing Ink specializes in creating custom magazines for associations. Please direct all inquiries to Aran Jackson, ajackson@ipipub.com.

We hate lawsuits. We loathe litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. **We are the eyes in the back of your head.** We make CME easy, free, and online. We do extra homework. We protect good medicine. We are your guardian angels. **We are The Doctors Company.**

The Doctors Company is devoted to helping doctors avoid potential lawsuits. For us, this starts with patient safety. In fact, we have the largest Department of Patient Safety/Risk Management of any medical malpractice insurer. And, local physician advisory boards across the country. Why do we go this far? Because sometimes the best way to look out for the doctor is to start with the patient. To learn more about our medical professional liability program, call (800) 748-0465 or visit us at www.thedoctors.com.



Injured? *Walk-In - We'll fix it.*

**Avoid the ER wait -
OrthoIndy is open late.**

ORTHOINDY®
Walk-In Clinic

OrthoIndy.com



To be successful in any organization, you need the right kind of help. Let us help you create a quality publication that your association can be proud of.



To find out how your association can have its own magazine, contact Aran Jackson at 502.423.7272 or ajackson@ipipub.com.

innovativepublishingink
www.ipipub.com

Contents



Features

IAFP Alaskan CME Cruise.....	14
2011 IAFP Annual Convention	16
IAFP Residents' Day/Research Forum and Student Reception	18

Extras

Set IAFP Policy – Write a Resolution	9
IAFP Legislative Efforts Need Your Help.....	19
Cancer.org Provides Wealth of Resources for Family Physicians.....	19



In Every Issue

President's Message	8
Mark Your Calendar.....	9
Legislative Update	12
Coding and Billing Update	20

Advertisers

CorVasc/VeinSolutions	Northwest Radiology Network
The Doctors Company	OrthoIndy
Goodman Campbell Brain and Spine	ProAssurance
Hall Render Killian Heath & Lyman	St. Vincent Medical Group
Indiana University Health	Urology of Indiana
Medical Protective	



innovativepublishingink

To advertise in the Indiana Academy of Family Physicians' *FrontLine Physician*, please contact Bob Sales at 502.423.7272 or bsales@ipipub.com.



Jason Marker, MD

The Power of Physician Leadership

Leadership. That word means lots of different things to different people. Make it physician leadership, and you add a whole other layer of possibilities. Whether you think physician leadership is inherent in what we do or an oxymoron, you can't pick up a practice management journal these days without being confronted with someone's opinion about physician leadership.

Last summer, the IAFP Congress of Delegates passed several resolutions dealing with physician leadership. There were mandates regarding assisting physicians who want to be leaders in their community, there were resolutions about our organizational strategic plan and how to lead from within that structure, and there were discussions about how the Board of Directors does its work. Your elected leaders have taken this to heart, and we have spent the year working on leadership in its broadest definition.

Your elected leaders and Academy staff have incorporated leadership training into all of our CME this past year, and we've worked hard to stay focused on our revised strategic plan as we do our work. At upcoming CME events, we'll present tools that the average physician can use to enhance his or her community value by professional and financial leadership.

As I write this, many of your IAFP leaders are here in Kansas City with me for the Annual Leadership Forum and the National Congress of Special Constituencies. We are sharpening our leadership skills, networking with leaders from around the nation and gathering information to bring back to Indiana. One of our speakers has challenged us to look beyond how we get our work done (that's the things I talked about in the preceding paragraphs) and to consider why we do what we do.

In response, I will say that the reason why I've wanted to focus on physician leadership this year is because, without physician leadership, we cannot be prepared for the challenges that lie ahead for us in health care. As I said in my first address on these pages last autumn, change is coming. Though we may feel like it's here now, much more lies ahead. By spending some time focusing on leadership now, we best prepare ourselves to be nimble when we need to be in the future. As health care reform transitions from federal mandate to state regulation, we will need your help — both in your home community and at the state level to ensure that our voices are heard. Indiana needs more support for family medicine to enhance the health of all Hoosiers, but others in positions of authority need to hear our case in a loud and unified voice to prevent our message from being trampled underfoot in the din of health care opinions out there.

How can you help? (1) Come to French Lick this summer for the Annual Meeting, participate in the Congress of Delegates, and soak in the CME and leadership training we are preparing for you. (2) Donate to the IAFP PAC. Your dollars don't buy votes; they simply open doors — doors we can pass through to see that your concerns are expressed at the right time to the right people to make a difference. (3) Donate to the IAFP Foundation to support the ongoing development of the family medicine pipeline in Indiana. Many of those dollars go toward student and resident support, and many of those learners go on to become leaders in our academy. (4) Make a personal goal to lead as a physician in some way in the year ahead. We will help if you'll let us know your challenges.

It's been my pleasure to lead this organization during the last year, and I move on to the Board chair position excited for the year ahead under the presidential leadership of Dr. Deanna Willis. She and I have complementary styles, and I hope I have laid the groundwork for things that she would like to accomplish next year. Thank you for your support this past year — see you in French Lick!



Mark Your Calendar

2011 IAFP Annual Convention

Scientific Assembly and Congress of Delegates

July 21-24, 2011

French Lick, Indiana

IAFP Board of Directors Meeting

July 21 and 24, 2011

French Lick, Indiana

IAFP Continuing Medical Education Alaska Cruise

August 6-13, 2011

AAFP Events

2011 highlights include:

AAFP Board of Directors

September 9-11, 2011

Orlando, Florida

AAFP Annual Scientific Assembly

September 14-17, 2011

Orlando, Florida

Set IAFP Policy – Write a Resolution

The IAFP is your Academy, and as a member, you have the valuable opportunity to set the course your association will take by writing a resolution.

