

FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Winter 2006

**Update from AAFP
Congress of
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Scientific Assembly**

Pg. 10

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

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



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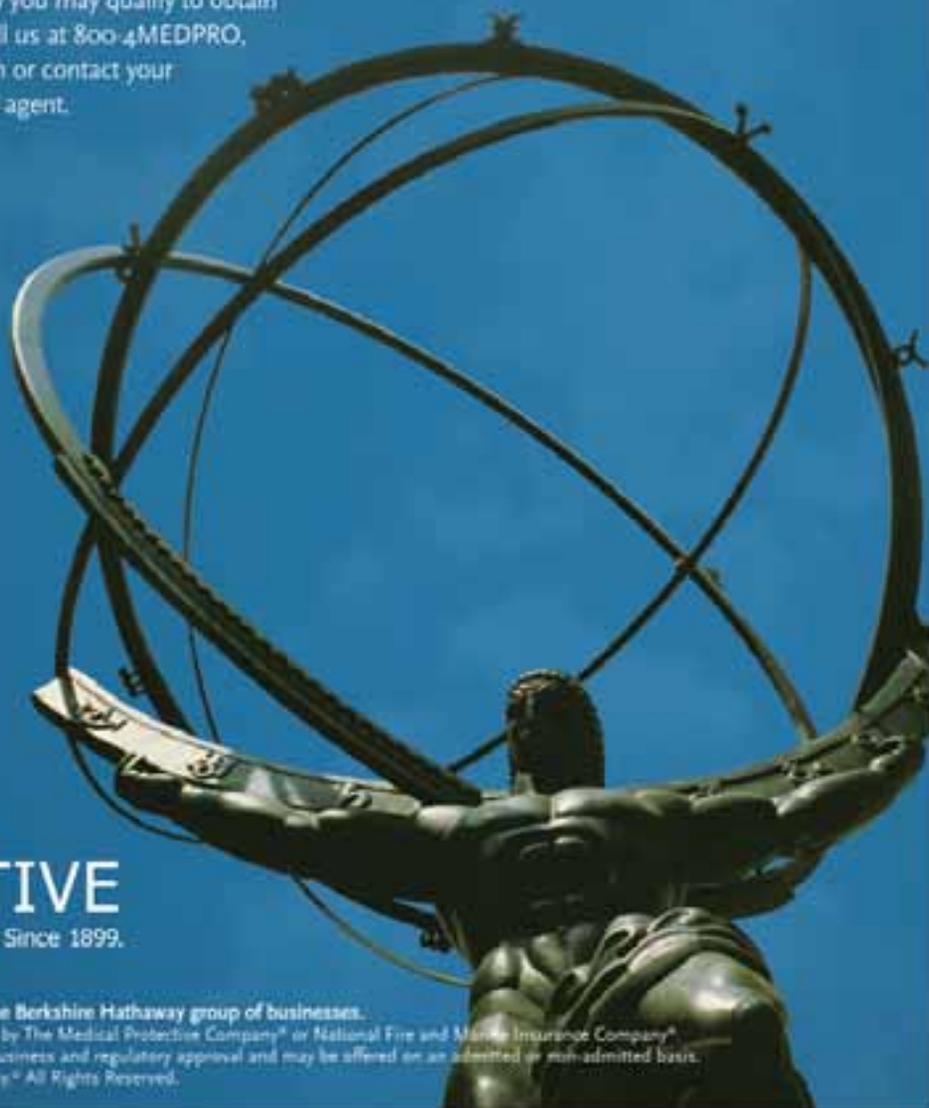
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President's Message

Happy Holidays from the Academy

As we approach the holiday season and the new year, there seems to be more activity than there usually is at this time. The academy has been doing strategic planning to help set the path and focus for our efforts over the next several years. Strategic planning is an ongoing focus for our leadership and board of directors. This particular session proved to be extremely effective and productive. The group will be getting together again in the next several weeks to formulate goals and action items for the plan. I look forward to seeing our progress over the coming months as we complete and revise the plan.

This fall's recent election has also brought many new changes across the state and the country. Many new faces will be present in the statehouse and representing Indiana in Washington, D.C. I can not stress enough the importance of maintaining the presence and counsel of family medicine with these new and incumbent lawmakers, both locally and nationally. Therefore, let me take this opportunity to ask the membership to do two things at this time.

