# FRON PHYSICIAN



A Publication of the Indiana Academy of Family Physicians WINTER 2004

> President's Message Maintenance of Certification pg 5

MOC Update pg 14

Call for Awards Nominations pg 10

and Much More

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#### FRONTLINE PHYSICIAN

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#### About The Cover: Monument Circle

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

- To provide responsible advocacy for and education of patients and the public in all health-related matters;
- To preserve and promote quality cost-effective health care;
- To promote the science and art of family medicine and to ensure an optimal supply of well-trained family physicians;
- To promote and maintain high standards among physicians who practice family medicine;
- To preserve the right of family physicians to engage in medical and surgical procedures for which they are qualified by training and experience;
- To provide advocacy, representation and leadership for the specialty of family practice;
- To maintain and provide an organization with high standards to fulfill the above purposes and to represent the needs of its members.



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# President's **NESSAGE**



David Pepple, MD, President of Indiana Academy of Family Physicians

### Maintenance of Certification Needs Work

As many of you know, the American Board of Family Practice, our specialty certifying organization—soon adopting the name American Board of Family Medicine—has brought forth a new format, or "twist" if you will, to our board recertifying process. This new entity, referred to as Maintenance of Certification, has come down from the American Board of Medical Specialties as an apparent mandate. In its simplest form, the American Board of Family Practice has devised a program that involves a Maintenance of Certification mechanism that must be completed on an ongoing basis throughout the six-year recertification cycle. Within this mechanism are Self Assessment Modules (SAMs), which are essentially open book exercises, each on a different disease entity. They must be completed on a yearly basis during a recertification cycle. All this is done on computer.

Apparently, the final program came to the attention of our national academy without advance notice as a mandate from the American Board of Family Practice and with limited opportunity for input from, or discussion with, our national organization. However, in the view of many of our rank-and-file in Indiana—and around the country—the AAFP accepted all of this without putting up much resistance or challenge.

In the view of many in Indiana and across the nation, these new AAFP MOC requirements are extraordinarily burdensome and onerous. It involves increased costs for maintaining one's certification of more than a thousand dollars. Also required are significant amounts of time and energy to be expended to complete the SAMs, when many of us are putting in very long hours already in our various practices and responsibilities. In addition, it requires requisite computer skills that many of our members may not possess. Our immediate past president, Richard Feldman, past Commissioner of the Indiana State Department of Health and currently Residency Director at St. Francis Hospital in Beech Grove, has led the fight against implementation of the MOC in its current form. Dr. Feldman carried our opposition to the AAFP's Annual Leadership Forum in Kansas City; and then introduced a resolution on the floor of our Congress of Delegates in French Lick in July. The resolution Maintenance of Certification, as developed by the ABFP, sought to delay its implementation and encouraged modification of its current form to make it less onerous and burdensome on our membership.

His resolution was passed by our Congress of Delegates and then taken by our national Delegates to the AAFP to the annual meeting in Orlando in October. On the floor of the Congress of Delegates there, it was introduced along with similar but weaker resolutions from a number of other states. Indiana's resolution was ultimately adopted, although in a somewhat "watered down" form. For instance, Dr. Feldman's wording that directed the AAFP leadership to "insist" that the ABFP delay implementation of the Maintenance of Certification process was changed to "urge" the ABFP to suspend the Self Assessment Modules (SAMs) as a required part of the MOC until technical and clinical content problems are adequately resolved.

Hopefully, all this will result ultimately in an improved and less burdensome Maintenance of Certification mechanism.

From a practical standpoint, it is your President's opinion that we will ultimately get some form of Maintenance of Certification process. I am not optimistic enough to believe that we will be successful in getting them to boot the whole process however desirable that might be too many of us.

However, Dr. Feldman's efforts have gotten the attention of the ABFP and have served notice on the AAFP leadership that many across the country feel the AAFP must be a strong voice when representing our interests to the ABFP on this issue. It has also brought to the forefront and forced consideration of the fact that enormous numbers of ABFP diplomats have, thus far, chosen not to begin participation in the MOC process. Hopefully, all this will result ultimately in an improved and less burdensome Maintenance of Certification mechanism. Stay tuned!

# **Executive** Vice-President

KEVIN P. SPEER, JD



### Medical Malpractice Liability: Reforms and Related Issues

### **Background**

During the 1970's, the medical liability insurance system experienced a period of crisis when several private insurers left the market because of escalating claims and insufficient rate collection, leaving physicians and hospitals unable to find or afford liability insurance. Aggressive state reform laws began during this time to help ease the crisis. However, a second crisis of affordability followed in the 1980's as claim frequency and severity increased again.

According to jury verdict research, the median medical liability award increased 114% to over \$1 million from 1996 to 2002. Even though only 7% of the claims actually went to a jury, and of those, only 17.6% of plaintiffs prevailed, physicians must still pay an average of \$91,803 to defend themselves. Furthermore, in cases in which the claim was ultimately dropped, the average cost attributed to defendant physicians was nearly \$16,160. According to the American Medical Association, this increase in jury awards and the cost of defending unsuccessful malpractice claims has led to the current "crisis." The AMA has identified 20 states in "full blown medical liability crisis."

#### **Quality and Access to Care**

A study by the Health Coalition on Liability and Access noted that 45% of hospitals cite rising professional liability costs as a cause of loss of physicians and/or reduced coverage in emergency departments. In addition, nearly half of medical students surveyed by the AMA cited the current crisis as a major factor when making decisions as to which specialty to pursue and which state to practice in. Thus, the access to care could be further diminished if new medical trainees shy away from so-called high risk specialties and geographical areas.