Resolutions are debated every year at the Congress of Delegates during the IAFP Annual Convention. Resolutions that are passed then become official IAFP policy.

Think your resolution will not have an impact? In 2008, the IAFP Congress of Delegates debated whether all alcohol purchases should require a valid ID from the purchaser. The resolution passed to require ID on all alcohol purchases, and in 2010, the General Assembly passed that same law with IAFP support.

Attend the IAFP Congress of Delegates on July 23 and 24 during the IAFP Annual Convention in French Lick, Indiana, and be prepared for the IAFP Annual Convention by submitting your own resolution by June 30.

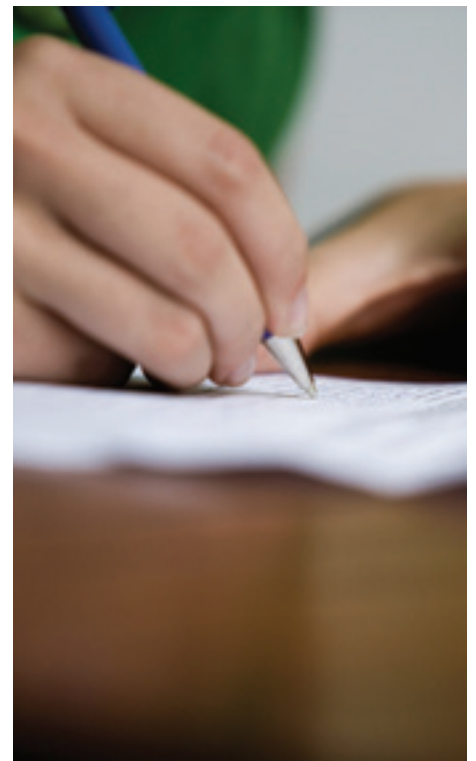
Writing a Resolution

The IAFP utilizes a Whereas/Resolved format:

1. "Whereas" is followed by the background and conditions of the problem
2. "Resolved" is followed by the actions you want the IAFP or AAFP to take
3. Example:

WHEREAS, recent studies have shown the use of cell phones while driving can be dangerously distracting; therefore be it RESOLVED, IAFP support state legislation restricting the use of wireless communication devices while driving; except in emergency situations; and RESOLVED, that the IAFP forward this resolution onto the AAFP Congress of Delegates for their consideration

Questions and resolutions can be sent to Meredith Edwards by e-mailing medwards@in-afp.org; by fax at 317.237.4006; or by phone at 317.237.4237.





©2013 IU Health 04/11 HYS0011_2807

THE STRENGTH IT TAKES

To ensure your patients are in **expert hands.**

More physicians refer patients to Indiana University Health for our depth of expertise and access to the latest treatment options.

You want a trusted partner you can work closely with to deliver exceptional patient care. At IU Health we offer just that, as the only healthcare system in Indiana to be recognized nationally for clinical excellence by *U.S. News & World Report*. Our unique partnership with the IU School of Medicine brings your patients access to more of the latest treatment options and technologies. That's trust on a higher level. That's the strength it takes.



Indiana University Health

Discover the strength at iuhealth.org

Legislative Update

by Meredith Edwards and Doug Kinser, JD



On April 29, just minutes before midnight, the 2011 Indiana Legislative Session voted on its last bill and ended a history-making session, for better or worse.

What many will remember about this session was the five weeks of walkout by the House Democrats over the education and right-to-work legislation proposed by the House Republicans. It was also a busy year for health; see our nearly comprehensive list of health-related legislation below.

Bills That Have Passed Both Houses

Concussions and Head Injuries in Students, SB 93

This legislation requires the Department of Education to develop materials and forms on the risks of concussions and head injuries for schools to disseminate to parents and athletes. The new law requires students suspected of a head injury to be evaluated and cleared by a licensed health care provider who is trained in evaluating head injuries and concussions before returning to athletics. If the health care provider is a volunteer and acts in good faith, he/she is immune from liability in this scenario.

Medical Licensing Board Investigations, SB 223

Under this legislation, the Medical Licensing Board will investigate and institute fines of up to \$1,000 for certain violations by a physician in lieu of requiring a Medical Licensing Board hearing. The list of violations are: (1) licensure renewal fraud, (2) improper termination of a physician-and-patient relationship, (3) practicing with an expired medical license, (4) providing office-based anesthesia without the proper accreditation and (5) failure to perform duties required for issuing birth or death certificates. Physicians can appeal these Medical Licensing Board decisions. The penalties for these violations are not to be reported to the National Practitioner Data Bank.

Criminal Background Checks for Health Professionals, SB 363

This legislation requires certain health professionals seeking an initial Indiana health care license to submit themselves to a national background check. The list of health professionals is quite extensive and includes: physicians, occupational therapists, dentists, massage therapists, nurses, physician assistants, chiropractors, podiatrists, optometrists, psychologists and more.

Death Certificates, SB 366

This much-anticipated legislation removes the misdemeanor penalty for physicians failing to timely file a death certificate. No penalties can be enforced until 2012, and, after that time, the Medical Licensing Board is authorized to levy fines for physicians failing to sign (this is included in SB 223). The IAFP lobbied and was successful in having SB 366 amended to allow a physician enrolled in a residency to sign a death certificate, which was previously illegal and a great frustration to family medicine residencies across the state.