First, if you already are a PAC supporter, continue to do so. If you do not currently support the PAC, consider doing so now. As we face continued changes with patient access, payment for services and regulatory control, the need for PAC money to continue to pursue the agenda of family medicine is as important as ever.

Second, if you have relationships with your legislators, let me ask you to work with the academy to forward the ideals of family medicine with them. While PACs and lobbyists are important in legislation, nothing can replace personal relationships with family doctors to help enforce the importance of family medicine

to the American population. If you are one of these doctors and are not currently active with our Commission on Legislation, you should be. Please contact the office so that we can get you involved with our efforts to benefit our patients and our specialty.

As the holidays approach, I am also reminded of the philanthropic work of our foundation. Like any foundation, ours survives by the philanthropy of our members who support it through their generous giving. Remember the fine work that the foundation has been able to do with Tar Wars, the Adopt-A-Student program, and the recent fundraising efforts for the historic Family Doctor's Office at Indiana Medical History Museum. Efforts such as these are not possible without your help. During the holidays, keep the foundation in mind, and give generously.

Finally, let me remind you of a couple of our educational and functional events coming up. First, the Family Medicine Update is coming up in Indianapolis, January 25-28, 2007. The staff and Commission on Education have once again done a wonderful job putting together an excellent and varied program. Please make plans to attend. Second, let me remind you of the Annual Congress and Scientific Assembly, July 25-29, 2007. This year, we will be in French Lick once again. However, the hotel has been completely remodeled and should provide an excellent, state-of-the-art facility for our meeting. This meeting will also provide an opportunity for each of you to participate in the All Member Congress of Delegates and help to shape the direction and policy of the Academy. Please make your plans to attend and participate.

See you there, and happy holidays!



Windel Stracener, MD





Elections Lead to Major Legislative Changes

by Doug Kinser and Allison Matters

Indiana House of Representatives

The biggest change in November's general election occurred in the Indiana House of Representatives. Democrats will control the House as they increase their numbers from 48Ds-52Rs to 52Ds-48Rs. There could be up to three seats (two held by Rs and one held by D) that could have a recount before the results are finalized.

Rep. Pat Bauer will return as speaker of the house after Rep. Brian Bosma (R) was speaker for one two-year term. Rep. Bosma was elected as minority leader. Since there is a change in leadership, there will be new committee chairs and a new direction in the House. The chairs will be appointed soon after organizational day, November 21, 2006. It is expected that Rep. Charlie Brown will return as chair of public health.

While the incumbents generally held the majority of seats, the following citizens will become legislators immediately after the voting is certified by the secretary of state.

- Rep. Heim was defeated by Nancy Dembowski, a former mayor of Knox and former state senator.
- Rep. Woodruff was defeated by Kreg Battles, a schoolteacher from Vincennes.
- Rep. Bright was defeated by David Cheatham, a former state representative and retired teacher.
- Rep. Smith was defeated by Ron Herrell, a former state representative from Kokomo.

The following seats may be close enough for the parties to consider recount:

- District 15 is currently held by Rep. Lehe, who is ahead by 26 with only provisional ballots remaining.
- District 31 is currently held by Rep. Harris, who is also ahead by 26 with only provisional ballots remaining.
- District 97 is currently held by Rep. Mahern, who is behind by 38 with one precinct and provisional ballots remaining.

Indiana State Senate

The biggest change in the Senate occurred in the primary when Sen. and President Pro-Tem Bob Garton (R) was defeated by Greg Walker (R). Sen. Garton served in the Senate since 1970 and as president pro-tem since 1980. Greg Walker defeated Terry Coriden in the general election by 51%-44%.

In an open Muncie seat, previously held by Sen. Craycraft, there were voting problems and delays in opening the polls in Muncie. A judge ordered the voting polls to remain open until 8:40 p.m. Sue Errington defeated Andrew Phipps 53%-43%.

The remaining incumbent legislators were elected, so Republicans continue to hold a 33-17 margin. The Senate Republicans met on November 8 and elected Sen. David Long of Ft. Wayne as the Senate's new president pro-tem and Sen. Connie Lawson as majority leader. The Democrats elected Sen. Richard Young of Crawford County as its minority leader. It is expected that Sen. Pat Miller will return as chair of senate health.