According to a study by the Center for Studying Health System Change, defensive medicine can include: referring patients to emergency departments rather than treating a patient in the office; a specialist declining to cover the emergency department; or refusing elective referrals from emergency departments and safety net clinics. Insurers estimate that these practices have a significant cost of \$70 to \$126 billion per year. The quality of patient care may also be at risk. Rather than choosing to follow evidence-based approaches to treatment, some physicians are doing what is deemed less risky instead of relying on professional judgment.

#### Costs

According to the U.S. Department of Health and Human Services, medical liability adds billions of dollars to the cost of health care each year. HHS cites the direct cost of liability coverage, and the indirect cost of defensive medicine as the reason for the increased cost of \$47.5 billion per year to the federal government for health care. Furthermore, in its March 3, 2003 report, HHS found that reasonable limits on non-economic (i.e. pain and suffering) damages would reduce government spending by up to \$50.6 billion per year.

In light of these increased costs, proponents of tort reform contend that patients are not being well compensated for medical malpractice injuries. The current method of tort recovery may be an inefficient method of compensating injured parties, returning less than fifty cents on the dollar. Much of the money spent on the system is absorbed by administrative costs, primarily attorney's fees and therefore never reaches the injured patient.

#### **State Action or Lack Thereof**

Twenty-two states have enacted legislation to limit the amount of non-economic damages recoverable. Six states including Indiana, limit the amount of total damages, while Colorado places a cap on total and non-economic damages. California's Medical Injury Compensation Reform Act of 1975 (MICRA) has been deemed the "gold standard" for tort reform efforts. The Act limits non-economic damages to \$250,000 per action. According to the HHS, more claims are being resolved through arbitration, rather than going to trial. This results in a larger return to the injured patient because they are spared the expense associated with litigation, which must be paid out of any recovery the patient receives.

Indiana, another AMA non-crisis state, enacted caps on total damages in the 1970's. The Indiana malpractice act limits total damages for an act of malpractice. If liability is admitted through a settlement for the underlying limit of \$250,000, the patient then has a right to demand additional compensation from the Indiana Patient's Compensation Fund. Additionally, all malpractice claims alleging damages greater than \$15,000 must be submitted for review by a medical review panel comprised of thee health care providers before being filed in court, absent a waiver by both parties. The opinion of the medical review panel is admissible into evidence thereby resulting in a reduction in the number of frivolous claims.

In contrast, states such as Missouri have enacted caps that increase with inflation. The courts have held that the cap shall be applied separately to each act of malpractice, allowing for a recovery in excess of the cap. Ohio recently enacted a sliding cap on non-economic damages. Recovery will not exceed the greater of \$250,000 or three times the economic loss up to a maximum for each plaintiff, or per occurrence, but will increase in the event of a permanently debilitating injury. Tort reform proponents contend such exceptions remove much of the "teeth" from this law.

Other states, such as Kentucky, have been unable to enact a limit on malpractice recoveries. According to the Kentucky Medical Association, physicians are leaving to go to a "better climate" with regard to tort reform. The KYMA contends that due to the partisan nature of the legislature, the bill failed to pass. However the KYMA is encouraging members to get involved: "If the legislature won't change, then we will change the legislature."

Critics of the Kentucky bill assert that it is not lawsuits, but rather interest and investment rates, as well as non-personal injury losses, which have caused premiums to increase. As large insurance companies continue to lose money in bad investments, they pass those losses along to the consumer in the form of rate increases. In addition, Kentucky has more doctors per capita than Indiana, which dispels the theory that physicians are leaving for tort reform havens.

#### **Constitutionality of Recovery Caps**

Caps on the recovery of damages in a medical malpractice have been upheld in many states. The Colorado Supreme Court determined that caps did not violate the state equal protection clause, due process, or the right to trial by jury because there was rational basis for their enactment, namely that unpredictable and large awards could contribute to increases in malpractice premiums, and thus, adversely affect access to care. The court noted that the "wisdom and effectiveness" of the decision to enact such limits was not for the court to decide. Courts in Illinois, on the other hand, have struck down attempts to enact a cap on damages on three separate occasions. Most recently, the court found that the statute placing a cap on compensatory damages for noneconomic injuries in common law actions for death and bodily injury violated the special legislation clause of state constitution. The court reasoned that the cap was arbitrary and not rationally related to the legitimate government interest in reducing systemic costs of tort liability.

#### **Anti-Reform Efforts**

The American Trial Lawyers Association is rallying members to fight tort reform. The ATLA holds that caps take away protections from patients to the benefit of the insurance companies. It cites examples such as Jessica Santillan, who died after receiving organs of an incorrect tissue type, and Linda McDougal, whose breasts were removed when doctors incorrectly diagnosed her with breast cancer. Caps, they contend, prevent patients and families from being fully compensated and allow careless doctors to continue to practice without incident.

The ATLA also discounts claims that physicians are leaving their practice due to increased malpractice premiums. It claimed that HHS ignored several independent surveys that contradict key findings. Furthermore, there is no indication that limiting jury awards will result in lower premiums for physician, or more access to insurance. Rather, it is insurance reform, not tort reform that will ultimately result in lower insurance costs. In addition, a study by Americans for Insurance Reform found that there has been no explosion in malpractice awards, but rather payouts have been flat in constant dollars.

It is recommended that physicians do the following to protect their professional interests, whether or not there are malpractice reform measures in their respective states:

- Take the time to talk *and* listen to your patients. Anger from feeling misinformed or under informed, rather than negligence, drives many medical malpractice claims. Understanding the risk that miscommunication presents has encouraged many doctors to change the way they approach their patients, and their concerns and questions about the treatment.
- Make effective use of informed consent. Physicians can learn valuable lessons from risk management seminars, where they have the opportunity to discuss effective measures with experts.
- **Keep complete and accurate medical records**. Providing an electronic file to your attorney for safekeeping will help to assure these unaltered documents are available in the event you need them.