Pseudoephedrine and Ephedrine, SB 503

Originally, six pieces of legislation were introduced this session about pseudoephedrine and ephedrine, all with the goal of reducing meth use and production in the state. There were two camps that the legislation fell into: bills that would institute more statewide tracking of the medications and bills that would require a prescription for all pseudoephedrine and ephedrine purchases. Dr. Richard Feldman, chair of the IAFP COL, testified that many patients easily find illegal prescription medicine on the streets, and, thus, prescription-only pseudoephedrine would not stop the problem of meth production. The final version of the bill that passed both houses will require retailers to use a national log to track the purchase of ephedrine and pseudoephedrine.

Budget, HB 1001

The final budget was passed in the last minutes of the 2011 session. The IAFP was relieved that, despite mounting cuts and the elimination of many programs, the budget did contain the family medicine residency funding at \$1.9 million a year. However, the bill cut tobacco-prevention dollars to \$8 million and moved all the functions of the successful Indiana Tobacco Prevention and Cessation (ITPC) agency to the state Department of Health. The IAFP made several attempts to save ITPC's independence but was unable to save the agency.

Anatomic Pathology Services, HB 1071

This bill requires that only a physician who performs a pathology reading can bill for that reading.

Spice and Salvia Divinorum, HB 1102 and SB 57

Both bills make synthetic cannabinoids and salvia divinorum (a hallucinogen) possession, dealing and manufacturing illegal and equivalent to the possession, dealing and manufacturing of marijuana. The governor chose to sign both bills into law.

Texting While Driving, HB 1129

At least seven various electronic-communications-while-driving bills were introduced during the 2011 session. The version that passed, HB 1129, prohibits all drivers from operating a motor vehicle and typing, reading or sending an e-mail or text. This law goes into effect July 1, 2011.

Diagnostic Codes and forms for Medicaid Claims, HB 1171

This legislation requires the Office of Medicaid Policy and Planning (OMPP) to create a single system that a physician can use to verify the eligibility of a Medicaid patient. It also requires OMPP to institute all coding changes within 90 days of their release from CMS.

Physician Assistants, HB 1233

Among the many subjects in this legislation are new statutes concerning physician assistants. Originally, the physician assistants came forward with a bill that would have removed the state requirement that physicians can only supervise two physician assistants, and the bill would have allowed them the ability to sign all documents a physician can sign. The IAFP originally opposed that bill, but we were able to negotiate with the Indiana State Medical Association and the Indiana Academy of Physician Assistants to clarify the current physician assistant statutes without a real expanding of their scope of practice, and we ended up with a decent compromise.

The new physician assistant law, which is effective July 1, 2011, states that for a physician assistant to be practicing his or her supervising physician (or physician designee) must be onsite with him or her, or the physician must be available by electronic means within the county or contiguous county of the physician assistant and available within 24 hours. The former physician assistant law stated that a physician assistant could practice if his or her supervising physician was at or traveling to or from any hospital or nursing home anywhere, which was broad and unenforceable.

The new physician assistant law also changes the chart review requirements and prescription. Previously, Indiana law required physicians to review 100 percent of physician assistant charts in 24 hours — a near-impossibility in most offices. The chart review requirement was amended to require that 100 percent of all charts must be reviewed in 72 hours for the first three years of employing the physician assistant; after that, 50 percent of the charts must be reviewed in 72 hours. We also heard complaints from members about physician assistants only being able to prescribe a controlled substance for seven days. The law in this bill allows physician assistants to prescribe controlled substances, if delegated by their supervising physician, in a one-time 30-day supply. If an additional prescription is needed, a physician must be the one to write it.

Pharmacists, HB 1233

HB 1233 also contains provisions about pharmacists. The law allows a physician to hire and supervise a pharmacist in the outpatient setting (currently allowed in hospitals and nursing homes). This part of the legislation arose after some physician practices in Indiana wanted to try a new model of using contracted pharmacists as a

midlevel provider but found that current law prohibited it. The law requires on-site physician supervision of the pharmacist.

The Indiana Pharmacist Alliance, which is the association for pharmacists in the state, sought this year to expand the vaccines pharmacists can give under a physician drug order, a prescription or a physician protocol. Although the pharmacists started wanting to give pneumonia and shingles vaccines, they did concede the expansion only to shingles vaccines.

Bills That Failed to Pass

Smoke-Free Air, HB 1018

Once again, Rep. Charlie Brown introduced a comprehensive smoke-free air law, which would have prohibited smoking in all enclosed public places. The ban was riddled with amendments for nursing homes, bars, casinos, private clubs and so forth. Advocates, including the IAFP, lobbied for the inclusion of at least bars and restaurants in the law, but the Senate Public Policy committee refused, and the bill died.

Open-Access Clauses in Insurance Contracts, HB 1080

For the third year, legislation that would ban open-access clauses in insurance contracts was introduced. These clauses require physicians to continue taking patients from a particular insurer or close their practice to all new patients. House Bill 1080 was heard in the House Insurance committee on January 26, and IAFP member Dr. Topper Doebring of Indianapolis testified on how open-access clauses prohibit physicians from having control over their practices. This year, the bill failed to move out of committee. A study committee on insurance, which was passed in HB 1233, may study the issue.

Physician Referrals, HB 1582

This law would have placed an incredible burden on physicians. It would have required physicians to give patients five provider options for any referral and the costs that patients could expect. The IAFP spoke to Rep. Heath VanNatter, the author of the bill, about our opposition. Rep. Heath VanNatter noted our concerns and amended the bill so it would only create a study committee on insurance issues. The bill died but was later amended into HB 1233.