Congress and U.S. Senate

As expected, six Indiana incumbent congressmen were re-elected. The three remaining races were close and tight to the end. After counting the votes, we have three new congressmen:

- In District 2 in Northern Indiana, Joe Donnelly (D) defeated Chris Chocola (R) by a 54%-46%.
- In District 8 in the Evansville area, Brad Ellsworth (D) defeated John Hostetler (R) by 61%-39%.
- In District 9 in Southern Indiana, Baron Hill (D) defeated Mike Sodrel (R) by 49%-46%.

For the first time since 1994, Democrats will control the House of Representatives and Nancy Pelosi of San Francisco will become speaker of the house. Rep. Mike Pence of Indiana ran for minority leader, but he lost to Rep. John Boehner of Ohio.

Key health care legislators were among those who lost their seats in the elections. Rep. Nancy Johnson (R-Connecticut), chair of the House Ways and Means Health Subcommittee and one of the architects of the Medicare Part D prescription-drug bill, lost her bid for a 13th consecutive term. Rep. E. Clay Shaw Jr. (R-Florida), who pushed for medical-malpractice reform and broadening insurance coverage options, also lost. Democrats plan to push through legislation that would allow Medicare to negotiate directly with drug companies, shield Medicare and Medicaid from efforts to privatize the programs, and reintroduce an embryonic stem-cell research bill.

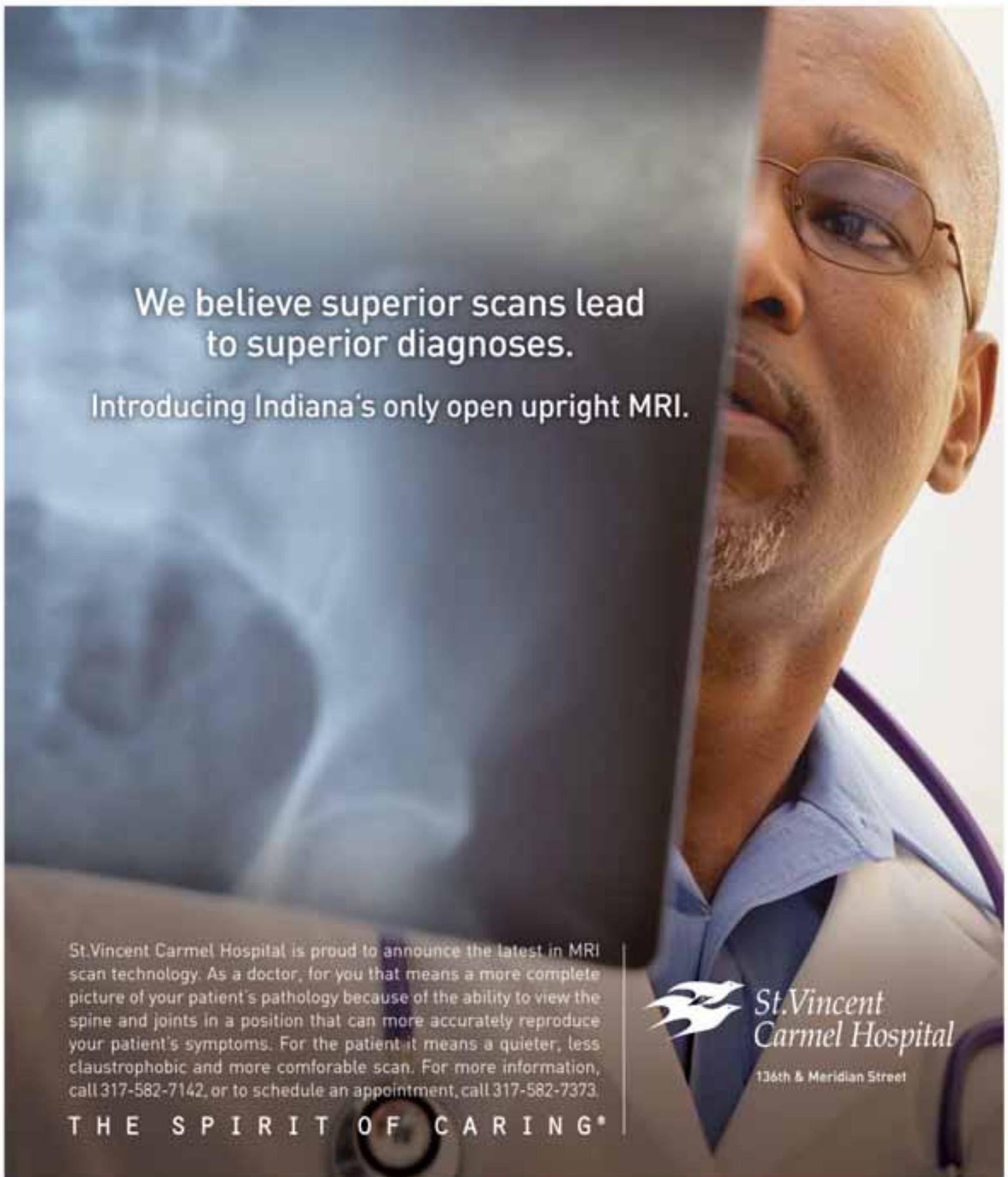
Sen. Lugar was re-elected unopposed to his sixth term. In a surprise, the majority in the U.S. Senate is now controlled by the Democrats. Sen. Harry Reid of Nevada will be the new majority leader, and Sen. Dick Durbin of Illinois will be majority whip. Sen. Mitch McConnell of Kentucky will be minority leader, and Sen. Trent Lott of Mississippi will be minority whip.