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### *Physician of the Day* **VOLUNTEERS NEEDED** for the Months of February & April 2005

The Indiana Academy of Family Physicians and the Indiana State L Medical Association will once again sponsor the Physician of the Day Program at the 2005 General Assembly. Your assistance is needed!

The Physician of the Day Program involves IAFP members volunteering to spend a day at the Statehouse during the legislative session. The purpose of the program is to provide episodic primary care services. as a convenience, for elected officials and their staff during the days that the General Assembly is in session.

We are in the process of scheduling physician volunteers for the months of February and April. If you are interested in serving as the Physician of the Day, please circle the day or days that you want to serve, fill out the information below the calendars, and return it to the IAFP office. Or feel free to call the IAFP at 888-422-4237 or 317-237-4237 to schedule your Physician of the Day shift.

A The IAFP would like to thank those physicians who have already volunteered to participate in the Doctor of the Day program for 2005. With your help, this program will once again be a success!

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**CALENDAR FOR FEBRUARY 2005** 

Only the shaded dates are still available (as of Nov. 1st). The Physician of the Day program does not operate Friday - Sunday.

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#### Physician of the Day

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MALPRACTICE INSURANCE CARRIER:

DAY(S) REQUESTED:

# **IAFP Awards Call for Nominations**

The Indiana Academy of Family Physicians has strived to better healthcare 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 will review the entries and present its recommendation to the IAFP Board of Directors for approval. Nominations will be accepted from IAFP members until April 1, 2005. Thank you for your participation in recognizing outstanding family physicians and supporters of family medicine.

#### Lester D. Bibler Award

The **Lester D. Bibler Award** is designated to recognize longterm 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 practice, 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 the Indiana Chapter and AAFP. Dr. Fischer established the Department of Family Medicine at Indiana University School of Medicine and the IU Family Practice Residency Program.

### Jackie Schilling Certificate of Commendation

The Jackie Schilling Certificate of Commendation was established for the purpose of recognizing non-familyphysicians 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 the 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 purely profession 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/AAFP in public speaking.

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



### IAFP Members Earn the AAFP Degree of Fellow

Eleven IAFP members received the AAFP Degree of Fellow during the AAFP Scientific Assembly in Orlando 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:

David Bain, MD Heidi Harris Bromund, MD Jeffrey Brookes, MD William Holloway, MD Shannon Joyce, MD Richard Kiovsky, MD Peter Nalin, MD James Orrell, MD David Rau, MD Marc Willage, MD Deanna Willis, MD



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### Republicans Control Governor's Office, House and Senate

#### **General Election**

On November 2, the citizens of Indiana elected President Bush, U.S. Senator Bayh, and Governor-elect Daniels. All Congressmen were elected except Congressman-elect Sodrel defeated former Congressman Hill. Senate Republicans picked up one additional seat resulting in a 33-17 majority. House Republicans defeated five incumbents but lost two open seats to Democrats resulting in a 52-48 Republican majority. It is the first time since 1996 that Republicans maintained control in the House. It is the first time since 1988 that Republicans control the Governor's office, the State Senate, and the House of Representatives.

Candidates for Governor spent more than \$30 million dollars. It is the largest amount spent in Indiana's history. Both candidates had sufficient funding to get their message out. Governor-elect Daniels won by a 53% - 45% margin with Mr. Daniels winning 74 of 92 counties. The final margin was much greater than the final polling numbers indicated it would be. Senator Dembowski was defeated by Senator-elect Vic Heinold by nearly 350 votes. There was earlier discussion that Republicans could be "quorum proof" if they elected one additional member. Republican staffers have now indicated that is unlikely because by the Constitution two-thirds of the legislators must serve in one party. The Senate Republicans have 33 members instead of the 33.3 members required. In other words, the Senate needs one additional member to be quorum proof.

Senator Robert Garton was elected by the Senate Republican caucus for President Pro-Tem. He will appoint other leaders and committee chairs.

With a pre-election split of 51 Democrats and 49 Republicans, control of the House of Representatives depended upon relatively few races. In open seat races in West Lafayette, Hartford City, and Terre Haute, Representative-elects Joe Micon (D), Tim Harris (R), and Vern Tincher (D) won. Representative Tincher has served in prior years. The House Democrats lost five incumbents. Completing their terms include Representatives

Liggett, Herrell, Frenz, Lytle, and Chowning who were replaced by Representative-elects Davis, Smith, Woodruff, Bright and Borders, respectively. The final tally was 52 - 48 in favor of the Republicans.

Representative Brian Bosma was elected by the House Republican caucus to be Speaker of the House. Speaker Bosma will choose his leadership and chairman of all committees. The appointments should come soon.

#### **Academy Resolutions**

At its annual meeting in July, the Congress of Delegates adopted four resolutions for action during the legislative session. The resolutions were described in the previous *Frontline* issue. IAFP's Commission on Legislation met on October 3 to determine the best way to implement the resolutions. The Commission agreed that the IAFP should work with the Indiana State Medical Association to determine opportunities to pursue one or more of these issues during the 2005 session. No separate legislation will be initiated by the IAFP.

#### **Governor Daniels**

Governor-elect Daniels has hit the ground running. His transition team of eight met immediately following the election but, as of November 9, no announcements have been made on appointments. Inauguration plans are being determined. Governor-elect Daniels will be sworn into office on January 10. Governor Kernan has pledged his support in the transition to Governor Daniels.