Physical Therapy Services with a Referral, HB 1151

This year, physical therapists sought direct access to patients. The current law in Indiana states that patients must have a referral before treatment by a physical therapist. House Bill 1151 would have allowed physical therapists to treat patients for 30 days before requiring a referral from a physician. The House Public Health Committee heard House Bill 1151 on February 16, and IAFP Past President Teresa Lovins, MD, of Columbus, Indiana, testified in opposition of the bill, citing patient safety. The bill was passed out of committee, but because of the House Democrat walkout, the bill died. The IAFP was pleased to see that it was not revived through an amendment into another bill.

IAFP Alaskan CME Cruise



The Indiana Academy of Family Physicians is extremely pleased to invite you to join us onboard Holland America Line's vista-class luxury ship, the *MS Westerdam*, as it sails the inside passage on the IAFP Alaskan CME Cruise — August 6-13, 2011.

More than 10 hours of approved CME, planned by the IAFP, will be offered. Timely topics, which have been identified on the IAFP CME needs assessment, include Pain Management for Chronic Illness; Update of Preventative Screening Guidelines; Update on Medicare Changes and Health Care Reform; ACOs — How Might They Impact Family Medicine?; Wound Care Principles for the Family Physician; Physicians in Leadership; Patient Safety in the Ambulatory Setting; and Utilizing Medical Literature to Change Your Practice. Speakers include family medicine leaders Cliff Knight, MD; Fred Ridge, MD; Risheet Patel, MD; Kevin Speer, JD; and health care attorney, Doug Kinser, JD. All CME sessions will be held while the ship is at sea ... not detracting time from when the ship is docked or inside the Hubbard Glacier Park.

The IAFP's last CME Cruise to Alaska, held in 2004, was an exciting trip that was exceptionally received by all attendees. Comments from attendees included:

"The Cruise was an unforgettable experience full of unbelievably spectacular experiences, especially the time spent in Glacier Bay."

"We had been wanting to take an Alaskan Cruise for sometime. The IAFP did all the legwork to find the best cruise line, itinerary, cost, etc. and also provide an excellent CME that we needed. All

we had to do was call, register, pack and enjoy! Thanks so much for the wonderful opportunity!"

"Holland America provided the best accommodations, food and service we have experienced during a vacation! Great way to get CME while still having time to enjoy a very special vacation with my wife."

"Wow, every American needs to see Alaska."

"Our first cruise ... won't be our last. Was a wonderful trip and enjoyed being with other family physicians. CME topics were great and the speakers were excellent."

"My favorite part of this trip — everything!"

More info can be found at www.specialeventcruises.com/iafp_2011.html. Call Special Event Cruises at 800.422.0711 to book your cruise. Attendees do not have to register for the CME to attend the cruise; however, you must book your cruise with Special Event Cruises to register and attend the CME.

Cabins for this cruise are selling fast, so remember, the sooner you book, the better cabin selection available.

**"As physicians,
we have so
many unknowns
coming our way..."**

**One thing I am
certain about
is my malpractice
protection."**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians:
our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.



Professional Liability Insurance & Risk Management Services

ProAssurance Group is rated **A (Excellent)** by A.M. Best.
www.ProAssurance.com • 800.284.7424



stvincent.org



Looking to join a physician group? Now you have an alternative.

Satisfied patients. Healthier communities. Successful physicians. These are the goals of the St. Vincent Medical Group — an integrated team of primary care physicians and specialists working together to create the most desirable multi-specialty practice in Indiana.

Created by physicians, supported by physicians, and led by physicians, St. Vincent Medical Group is seeking medical professionals committed to better health care by continuing clinical integration, increasing patient access, and strengthening relationships with referring and independent physicians.

Take your patient care to a higher level. Learn how you can join St. Vincent Medical Group by calling 317-338-SVMG (7864) or 877-437-SVMG (7864).

THE SPIRIT OF CARING™



**St. Vincent
Medical Group**

2011 IAFP Annual Convention

The 2011 IAFP Annual Convention will be held in French Lick, Indiana, from Thursday, July 21, to Sunday, July 24, 2011. In recent years, our new shorter schedule was a great success, so this year, we are planning a similar program, which allows members not only to spend less time away from their office but also reduces the number of overnight hotel stays required to participate fully in the conference.



Join us this summer for:

- **CME planned by family physicians for family physicians**

More than 17 Live AAFP Prescribed credits available

- **MC-FP SAM Study Group on Maternity Care**

Earn 12 AAFP Prescribed credits when you complete the online Clinical Simulation

- **All-Member Congress of Delegates**

Have your say in Academy policy

- **Fellowship and networking with colleagues from across Indiana**

Don't miss the Presidents' Reception, Awards Banquet and Installation of Officers

- **Exhibit Show**

Learn about the latest clinical and practice management advances

- **Totally restored historic hotel**

Bring the whole family!

2011 IAFP Annual Convention Preliminary Schedule of Events

Thursday, July 21

Noon-7 p.m.

Registration Open

1-4:30 p.m.

SAM Study Group: Maternity Care

Our SAM Study Groups feature reference slides showing sources used in each of the 60 questions in the ABFM's Self-Assessment Modules and an overview of the MC-FP process and how this study group fits into it.