Indiana State Offices

All state offices — the secretary of state, treasurer, and auditor — will remain Republican. No major changes in direction will likely occur.



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Update from AAFP Congress of D



Thomas Kintanar, MD, addresses the AAFP Congress of Delegates.



Offering their "support" to Tom Kintanar, MD, from left to right are: John Linson, MD; Missy Lewis; Kevin Speer; Doug Kinser; Windel Stracener, MD; Thomas Felger, MD; Worthe Holt, MD; Fred Ridge, MD; Allison Matters; Deeda Ferree; Daniel Walters, MD; and Clif Knight, MD.

Delegates and Scientific Assembly



Clif Knight, MD; Worthe Holt, MD; and Thomas Felger, MD



Tom Kintanar, MD, speaks with family physicians from across the country about the issues facing family medicine.

Tom Kintanar, MD, Returns Home to Indiana

The closing of the 2006 AAFP Congress of Delegates also marked the end of three years of service on the AAFP Board of Directors for Indiana's own **Tom Kintanar, MD**.

While Indiana's campaign to elect Dr. Kintanar as AAFP president-elect was unsuccessful, all those involved agree that the campaign experience was extremely valuable. Although Dr. Kintanar may have lost the close race, he made the Indiana Academy proud with a standout speech and a run-off vote. Dr. Kintanar said it was "an honor" to represent Indiana at the national level and to be supported by the IAFP in his bid for president-elect. He also expressed his heartfelt thanks to the IAFP leadership, his campaign committee and the IAFP staff for their support and hard work.

Dr. Kintanar's service on the AAFP Board led him across the nation, speaking for family medicine and about the vital role that it plays in our healthcare system. In his campaign speech to the Congress of Delegates, Dr. Kintanar spoke of the strategic alliances that have been made in recent years between AAFP and other partners and the steps necessary to ensure that family medicine is recognized for its cost-effective continuity of care. "I envision embarking on a new course that will enable family medicine to be the essential piece at the table of health care reform," Kintanar asserted. The IAFP would like to extend our deepest gratitude for Dr. Kintanar's service on behalf of our Academy. We are eager to continue the dialogue with him at home and anticipate great opportunities for family medicine in Indiana.

Fred Ridge, MD, Retires from AAFP Delegation

This session of the Congress of Delegates also marked the end of a 12-year tenure with Indiana's AAFP delegation for **Fred Ridge, MD**. Dr. Ridge continuously served the Indiana delegation with experience and insight beginning in 1994 and completed two terms as alternate delegate and four terms as delegate.

Howard Deitsch, MD, Honored as Family Physician of the Year Finalist

Dr. Howard Deitsch (Richmond), 2005 IAFP Family Physician of the Year, was honored as a finalist for the 2007 AAFP Family Physician of the Year, marking one of the only times that a family doctor from Indiana has ever reached the top five. Dr. Deitsch has been a practicing family physician in Richmond since 1973. He currently serves as the medical director of student health at Earlham College and at the Reid Hospice Program. He serves on the Wayne County Board of Health and Reid Hospital Board of Directors. Dr. Deitsch is among a distinguished group of family physicians in receiving this honor, with the national award going to Dr. Steven Levin of St. John's Health Center in New Brunswick, New Jersey.