#### 2005 Legislative Session

Organization Day is scheduled for November 16. Organization Day is the day party caucuses officially elect their leadership. Senator Garton has been President Pro-Tem since 1980 and there is no expected change in his leadership. The Speaker of the House is elected by the majority party and it will be Representative Bosma. The leader of each chamber will then make leadership and committee chair appointments. Bills can be introduced from November 16, but hearings normally begin when the session regularly convenes in the new year. The calendar for January will become available in December.

The "long" session occurs in 2005 because the biennial budget must be approved. Indiana's revenue shortfall remains a significant problem for all legislators. It remains difficult to see how Indiana can grow itself out of its budget shortfall. Passage of all legislation must occur by April 29, 2005 for the session to adjourn on time. If a budget is not approved, the Governor must call a "special" session. It is unlikely that any bill other than the budget would cause a special session. Since the Governor's office, House and Senate are Republican, this Session should adjourn *sine die* by April 30, 2005. It should be an interesting session.

If you have questions or concerns during the session, please call me at (317) 977-1454.



### Indiana AFP Impacts AAFP Congress of Delegates with MOC Resolution **ABFP Maintenance of Certification Program**



The IAFP presented a resolution about concerns regarding the American Board of Family Practice's Maintenance of Certification Program for Family Physicians (MC-FP) to the AAFP Congress of Delegates. In response, the AAFP adopted two policies.

The Indiana resolution was by far the strongest of several from various chapters regarding the MOC-FP. It asked that the AAFP **insist** that the ABFP delay the implementation of the MOC-FP program. Other resolutions considered by delegates Oct. 11 - 13 in Orlando, Fla., pertained mostly to chances for input on MOC-FP, continued dialog, extended timelines, development of educational programs, computer training, etc.

In testimony to the reference committee, many members recounted - in great detail - their experiences with portions of the process, most notably the self-assessment modules, or SAMs, that make up Part II. Dr. Richard Feldman, IAFP Past President and Chairman of the Board, attended the reference committee hearing and provided testimony in favor of the Indiana resolution. Dr. Feldman explained that his comments were developed in consideration of the great number of members that have responded to his editorial in FP News and to a survey completed on the MOC program. Indiana Delegate Fred Ridge, MD and Alternate Delegate Thomas Felger, MD also testified in support of the resolution and expressed their insights and concerns about the process. Delegates from other states testified that information about MOC-FP, its components and its processes have been inadequately communicated and that even today, some members are unaware of the new recertification requirements. Comments from delegates across the country were overwhelming critical of ABFP's MOC program.

On Oct. 13, delegates adopted two resolutions on MC-FP. The first resolution calls for the Academy to collaborate with the ABFP to develop a plan to educate members about "the process and importance" of MOC-FP.

The second directs the AAFP to **urge** the ABFP to suspend the SAMs as an MOC-FP requirement "until technical and clinical content problems are adequately resolved" and to recommend that the ABFP develop a better beta-testing mechanism " to gather and disseminate evidence of effectiveness" and "develop an alternative mechanism for those members who have unreliable access to the Internet."

The AAFP is in the process of approving a letter to the ABFP that will express the will of the Congress. What effect this may have in producing meaningful change to the MOC program is uncertain and at this time there has been no change in the requirements for participation in the MOC program. However, the action by the AAFP Congress of Delegates was significant in that it directs our leadership, as a matter of policy, to specific actions. Both our AAFP & ABFP leadership received a very strong message that major changes in the MOC-FP program need to occur.

Indiana can be very proud that we maintained a leadership position on this issue.



### Indiana Governor's Council Recognizes Abilities

March 2005 is Disability Awareness Month. During that month, individuals, businesses and organizations across the state will recognize the abilities of people with disabilities. The Indiana Governor's Council for People with Disabilities has created a new campaign to help educate Hoosiers about the issues surrounding disability.

The Disability Awareness Month 2005 theme is "Mix it up." This year's poster features a photo of four children, including a child with Downs Syndrome, selling lemonade from a homemade lemonade stand. The text reminds both children and adults "friends make everything sweeter." It encourages disability awareness and inclusion.

"We feel that the posters are an excellent way to get the message to more people," said Suellen Jackson-Boner, Council Executive Director.

As in previous years, Disability Awareness Month 2005 will be celebrated with community-based activities carried out by hundreds of advocates and people with disabilities throughout the state. Activities include mayoral proclamations, art contests and awareness campaigns in schools, government agencies and businesses. To learn more visit www.in.gov/gpcpd.



### 2005 IAFP Family Medicine Update Schedule Marriott North, Indianapolis

#### Thursday, January 20, 2005

2:30 p.m. - 8:30 p.m. Topics will include:

Evaluation and Management of Patients with Congestive Heart Failure Immunization Update Caring for Pre-Mature Newborns

#### Friday, January 21, 2005 6:30 a.m. - 4:00 p.m.

Topics will include: Banking for Retirement Allergy Testing What Works in Diabetes Care Acute Otisis Media Alzheimers Update Osteoporosis Electronic Medical Records Demo & Panel

### Saturday, January 22, 2005

7:00 a.m. - 4:45 p.m. Topics will include: STD's: CDC Update JNC - 7 Hypertension Guidelines Making Sense of PSA's Practical Approach to Common Anemias Common Traumatic Injuries of the Hand Problems & Conditions of the Upper Extremity in the Aging Population ATP III - New Lipid/Cholosterol Guidelines Low Carb, Low Fat... The Great Debate Dermatology: Nail & Hair Disorders

#### Sunday, January 23, 2005 7:00 a.m. - 10:30 a.m.

Topics will include: Landmark Clinical Trials Treatment Options Lower Respiratory Tract Infections Treatment of OPIOD Addiction









#### **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, PA's, RN's, 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 which 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, IN. The Indianapolis Marriott North is located in the Keystone & River Crossing area, and is adjacent to the Fashion Mall and numerous fine restaurants. We offer 300 lovely guest rooms, with a beautiful indoor pool and whirlpool, fitness center, with all the necessities, and complimentary parking.