- Explore the topic via interactive discussions
- Complete the Knowledge Assessment portion of your MC FP Part II Self-Assessment Module, and we report the answers to the ABFM
- Earn 12 AAFP CME credits after this session by completing the online Clinical Simulation

2:30 p.m.

Executive Committee

4:30 p.m.

Board of Directors

Friday, July 22

7 a.m.-6 p.m.

Registration Open

7:45 a.m.-3:30 p.m.

General CME Sessions

CME Topics Will Include:

- Improving MDD Tx Outcomes: Tailoring Strategies for Remission – J. Sloan Manning, MD
- Updates in Treatment of Thoracic Aortic Pathology – Sina Moainie, MD (CorVasc)
- Vaccine Compliance: Efficiency and Cost-Effective Office Routines – Christopher Harrison, MD
- Musculoskeletal Medicine – Kevin Gebke, MD

10 a.m.-3:30 p.m.

Exhibits Open

11:45 a.m.-12:45 p.m.

Luncheon

5 p.m.

Town Hall Dinner

6:15 p.m.

First Session, Congress of Delegates

7:30 p.m.

Reference Committees

Saturday, July 23

6:30 a.m.-5 p.m.

Registration Open

7 a.m.

Second Session, Congress of Delegates

8:30 a.m.-1 p.m.

Exhibits Open

9 a.m.-4:30 p.m.

General CME Sessions

CME Topics Will Include:

- Umbilical Cord Blood Donation and Storage – Brett Hesse, MD, and Amy LaHood, MD
- Update in Asthma Management
- Health Care Evolution – Patient-Centered Medical Home (PCMH) to Accountable Care Organization (ACO) – Ken Bertka, MD
- Pros and Cons of Selling Your Practice
- Train the Trainer – Clinical Teaching Tidbits – Mary Dankoski, MD, and Scott Renshaw, MD
- Social Media for Family Physicians – Mike Sevilla, MD
- Reimbursement Update and Q&A – Joy Newby, LPN, CPC

Noon-1 p.m.

Lunch in Exhibit Hall

6 p.m.

President's Reception

6:15 p.m.

Dinner Party for Children Ages 3-11

7 p.m.

Awards Banquet and Installation of Officers

8:30 p.m.

Sweet Endings – Dessert Buffet & Dance

Band – The Marlins

Children May Join Parents for Dessert and Dance

Sunday, July 24

7:30 a.m.

CME Breakfast

CME Topics Will Include:

- Contracepting Adults: The Nuances and What's New

10 a.m.

Board of Directors

IAFP Residents' Day/Research Forum and Student Reception

On Friday, May 13, more than 100 family medicine residents and family physicians from across the state of Indiana attended the 2011 IAFP Residents' Day, held for the first time at the IUPUI Campus Center in downtown Indianapolis. Residents and faculty members presented original research projects, performance improvement/quality improvement projects, case review presentations and article reviews for consideration by a panel of three judges. Both oral presentations and poster presentations were accepted.

Our winners were:



Adam Paarlberg



Marta Wesolowski



Brett Hesse



Amy LaHood



Meghan Miller



A huge thank-you to our three judges: **Debbie Allen, MD, Indianapolis**; **Ray Nicholson, MD, Evansville**; and **Komal Kochhar, Indianapolis**.

Thanks also to the members of our Research Day Committee: **Carrie Anderson, MD**; **John Fleming, MD**; **Sharron Grannis, MD**; **Amy LaHood, MD**; and **Curt Ward, MD**.

Best Original Research Presentation, Resident Award:

Attitudes Towards Physician-Assisted Suicide Among Central Indiana Physicians – Adam M. Paarlberg, MD

FM Resident, St. Francis Family Medicine Residency Program, Beech Grove

Best Original Research Presentation, Faculty Award:

Unraveling Black/White Preterm Birth Disparity – Amy LaHood, MD, MPH, FAAFP

FM Faculty Member, St. Vincent Family Medicine Residency Program, Indianapolis

Best Poster (Sponsored by Suburban Health Organization)

Drastic Drop in Hemoglobin A1C With

Minimal Metformin Dosing – Brett Hesse, MD (Case Presentation)

FM Resident, St. Vincent Family Medicine Residency Program, Indianapolis
Best Case Presentation

A Case of Rare Obstetric Emergency – Meghan Miller, MD

FM Resident, St. Vincent Family Medicine Residency Program, Indianapolis

Best Performance Improvement/Quality Improvement Project

Well Child Visit Quality Improvement Project – Marta Wesolowski, MD

FM Resident, Indiana University Methodist Family Medicine Residency Program, Indianapolis
Co-Authors: Michael Busha, MD; Shoshana Levy, MD; and Alicia Munoz, MD

Thanks to our exhibitor: Suburban Health Organization



Thanks to Biomet: our strategic partner and sponsor of Best Overall Original Research Prize

New Resident Officers Elected

At lunch, we conducted our Resident Region

meeting, during which new resident officers were elected. Congratulations to:

- Brian Coppinger, MD (St. Francis) – Director
- Samir Ginde, MD (St. Vincent) – Alternate Director
- Meghan Miller, MD (St. Vincent) – Delegate, National Conference of Family Medicine Residents
- JW Malenkos, MD (St. Vincent) – Alternate Delegate, National Conference of Family Medicine Residents (not pictured)

New Student Director:

Eddie Shmukler – Director

Family Medicine Student Reception

As our day at the Campus Center came to an end, residents, students and faculty members headed a few blocks south for a Family Medicine Reception and residency fair at the brand-new JW Marriott hotel in downtown Indy. Residents and faculty members from family medicine residency programs around Indiana were in attendance. Guests enjoyed drinks at JW Marriott and tried out the sushi station, the pasta station and the dessert bar. Students got to know residents from most of Indiana's family medicine residency programs and had a chance to win one of many big prizes. We celebrated the end of another school year for some and the countdown to graduation for others!