Family physicians from Indiana at the Capitol Hill Rally

Cynthia Nicholson; Renee Galen, MD; and Ray Nicholson, MD, joined others in Washington, D.C., to ask Congress to “Vote for America’s Health.” Photo credit: Renee Galen, MD

Vote for America’s Health

Family physicians from Indiana joined colleagues from across the country in asking Congress to “Vote for America’s Health” at the Capitol Hill Rally September 27. Rick Kellerman, MD, asked for Medicare’s sustainable growth rate (SGR) to be replaced with a “predictable and positive system for updating physician pay.” The crowd responded with a chant of “Fix it now!” from the sea of white coats. Dr. Kellerman was installed as AAFP president the following day. In his message to the assembly, Dr. Kellerman called for change. “At a time when the American health care system needs to cover 47 million more people, improve quality and safety, take care of an aging population, end health disparities, improve patient satisfaction, and restore the confidence of the public — now is the time for a rebirth of family medicine and a renaissance of putting the patient first,” he said.

Indiana Serves on FMPC Steering Committee

Missy Lewis, IAFP foundation director, has been elected to serve a three-year term on the Steering Committee of the Family Medicine

Philanthropic Consortium (FMPC). The FMPC was officially formed in late 2005 as a collaborative of constituent chapters and chapter foundations unified in prioritizing national health care initiatives, seeking sources of funding, and sharing expertise, resources, programs, best practices, and evaluation outcomes of health care initiatives.

The Steering Committee serves in an advisory capacity to the FMPC and transacts business between the meetings of the FMPC. The Steering Committee is empowered to recommend to the FMPC guidelines, policies, events and programs; and to recommend expenditures consistent with the policies of the AAFP Foundation. The Steering Committee is responsible for setting the agenda, planning the FMPC meetings, creating an annual plan and submitting the plan to the FMPC for approval. Missy looks forward to representing the Foundation on the FMPC Steering Committee and hopes to share our successes in Indiana while also generating new ideas to advance the mission of the IAFP Foundation.

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IAFP Awards

Call for Nominations

The Indiana Academy of Family Physicians strives to improve health care in the state of Indiana. In recognition of the individuals who work to further the specialty of family medicine, the IAFP bestows awards on an annual basis. This call for nominations plays an important part in the process of recognizing outstanding service. Nominations must be in writing and submitted on an official nomination form with appropriate attachments. The IAFP Commission on Membership and Communications will review the entries and present its recommendation to the IAFP Board of Directors for approval. Nominations will be accepted from IAFP members until March 1, 2007.

For more information and nomination forms, please check www.in-afp.org or contact Missy Lewis at mlewis@in-afp.org or (317) 237-4237. 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 given to an Active member of the Academy who, through long-term dedication and leadership, has furthered the development of family medicine in the state of Indiana.

A. Alan Fischer Award

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

Jackie Schilling Certificate of Commendation

The *Jackie Schilling Certificate of Commendation* was established to recognize non-physicians who have been deemed to contribute, in a distinguished manner, to the advancement of

family medicine in the state of Indiana. The recipients of the award are considered to be persons of repute in many fields, including medical education, government, the arts and journalism. In 1999, the award was named after past IAFP Executive Vice President Jackie Schilling.

Distinguished Public Service Award

The *Distinguished Public Service Award* is to be presented to members in good standing who have distinguished him/herself by providing a community or public service. The service for which this award is bestowed should have been performed on a voluntary and uncompensated basis and should have benefited the community in an exceptional way. Service must be entirely separate from the candidate's job responsibility.

Indiana Family Physician of the Year Award

Nominees for the *Indiana Family Physician of the Year Award* must have maintained membership in good standing with both the IAFP and AAFP and must have been in practice for at least 10 years. 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 who is a credible role model professionally and personally to his/her community, to other health professionals, and to residents and medical students. Nominees must also be able to effectively represent the specialty of family medicine and the IAFP and AAFP in a public forum.

Outstanding Resident Award

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

Call for Abstracts

2007 IAFP Residents' Day/Research Forum

Thursday, March 8, 2007
Airport Holiday Inn Select, Indianapolis

The IAFP is currently accepting abstracts for the perennially popular Residents' Day and Research Forum, which will again be held at the Airport Holiday Inn Select in Indianapolis. Please join us for this exciting event!

General Information and Guidelines

All members of the IAFP are eligible to submit an abstract for consideration, including active, resident and student members. (Students will select the staff category if they assisted a staff member in their research project or will select the resident category if they assisted a resident member in their research project.) Presenters should also be clearly noted on the application form.