#### **Overnight Accomodations**

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, 2004 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.

#### **Further Information**

Call the IAFP at 1-888-422-4237 or register online at www.in-afp.org.

#### Registration Card IAFP 2005 Family Medicine Update January 20-23, 2005 - Marriott North, Indianapolis

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\*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.

Sinus and Allergy Partnership Updates Sinusitis Guidelines: Recent Increase in Antibiotic Resistance Plays Prominent Role in Changes

by Michael Poole, MD, Chairman, Professor of Otolaryngology and Pediatrics University of Texas Medical School at Houston Rollowing the recent dramatic increase in antibiotic resistance in the United States and the availability of new, highly potent antibiotic drugs, the Sinus and Allergy Partnership (SAHP), along with leading experts, updated its guidelines for the diagnosis and treatment of acute bacterial rhinosinusitis (ABRS), commonly known as sinusitis. The original guidelines were issued in 2000.

Differentiating bacterial from viral rhinosinusitis is often a challenge because the clinical features of the two diseases are similar. Antibiotics kill bacteria not viruses, and growing misuse of antibiotics to treat viral illness such as colds, flu and viral sinusitis is a leading cause of antibiotic resistance.

The Centers for Disease Control and Prevention (CDC) report that the rate of penicillin resistance in *Streptococcus pneumoniae* (the most common respiratory tract pathogen) has increased more than 300 percent in the United States during the past five years. The SAHP has updated the guidelines to help physicians distinguish between viral and bacterial sinusitis and treat the disease appropriately.

The national average penicillin resistance level is recorded at 22% in 2004, but many states and cities have a higher percentage. Louisiana (48%), Texas (41%), Florida (39%), Arizona (38%) and Mississippi (34%) have the highest rates in the continental United States. Of the top ten cities with the highest resistance levels, five are Florida urban areas, and two are Texas cities. The highest recorded resistance percentage was recorded in Jacksonville, FL (60%).

Bacterial sinusitis is usually a complication of a viral upper respiratory infection (URI), such as the common cold. The updated guidelines suggest that bacterial sinusitis be diagnosed in adults or children when a viral URI remains unimproved 10 days after onset (or worsens after five to seven days), and exhibits the following accompanying symptoms: nasal drainage, nasal congestion, facial pressure/pain (especially when the pain occurs on one side and is focused in the region of a particular sinus), post-nasal drainage, reduced sense of smell, fever, cough, fatigue, dental pain in the jaw, and ear pressure or fullness.

To enable appropriate choice of treatment for bacterial sinusitis, the guidelines use the Poole Therapeutic Outcomes Model to group commonly used antibiotics into categories based on efficacy against bacteria that cause ABRS - *Streptococcus pneumoniae, Haemophilus influenzae* or *Moraxella catarrhalis.* The Poole Therapeutic Outcomes Model is mathematical model that predicts the efficacy of the antibiotics based on pathogen distribution, resolution rates without treatment and in vitro microbiologic activity.

In addition to presenting efficacy criteria, the guidelines propose that physicians use antibiotic treatment for sinusitis in accordance with disease severity, disease progression and risk factors for



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infection with a resistant pathogen, including recent antibiotic exposure. (See footnote below table for more risk factors.) The guidelines separate sinusitis diagnosis into two categories: "mild" and "moderate." Since each patient's recent history of antibiotic use significantly affects the risk of infection due to resistant organisms, the guidelines also divide patients into groups based on antibiotic exposure in the past 4-6 weeks.

### Based on disease category and recent antibiotic exposure, the guidelines recommend:

#### Mild ABRS with No Recent Antibiotic Use (Past 4-6 Weeks)

- amoxicillin/clavulanate (1.75g-4g/250mg/day) \*
- amoxicillin (1.5g-4g/day) \*
- cefpodoxime proxetil
- cefuroxime axetil
- cefdinir

Antibiotic Use or Moderate Disease

high-dose

amoxicillin/clavulanate

Mild ABRS with Previous

- (4g/250 mg/day) • respiratory fluoroquinolones
- respiratory fluoroquinolones (gatifloxacin/ levofloxacin/moxifloxacin)
- ceftriaxone

\* Higher daily doses of amoxicillin (4g/day) are recommended for patients with risk factors for infection with a resistant pathogen. These risk factors include: recent antibiotic use, exposure to young

children, living in areas with a high prevalence of penicillin-resistant S. pneumoniae or DRSP, and living in areas with a high volume of pediatric antibiotic use.

Approximately 20 million sinusitis cases appear in the U.S. annually, with an estimated annual economic impact of \$3.5 billion. Sinusitis is the fifth most common diagnosis for which an antibiotic is prescribed.

The Sinus and Allergy Health Partnership is a not-for-profit organization created jointly by the American Academy of Otolaryngic Allergy, the American Academy of Otolaryngology-Head and Neck Surgery and the American Rhinologic Society.

The guidelines were originally published in the journal *Otolaryngology-Head and Neck Surgery*. They are available by mail from The Sinus and Allergy Health Partnership, 1990 M Street NW, Suite 680, Washington, DC, 20036, or online at www.sahp.org.