Our prize winners were:

- \$100 gift card to Fogo de Chao – Juan Carlos Venis
- \$100 gift card to Ruth's Chris Steak House – Laura Platt
- Two tickets to a Colts game – Eddie Shmukler



IAFP Legislative Efforts Need Your Help

Supporting candidates who support family medicine is an essential element of the IAFP's legislative work. A donation from the IAFP PAC not only helps to keep our supporters in office, but it also reminds them that when they think of health, they should think family medicine.

Remember: many issues that family physicians care about promoting are advanced with the help of a strong IAFP PAC. Every year, the General Assembly

considers legislation that will affect your practice — mandates that take more time away from your patients, scope-of-practice issues and public health initiatives.

If you have not given to the IAFP PAC, please donate today!

For questions about the PAC or other legislative activities, please contact Meredith Edwards or Doug Kinser at 317.237.4237.

Help make the IAFP's legislative work stronger with a donation. Checks should be made out to IAFP-PAC and sent to the IAFP downtown office, 55 Monument Circle, Suite 400, Indianapolis, IN 46204.

Cancer.org Provides Wealth of Resources for Family Physicians



At the American Cancer Society's Cancer.org, you can find extensive information and links to help family physicians and their patients. ACS has a variety of free services (such as transportation assistance, etc.) that are available for patients diagnosed with cancer. These types of services can assist FPs in ensuring that our patients have access to optimal health outcomes.

At cancer.org, you can find:

- Fact sheets
- Cancer presentations
- Easy-reading health information
- ColonMD: clinicians' information source
- ProstateMD: clinicians' information source
- Pain management pocket tool — This quick reference pocket card has information on pain management principles.
- Tobacco Control Country Profiles — Current, reliable information about the tobacco pandemic is available in Tobacco Control Country Profiles 2003.
- Local resources — At Cancer.org, clicking on "In Your Area" at the top right directs you to local information on a wealth of programs and services to cancer patients, caregivers, survivors and advocates. Resources near you may be available in the following categories:
 - Advocacy
 - Assistance
 - Health care services and screenings
 - Health education
 - Housing
 - Information and referral services
 - Medical equipment and supplies
 - Prostheses or related accessories
 - Smoking-cessation and tobacco support groups and support services
 - Transportation

Coding and Billing Update

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

Medicare's Annual Wellness Visit and Other Medicare-Covered Preventive Services

Medicare's addition of the Annual Wellness Visit (AWV) has been somewhat challenging. Although we do not have answers for some remaining questions, we know more now than we did January 1, 2011.

Initially, physicians wanted clarification about what is included in the AWV. To meet this need, the Centers for Medicare & Medicaid Services (CMS) developed and posted a "Quick Reference Information: The ABCs of Providing the Annual Wellness Visit." This document provides information about who is eligible for an AWV, the services included in the initial and subsequent AWVs, and a brief question-and-answer section. The document can be located at http://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf.

The American Academy of Family Physicians developed and posted a template to assist physicians in documenting the different components included in the AWV. This information is available at <http://www.aafp.org/fpm/2011/0100/p22-rt2.pdf>.

Earlier this year, several members reported problems explaining the annual wellness visit to their patients. You may be experiencing the same problem. Many Medicare patients believe this visit is the typical annual physical that family physicians have been performing for years. In recent publications and teleconferences, CMS has made it very clear that the intent of this encounter is to obtain the information necessary to develop a "Personalized Prevention Plan."

Perception Versus Reality

Before we start on our journey to identify the physicians' role in the AWV, we need to find out what Medicare beneficiaries have been told about this new benefit. Annually, CMS sends every Medicare beneficiary a *Medicare & You* booklet. This is the official U.S. government Medicare handbook expressly written for Medicare beneficiaries that explains the Medicare Program. It includes, but is not limited to, information about the following issues:

- What's new for the given year
- Medicare costs (premium information)
- What Medicare covers
- Health and prescription drug plans
- Beneficiary's Medicare rights

The booklet describes the "physical exams" covered by Medicare as follows:

Medicare covers two types of physical exams — one when you're new to Medicare and one each year after that.

- *"Welcome to Medicare" physical exam — A one-time review of your health, education and counseling about preventive services, and referrals for other care if needed. Medicare will cover this exam if you get it within the first 12 months you have Part B. You pay nothing for the exam if the doctor accepts assignment. When you make your appointment, let your doctor's office know that you would like to schedule your "Welcome to Medicare" physical exam. Keep in mind, you don't need to get the "Welcome to Medicare" physical exam before getting a yearly "Wellness" exam.*
- *Yearly "Wellness" exam — If you've had Part B for longer than 12 months, you can get a yearly wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. You pay nothing for this exam if the doctor accepts assignment. This exam is covered once every 12 months.*

Note: Your first yearly "Wellness" exam can't take place within 12 months of your "Welcome to Medicare" physical exam.

The references to a "physical exam" can easily be misconstrued by Medicare beneficiaries and may lead them to believe that Medicare pays for the annual preventive physical examinations family physicians have been recommending and performing for years. Physician practices need to be proactive in setting the expectation when discussing the AWV.