Selected abstracts will be invited to participate in the competition and present either by an oral presentation with PowerPoint slides or by submission of a poster. Judges will eliminate themselves from reviewing any abstract, paper or presentation if they have had active involvement in a project's development, implementation or presentation.

Competition

Non-Published/Presented Abstracts

The abstract should describe an original work in one of the three categories:

- (1) Original Research
- (2) Case Presentation
- (3) Article Review

Abstracts must be factual and report on completed research. Materials previously published or presented at another national meeting are not acceptable for this research competition.

For complete submission guidelines and forms, please visit www.in-afp.org.

To submit an abstract, please send two copies (one blinded and one unblinded) ELECTRONICALLY to cbarry@in-afp.org no later than Monday, February 5, 2007.

Questions? Call the IAFP @ 317.237.4237 or e-mail us at iafp@in-afp.org.

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New Study Finds Tobacco Industry Ads *Encourage Kids to Smoke*



WASHINGTON, D.C. – A new study published by the *American Journal of Public Health* (AJPH) finds that so-called “tobacco prevention” television ads sponsored by the tobacco companies are, at best, ineffective and that some of the ads actually encourage teens to smoke.

The study finds the tobacco industry ads targeted at youth do not reduce smoking, while tobacco industry ads targeted at parents may have harmful effects on teens. Specifically, 10th- and 12th-graders exposed to the tobacco industry’s parent-targeted ads were more likely to approve of smoking, more likely to say they planned to smoke in the future, and more likely to have smoked in the past 30 days.

Health advocates said this study is another reason why Indiana should fund an evidence-based tobacco prevention program.

“If Indiana does not have a well-funded tobacco prevention program, the tobacco industry will be the only voice speaking to our kids about smoking, and this study makes it clear that when the tobacco companies speak to kids, even in so-called prevention ads, teens are more likely to smoke,” said Karla Sneegas, executive director of Indiana Tobacco Prevention Cessation.

In Indiana, Sneegas said the state has funded a tobacco prevention program advertising campaign aimed at youth, known as VOICE, since 2001. Data from a 2005 youth survey showed youth with a confirmed awareness of VOICE were 13 times more likely to think that smoking “is not cool,” thus reducing their likelihood to smoke.

“The ads run by the tobacco companies are a fraud and are just another attempt to make us their guinea pigs. Our VOICE campaign, designed by kids for Indiana kids, really works,” added Julianna Eley, who recently attended a statewide ACTION SPEAKS 2006 conference.

What can family doctors do to counter the tobacco industry’s marketing campaign?

- Pull all “prevention” materials that are created by the tobacco industry from your shelves. Quit Assist, Talk to Your Kids about Smoking, and others like them are campaigns designed by companies that make money off of new customers!
- Volunteer to present Tar Wars in your local fifth-grade classroom. \$475 million is spent on advertising by the tobacco industry each year *in Indiana alone*. Family physicians are key in the efforts to keep our vibrant youth from becoming future smokers.
- Continue to ask patients of their smoking status and help them to find resources to quit.
- Get in touch with your local tobacco coalition (see <http://www.in.gov/itpc/community.asp> to find your local coalition) or visit <http://www.askandact.org> to request effective patient education materials.
- Contact your state legislators and ask them to increase Indiana’s tobacco tax and restore funding to the Indiana Tobacco Prevention & Cessation Agency (ITPC) to at least \$34.8 million (the CDC minimum recommended level of funding for a comprehensive tobacco control program that works).

“Prevention”

In the new AJPH study, researchers used Nielsen Media Research television ratings data to measure youth exposure to the tobacco industry’s television ads from 1999 to 2002. They then compared these levels of ad exposure to youth smoking attitudes and behavior as measured by school surveys of eighth-, 10th- and 12th-graders conducted as part of the federal government’s annual Monitoring the Future survey. The final sample size was 103,172 students. The researchers adjusted their analysis for other factors that might have affected youth smoking, including smoke-free laws, cigarette prices and other TV advertising about not smoking.

The study involved youth-targeted ads by Philip Morris and the Lorillard Tobacco Company and parent-targeted ads by Philip Morris. While the youth-targeted ads are no longer running in the United States (some are still running in other countries), Philip Morris is still running parent-targeted ads in the U.S. In addition to the TV ads, tobacco companies continue to distribute their so-called “prevention” materials to schools and doctors’ offices and to run radio and magazine ads about their programs.