### IAFP Past President Receives Premier Health Award

**Richard D. Feldman, M.D.**, former Indiana State Health Commissioner and Past President of the Indiana Academy of Family Physicians was given Indiana's premier Health award, "The Tony and Mary Hulman Health Achievement Award" in the field of Preventive Medicine and Public Health. The Indiana Public Health Foundation, Inc. selected Dr. Feldman because of his many impressive contributions to public health in the state. Among other accomplishments, he is a distinguished leader in developing family physician residency training programs. He successfully led in the promotion and implementation of an improved relationship between medicine and public health. He also led the charge in influencing the use of Tobacco Settlement Funds for health programs and services in Indiana.

### Family Medicine Interest Dinner Dishes Out Learning Opportunities

On November 11, the IAFP sponsored a Family Medicine Interest Dinner for the Indiana University School of Medicine medical students. Nearly 100 people attended. Fifty students visited exhibits from Indiana Family Medicine Residency Programs. During dinner, several family physicians shared a panel discussion about their diverse practices, ranging from an inner city clinic to a one-man small-town practice to a large hospital system. The speakers included:

Jennifer Bigelow, MD, of Mooresville Jason Marker, MD, of Wyatt John Haste, MD, of Argos Scott Renshaw, MD, of Indianapolis Mercy Obeime, MD, of Indianapolis

The evening concluded with a drawing of one \$500 and two \$100 Visa, Gift Cards. Rachel Kearby won the \$500 gift card. Barbara Mowery and Jessica Ottenweller won the \$100 gift cards.



Students from IU School of Medicine visit the Residency Program.

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### Medicare Announces Computer Conversion

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

The Centers for Medicare & Medicaid Services (CMS) awarded Electronic Data Systems, Inc. (EDS) the contract to provide a standard Medicare system for all Medicare Part B Carriers. The new system is called MCS or Multi-Carrier System. It is currently used to process more than 50 percent of the Medicare Part B claims in the United States. AdminaStar Federal (ASF) Medicare Part B is scheduled to convert December 1.

ASF has developed a comprehensive project plan to convert from their current Medicare claims processing system (VMS) to MCS. This plan is dedicated to making this conversion successful to ensure minimal impact to all physicians and encourages physicians to watch the AdminaStar Federal Web site (adminastar.com) under the News section and the AdminaStar Federal Medicare Part B Listserv for MCS updates. ASF recently informed Newby Consulting, Inc (NCI) that more than six months and several thousand hours have already been invested in this project to ensure the conversion will successfully take place on December 1.

Recognizing the importance of a smooth conversion for ASF as well as for physicians, CMS authorized temporary changes to the

payment floor to reduce the number of claims pending at the time of conversion. These payment floor changes will accelerate Medicare payments immediately before and after transition.

On November 18, the Medicare payment floor was temporarily removed in order to release reimbursement that would normally be held for 14 to 27 days after the receipt of a claim. This action is intended to avoid financial hardship conditions for Medicare Part B physicians during conversion. On December 13, the payment floor will return to its normal setting for both electronic and paper claims. During the time the payment floors are reinstated, there will be a delay in receiving payments.

Do not hold claims during this process; continue to submit claims normally. ASF has assured your society that they will run reports to ensure all pending work is transferred. Several other states monitored by NCI have already been through MCS conversion and were very successful. Physicians only noticed a difference in processing on the days the Carriers were changing over to the new claims system. At this time, NCI foresees no apparent reason ASF should have problems during this process.

# ASF released the following EDI schedule to help guide your office in planning for the MCS conversion:

Date	Activity
11/19/04	ASF will begin to hold all EDI paperwork. Setup requests received on this date and after will be held until the conversion. ASF will begin to process the backlogged paperwork on 12/01/04, in the order it was received.
11/19/04	Last day to submit electronic claim files for processing on VMS. All claims received prior to 5:00 pm will be processed. Payments will be immediately released.
11/22/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. Claims received this day will be processed by the MCS system on 11/28/04. The Medicare Part B Claim Status Inquiry (CSI) functionality will be available only for claims with Date of Receipt 11/19/04 or earlier. Normal daily and weekly remit files will be available for provider pickup on 11/22/04.
11/23/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. Claims received this day will be processed by the MCS system on 11/28/04. The Medicare Part B Claim Status Inquiry (CSI) functionality will be available only for claims with Date of Receipt 11/19/04 or earlier. Normal daily remit files will be available for provider pickup on 11/23/04.
11/24/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. Claims received this day will be processed by the MCS system on 11/29/04. The Medicare Part B Claim Status Inquiry (CSI) functionality will be available only for claims with Date of Receipt 11/19/04 or earlier. Normal daily remit files will be available for provider pickup on 11/24/04.
11/25/04 - 11/28/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. Claims received this day will be processed by the MCS system on 11/30/04. The Medicare Part B Claim Status Inquiry (CSI) functionality will not be available on these days. Daily and weekly remit files will not be available on these days.
11/29/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. On 11/29/04, ASF will process the held claims received on 11/24/04 as well as claims received 11/29/04. The Medicare Part B Claim Status Inquiry (CSI) functionality will not be available on this day. Normal daily and weekly remit files will be available for provider pickup on 11/29/04.
11/30/04	Providers may submit claims and will receive the front-end 997 Functional Acknowledgments, but the claims will be held for adjudication until ASF converts to the MCS system. On $11/30/04$ , ASF will process the held claims received on $11/25/04 - 11/28/04$ as well as claims received $11/30/04$ . The Medicare Part B Claim Status Inquiry (CSI) functionality will not be available on this day. Normal daily and weekly remit files will be available for provider pickup on $11/30/04$ .
12/01/04	Production in the MCS begins. Business as usual – electronic claims received this day will be processed by MCS this night and generate the IG/Medicare edit reports and daily remit files for retrieval 12/02/04. The Medicare Part B Professional Provider Telecommunication Network (PPTN) functionality will be available on this day
	NOTE: Because claim files are being held until after conversion to the MCS, you may receive remittance files and audit trail reports with Saturday and/or Sunday dates. This process will be unique to the MCS conversion and will only occur this one time.

only occur this one time.