The "Quick Reference Information: The ABCs of Providing the Annual Wellness Visit" includes the following suggestion to help Medicare beneficiaries get ready for the AWV.

Providers can help eligible Medicare beneficiaries get ready for their AWV by encouraging them to come prepared with the following information:

- *Medical records, including immunization records;*
- *Family health history, in as much detail as possible;*
- *A full list of medications and supplements, including calcium and vitamins — how often and how much of each is taken; and*
- *A full list of current providers and suppliers involved in providing care*

In addition to the above information, physicians can separate perception from reality by explaining this "visit" is not a physical exam. By bringing the above-mentioned information with them, the patient's history will be used to establish the appropriate personalized prevention plan. Participating physicians should also explain that the patient does not have any out-of-pocket expense for this visit; however, Medicare does not pay for the head-to-toe preventive physical examination the patient may have had in the past. If the patient also wants his or her preventive "physical examination"

at the same visit, the patient (or their supplemental insurance) is financially responsible.

Eligibility

Now that we have set the Medicare patient's expectation, we will start to explore the annual wellness visit. The first stop defines who is eligible for the AWW.

*Medicare will pay for an AWW for a beneficiary who is no longer within 12 months after the effective date of his or her first Medicare Part B coverage and who has not received either an Initial Preventive Physical Examination or an AWW providing a personalized plan for preventive services (PPPS) within the past 12 months. Medicare pays for only one **first** AWW per beneficiary per lifetime, and pays for one subsequent AWW per year thereafter.*

Scheduling Preventive Visits

Our next stop defines the critical information the physician's staff must obtain when scheduling a patient for a preventive visit. The staff must ask when the patient's Medicare Part B was effective. This information is located on the patient's Medicare card.

For example, Mr. Doe's Part B coverage was effective July 1, 1986. Since his Part B coverage has been in effect longer than 12 months, Mr. Doe is no longer eligible for an IPPE. Since 2011 is the first year Medicare pays for an annual wellness visit, and Mr. Doe's effective date is before January 1, 2010, the scheduling staff should ask Mr. Doe if he has been seen by another physician for this service since January 1, 2011. In all probability, Mr. Doe is scheduling his "initial" annual wellness visit.

By comparison, in the following example, Mr. Hart's Medicare Part B effective date is April 1, 2010. It is possible that Mr. Hart had an initial preventive physical exam (IPPE) anytime between April 1, 2010, and March 31, 2011. In this situation, the scheduling staff should confirm if and/or when Mr. Hart had an IPPE.

If Mr. Hart had an IPPE, his initial annual wellness visit should be scheduled one year from the IPPE. To make scheduling easier, Congress did not require a full year (365 days) between preventive visits. For this benefit, 11 full months have passed since Medicare last paid for a preventive visit. This makes it much easier to schedule visits because the patient can schedule his/her preventive visit for the same month each year.

For example, if Mr. Hart's IPPE was on August 22, 2010, his initial AWW can be scheduled anytime during August 2011. If Mr. Hart did not have an IPPE, he was immediately eligible for an initial AWW on April 1, 2011.

Regardless of the patient's Part B effective date, to ensure appropriate scheduling of preventive visits, the staff should verify when the patient is eligible for a preventive visit. This verification can be obtained from the local Medicare contractor. National Government Services (NGS), Indiana's Medicare Title 18 contractor, has this information on its Interactive Voice Response System (IVR). We have requested this information be added to the data available through NGS' online inquiry system, Connex.

This step will be imperative as we move closer to 2012. Remember, determination of whether the patient is scheduled for an initial AWW or subsequent AWW is based on the patient's status. If the patient has had an initial AWW billed by any provider, all other AWWs are "subsequent" AWWs. Beginning next year, it will be very possible that you will provide and bill a subsequent AWW for a patient who has never been seen in your office and is essentially a new patient.

Services Included in the Annual Wellness Visit

The third stop in our journey defines what services are included in the initial and subsequent AWWs. To obtain this information, we will once again refer to the Quick Reference Guide, available on the CMS website: http://www.cms.gov/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf.

Incontinence
Going. Going. Gone. FORLIFE.

 **Urology
of Indiana**
urologyofindiana.com

Initial Annual Wellness Visit

Acquire Beneficiary History	Description
Establishment of the beneficiary's medical/family history	<p>At a minimum, collect and document the following:</p> <ul style="list-style-type: none"> • Past medical and surgical history, including experiences with illnesses, hospital stays, operations, allergies, injuries and treatments • Use or exposure to medications and supplements, including calcium and vitamins • Medical events in the beneficiary's parents and any siblings and children, including diseases that may be hereditary or place the beneficiary at increased risk
Review of the beneficiary's potential risk factors for depression, including current or past experiences with depression or other mood disorders	Use any appropriate screening instrument for persons without a current diagnosis of depression, which the health professional may select from various available standardized screening tests designed for this purpose and recognized by national professional medical organizations
Review of the beneficiary's functional ability and level of safety	<p>Use direct observation of the beneficiary, or any appropriate screening questions or a screening questionnaire, which the health professional may select from various available screening questions or standardized questionnaires designed for this purpose and recognized by national professional medical organizations to assess, at a minimum, the following topics:</p> <ul style="list-style-type: none"> • Hearing impairment • Ability to successfully perform activities of daily living • Fall risk • Home safety
Begin Examination	Description
An examination	<p>Obtain the following:</p> <ul style="list-style-type: none"> • Height • Weight • Body mass index (or waist circumference, if appropriate) and blood pressure • Other routine measurements as deemed appropriate based on medical and family history
Establishment of a list of current providers and suppliers	Include current providers and suppliers that are regularly involved in providing medical care to the beneficiary
Detection of any cognitive impairment that the beneficiary may have	Assess the beneficiary's cognitive function by direct observation, with due consideration of information obtained by way of patient reports and concerns raised by family members, friends, caretakers or others
Counsel Beneficiary	Description
Establishment of a written screening schedule for the beneficiary, such as a checklist for the next five to 10 years, as appropriate	<p>Base written screening schedule on:</p> <ul style="list-style-type: none"> • Recommendations from the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP) • The beneficiary's health status and screening history • Age-appropriate preventive services covered by Medicare
Establishment of a list of risk factors and conditions of which the primary, secondary or tertiary interventions are recommended or underway for the beneficiary	<p>Include the following:</p> <ul style="list-style-type: none"> • Any mental health conditions or any such risk factors or conditions that have been identified through an IPPE • A list of treatment options and their associated risks and benefits
Furnishing of personalized health advice to the beneficiary and a referral as appropriate to health education or prevention counseling services	<p>Includes referrals to programs aimed at:</p> <ul style="list-style-type: none"> • Community-based lifestyle interventions to reduce health risks and promote self-management and wellness • Weight loss • Physical activity • Smoking cessation • Fall prevention • Nutrition

To read the rest of this article, please visit www.in-afp.org, and click on Education and Practice Management>Coding and Billing Updates.



WAITING FOR THE ECONOMY TO CHANGE?

While you're waiting, your competitors are changing their economy. They're targeting Indiana Academy of Family Physicians Association members who make purchasing decisions in this multi-million-dollar industry.

And these members actively read this publication like you're doing right now.

WANT TO INFLUENCE THEIR BUYING DECISIONS?

Then contact Bob Sales
at 502.423.7272 or
bsales@ipipub.com immediately!

innovativepublishingink
www.ipipub.com

- The largest health care focused law firm in the nation.
- Over 40 years in the health law business.
- More than 130 attorneys serving health care clients.
- Representing over 500 health care organizations nationwide.

IF IT'S HEALTH CARE WE WILL BE THERE.

For a comprehensive resource on reform-related regulatory developments visit hallrender.com/hcr.

One American Square
Suite 2000
Indianapolis, IN 46262
317.633.4884
8402 Harcourt Road
Suite 820
Indianapolis, IN 46260
317.871.6222

**HALL
RENDER**
KILLIAN HEATH & LYMAN
hallrender.com

THANK YOU

The IAFP thanks our strategic partners for their support of the Academy activities

BIOMET

One Surgeon. One Patient.

www.biomet.com

**St. Vincent
HEALTH**

www.stvincent.org

NORTHWEST RADIOLOGY NETWORK

Northwest Radiology
10603 N. Meridian Street
Indianapolis, IN 46290
317.844.2511

Northwest Radiology
8260 Naab Road
Suite 101
Indianapolis, IN 46260
317.875.8655

Meridian North Imaging Center
12188A N. Meridian Street
Suite 100
Carmel, IN 46032
317.715.9999

Centralized Scheduling
317 XRAY NOW (972-9669)
800-400-XRAY

Please fax orders to
317.715.9990

NWR
NorthwestRadiologyNetwork
"Trusted Imaging Since 1967"

Visit our new website at
www.northwestradiology.com



Diagnostic Radiology:

Edward R. Bartley, MD
Timothy L. Davis, MD, PhD
Laura O. Dugan, MD
Steven A. Fritsch, MD
Thomas F. Hagman, MD

Jonathan Kahn, MD
Charles A. Lerner, MD
J. Michael Phelps, Jr., MD
Eric R. Retrum, MD
R. Kurt Retrum, MD

Sara Y. Shull, MD
Musculoskeletal Radiology:
Peter D. Arlken, MD
Homer F. Beltz, MD
Michael S. Conley, MD, PhD

Eric D. Elliott, MD
W. Kent Hansen, MD, PhD
Carlo R. Lazzaro, MD
J. Mark Michael, MD

Neuroradiology:

Eric E. Beltz, MD
Joseph C. George, MD
Benjamin B. Kuzma, MD
Vincent P. Mathews, MD
Frank J. Pistoia, MD
Jeffrey I. Reider, MD
C. Nazenin Shinaver, MD

Thoracic/Cardiac Imaging:

Joseph C. George, MD
Richard L. Hallett, MD
Michael S. Skulski, MD
Anthony Zancanaro, MD

Mammography:

Caryn C. Anderson, MD
Karen T. Dicke, MD
Jack M. Drew, MD
William E. McGraw, MD
Jane S. Mitchell, MD
Jack J. Moss, MD
Lori J. Wells, MD

Neurointerventional Radiology:

Steven J. Willing, MD

Vascular & Interventional Radiology:

Margaret (Peggy) A. Brengle, MD
William B. Cutcliff, MD
Veronica J. Martin, MD
Charles C. Mulry, MD

'Night Watch' Radiology Specialists:

Janalyn P. Ferguson, MD
David J. Gulliver, MD
Michael S. Skulski, MD

Pediatric Radiology:

Kathy S. Clark, MD
Patricia E. Ladd, MD

Nuclear Medicine - PET/CT

(Molecular Imaging):

Peter D. Arlken, MD
David J. Gulliver, MD
Theodore P. Labus, MD
John A. Morton, MD
Brian J. Wiegel, MD

*Putting The
Pieces Together*