## Foundation News

# Thank You!

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations that donated to the Foundation in 2004. Your generosity has provided the Foundation with critical resources needed to fulfill its mission:

"to enhance the health care delivered to the people of Indiana by developing and providing research, education and charitable resources for the promotion and support of the specialty of Family Practice in Indiana."

#### FOUNDER'S CLUB MEMBERS

Founder's Club members have committed to giving \$2,500 to the IAFP Foundation over a 5-year period. Members noted with a check mark ( $\checkmark$ ) have completed their commitment. The Board would also like to acknowledge that many of these individuals give to the Foundation in addition to their Founder's Club commitment. Members who have done so in 2004 are noted with a diamond ( $\blacklozenge$ ).

Deborah I. Allen, MD ✓◆ Dr. Jennifer & Lee Bigelow Kenneth Bobb, MD 🗸 Bruce Burton, MD ✓◆ Kalen A. Carty, MD Clarence G. Clarkson, MD ✓◆ Dr. Robert & Donna Clutter ✔◆ Dianna L. Dowdy, MD Richard D. Feldman, MD ✓◆ Thomas A. Felger, MD ✓◆ Fred Haggerty, MD 🗸 Alvin J. Haley, MD 🗸 John L. Haste, MD ✓◆ Jack W. Higgins, MD *v* Worthe S. Holt, MD ♦ Richard Juergens, MD Thomas Kintanar, MD ✔◆ H. Clifton Knight, MD 🗸 🔶 Teresa Lovins, MD ✓◆ Debra R. McClain. MD ✓◆ Robert Mouser, MD ✓◆ Raymond W. Nicholson, MD ✓◆ Frederick Ridge, MD ✓◆

Jackie Schilling ✓ Paul Siebenmorgen, MD ✓ Kevin Speer, JD (IAFP EVP) Daniel A. Walters, MD ✓ Deanna R. Willis, MD, MBA

#### PLANNED GIVING CONTRIBUTORS

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

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<u>Gold Level (\$1,000-\$2,499)</u> Ent & Imler CPA Group Richard Feldman, MD Green County Medical Society Raymond W. Nicholson, MD

Silver Level\_(\$100-\$999) Deborah I. Allen, MD Larry Allen, MD Bruce Burton, MD Mr. & Dr. Lee & Jennifer Bigelow Bernard Emkes, MD **Evansville Surgical Associates** Excel Decorators, Inc. Tom Felger, MD Mike Fremion William Gilkison, MD Hall, Render, Killian, Heath & Lyman, LLP John Haste, MD Worthe Holt. MD IAFP 7<sup>th</sup> District Edward Langston, MD

Teresa Lovins, MD Debra R. McClain, MD Loren Martin, MD Robert Mouser, MD Peter Nalin, MD Frederick Ridge, MD Henry Schirmer Riley, MD Kevin Speer, JD (IAFP EVP) Alan Sidel, MD Union Planters Bank Dan Walters, MD

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#### SMOKE FREE INDY BLUES NIGHT PARTICIPANTS

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

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

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# **Membership Update**

#### **KEEP US INFORMED**

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

Your address Phone/Fax Email Address To update, please call: Amanda Bowling @ IAFP: (888) 422-4237 AAFP: (800) 274-2237

Membership Status Totals Active: 1563 Supporting: 4 Inactive: 18 Life: 193 Resident: 256 Student: 276

#### NEW MEMBERS

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

### Active

Mark Seib, MD Lapel

Gregory Howard, MD Fairland

Kehinde Ganiyu, MD Dyer

Michelle Migliore, DO Granger

Patricia Jordan, MD South Bend

Susan Berg, MD Duluth

Evan Geissler, DO Chicago

### Student

Aimee McLean Fishers

Nicholas Koontz Fishers

Lisa Burckhartzmeyer Westfield

Rachel Kearby Beech Grove Jennifer Hartwell Greenwood

Rachel Simmons Greenwood

Megan Engle Greenwood

Jason Bailey Martinsville

Tiffany Emsley Indianapolis

Chirag Patel Indianapolis

Aleksandar Goreski Indianapolis

Matt Zipse Indianapolis

Suzanna Scott Indianapolis

Andea Losch Indianapolis

Robert Muller Indianapolis

Rachael Dyer Indianapolis

Laura Farrell Indianapolis

Sarah Lantz Indianapolis

Scott Keyes Indianapolis

Anna Edwards Indianapolis Meagan O'Neill Indianapolis

Stephanie Carter Indianapolis

Sam Araujo Indianapolis

Anthony Voelkel Indianapolis

Megan Grunert Indianapolis

Yhval Asner Indianapolis

Erica Courtney-McCombs Indianapolis

Alex Maasa Indianapolis

Carolyne Jepkorir Indianapolis

Ginger Reed Indianapolis

Mark Wilson Indianapolis

Jarrod Wiegman Indianapolis

Jennifer Wagner Chesterton

Joe Hinton Hammond

Ryan Bradley South Bend

Kevin Stiver South Bend Peter Miller South Bend

Priti Patwari South Bend

Katie Ellgass South Bend

JaredCoffman Fort Wayne

Angie Bermes Fort Wayne

Kristin Clinkenbeard Muncie

Melinda Mumford Muncie

Nicole Horn Muncie

Jennifer Nelson Muncie

Adam Elnaggon Muncie

Andrew Elliott Bloomington

Evan Miller Bloomington

Dayna Ingram Bloomington

Timothy O'Donnell Bloomington

Mattew Crosby Bloomington

Barbara Mowery Linton



Kristen Mellencamp Terre Haute

Karl Kraebber West Lafayette

Kirk Bodach West Lafayette

Matthew Abbott Lafayette

#### Resident

Jennifer Havener, MD Noblesville

Simona Alb, MD Beech Grove

Heidi Bagwell, MD Beech Grove

Maria Bajuyo, MD Beech Grove

NicholasFinley, MD Beech Grove

Diane Hunt, MD Beech Grove

Brian Ruley, MD Beech Grove

Alison Bilyeu, MD Beech Grove

Evon Ebraham, MD Indianapolis

Marissa Reyes, MD Indianapolis

Jianming Song, MD Indianapolis Ellen Fan, MD Indianapolis

Jeffrey Fields, MD Indianapolis

Aaron Kalinowski, MD Indianapolis

Larissa Dimitrov, MD Indianapolis

Peter Ansorge, MD Indianapolis

Enrique Argote, MD Indianapolis

Karl Ost, MD Indianapolis

John Roberts, MD Indianapolis

Andrew Sprunger, MD Indianapolis

Charles Williams, MD Indianapolis

Bandele Orebanwo, MD Indianapolis

Risheet Patel, MD Indianapolis

Tamika Dawson, MD Indianapolis

Anne Knox, MD Indianapolis

Sunita Premkumar, MD Indianapolis

Nathan Roth, MD Indianapolis

Amber Roth, MD Indianapolis

Jane Kim, MD Indianapolis

James Archer, MD Indianapolis

Margarita Wiersema, MD Indianapolis

John McCleerey, MD Mishawaka Smita Dholakia, MD Mishawaka

Shane Napier, DO Mishawaka

Jessica Statz, DO South Bend

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### 2005 Calendar

Meetings

Family Medicine Update January 20-23, 2005 Indianapolis Marriott North

Board of Directors/Commission/Committees Cluster Meeting January 23, 2005 Indianapolis Marriott North

Faculty Development Workshop March 2, 2005 Indianapolis

Residents' Day/Research Forum March 3, 2005 Indianapolis

Board of Directors/Commission/Committee Cluster Meeting April 17, 2005 Indianapolis

AAFP Annual Leadership Forum May 6-7, 2005 Kansas City

IAFP Annual Scientific Assembly July 20-24, 2005 French Lick Springs Resort, French Lick

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So losing weight is really about 3 things: limiting the amount of calories and fat in your diet, getting exercise and eating the right things, at least 3 servings a day of **milk**, **cheese or yogurt**. For more information on these and other studies, visit <u>www.healthyweightwithdairy.com</u>.

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# Family Medicine Job Opportunities

#### Practice Opportunity for a Family Physician

(posted 10/22/04)

Family Practice position open with Clinic of Family Medicine in Rensselaer, Ind. Group of six with one who retired October 2004. Board eligible or certified, state of art equipment in the clinic, no investment required, female physician especially welcome. Please send or fax resume to: Stephen Spicer, MD The Clinic of Family Medicine 1103 East Grace St. Rensselaer, IN 47978 Fax: (219) 866-0803

#### Practice Opportunity for a Family Physician

(posted 10/06/04)

Retired or semi-retired physician needed in the Indianapolis area. Hourly compensation. No management or insurance hassles. Part ownership in new medical franchise. Send CV to: PGS Attn: Dr. Mark Allen 2321 Marr Rd. Columbus, IN 47203

or e-mail CV to PGS@insightbb.com

#### Physician looking for an associate

(posted 09/15/04) Independent solo Family Physician seeks an associate for a well-established practice in South Bend area. Please send or fax resume to: David L. Clayton, MD, FAAFP Centennial Medical Square 621 Memorial Dr., Suite 624 South Bend, IN 46601 Fax: (574) 282-1044

### Practice opportunity for Family or Internal Medicine physician

Physician selling thriving practice (35 years) in Bloomington, Ind. No HMOs accepted, some PPO, almost no Medicaid, approximately 29% Medicare, a small number of self-pay and remaining commercial insurances. No OB and no pediatric patients. Minimal call. Incoming physician will work with highly skilled and knowledgeable staff of seven. Staff includes part-time nurse practitioner. Current physician owner will stay with practice for up to 12 months to introduce patients to new physician while gradually reducing time in the office. Bloomington (the county seat) is located in the rolling hills of Monroe County within the south central region of Indiana. Home to Indiana University, three lakes, two state parks/forests and a thriving town full of unusual shops, ethnic restaurants, and cultural activities.

Those interested in the position can call in confidence to 812-332-7162.

#### Indiana University Department of Family Medicine is recruiting for the following positions (undated posting 8/20/04)

(updated posting 8/20/04)

• Two M.D. or D.O. BC/BE physicians, with demonstrated expertise involving practice and teaching procedures and maternity care required, to work in the Clinical Division.

The Department of Family Medicine is committed to excellence in clinical practice, teaching and research. Academic rank and salary are commensurate with qualifications and experience. Interested candidates should submit a cover letter and curriculum vitae with three letters of recommendation to: Douglas McKeag, M.D., M.S. Professor and Chair, Department of Family Medicine Indiana University School of Medicine 1110 W. Michigan Street, Ste. 200 Indianapolis, Indiana 46202-5102 Indiana University is an EEO/AA employer, M/F/D.



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