In stark contrast to the findings of this new study, a July 2005 study using the same methodology and published in the journal *Archives of Pediatric and Adolescent Medicine* found that state-sponsored tobacco prevention media campaigns are effective at reducing smoking. This study found that youth exposed to these campaigns are more likely to perceive harm from smoking, more likely to say they would not smoke in the future and less likely to have smoked in the past 30 days. States such as Maine and Washington that have adequately funded tobacco prevention programs have reduced smoking by more than 60 percent among some age groups.

By contrast, in Indiana, per capita spending on the public education campaign has dropped dramatically from 86 cents in 2004 to just 27 cents in 2006. The Centers for Disease Control (CDC) recommends that Indiana spend a minimum of one dollar in such campaigns. Overall, Indiana spends \$10.8 million each year in tobacco prevention; 69 percent below the CDC minimum recommended level of funding.

The new AJPH study was conducted by researchers at Bridging the Gap, a policy research program based at the University of Illinois at Chicago and the University of Michigan. The National Cancer Institute, the National Institute on Drug Abuse and the Robert Wood Johnson Foundation funded the study.



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MyPyramid Food Guidance System

by Maria V. Fletcher, MD

The Food Guide Pyramid developed by the USDA became so widely recognized as an excellent tool to help people make healthy food choices, many believed it has been the basis of nutritional guidance for 40 years or more. In reality, it was only 13 years old when it was updated and MyPyramid was released in April 2005. MyPyramid kept all the food groups from the original Food Pyramid, but it included a graphic representation of physical activity, which is an important additional recommendation for healthy living.

The USDA revised the food guidance system to reflect evidence gained from the most recent research. This revision was coordinated with the development of the *2005 Dietary Guidelines for Americans*, which was released by the USDA and HHS in January 2005.

Another reason to revise the food pyramid was to help consumers be more effective in their efforts to establish a healthy way of life. MyPyramid has motivational and educational tools. With a Web-based system, the program is more interactive. The Web site provides an opportunity to personalize a plan when participants enter their age, gender, and activity level. This food plan can include specific daily amounts from each food group and a limit for fats, added sugars and alcohol. This personalized mini-poster can be printed out, and it includes a worksheet to help track progress and set goals for the future.

The MyPyramid food guidance system provides specific recommendations for making healthier food choices. When the recommendations for dietary guidance are implemented, specific changes in the typical American diet should occur. There would be an increased intake of vitamins, minerals, dietary fiber, and other nutrients. A decrease

intake of saturated fats, trans-fats and cholesterol would be seen with an increased intake of fruits, vegetables and whole grains to decrease risk for some chronic diseases. It is felt that the balance of caloric intake with energy requirement would result in a healthier weight and prevent obesity.

The most obese people in the world live in America, where more than 33% of American adults are obese. Obesity-related deaths have climbed higher than 300,000 a year. According to the CDC, obesity in adults has increased by 60% within the past 20 years, and in the past 30 years, obesity in children has tripled. The revision of the food pyramid to the new MyPyramid food guidance system is an excellent way to provide evidence-based healthy lifestyle and dietary recommendations to impact these staggering figures.

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Enjoy an unobstructed view of every sunset from the comfort of the balcony, living room or bedrooms. After sunset, relax while watching one of four televisions with cable TV, or throw a DVD into one of three DVD players. With four TVs, everyone can find something to watch.

Prepare a gourmet meal on the granite countertops using the state-of-the-art stainless steel appliances. Or, you may want to step out on the huge 531-square-foot balcony that includes a summer kitchen with gas grill, table with seating for six and four chaise lounges.

Condominium Features:

24/7 security entrance, 2,316 square-feet of the good life, 531 square-feet of balcony with a built in gas grill (BBQ) for a total of 2,847 square-feet, nine-foot ceilings throughout, fireplace with remote control, two master suites, three full-size bathrooms with Corian vanity tops, jetted tub and separate shower in one master bathroom, tile floors throughout with carpet in bedrooms, fully appointed kitchen with granite countertops, five sliding glass doors to balcony, heated and cooled vestibules on each floor, underground parking with designated spaces, Mediterranean plaza with fountains and lush vegetation, several unique waterfalls and fountains, 7,000 square-foot pool, heated pool and hot tub.

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En Soleil, Panama City Beach, Panhandle Panama City Beach Area, Florida, USA
(On the quiet end of Thomas Drive on the beach)

ACCOMMODATIONS

Condominium — 4 Bedrooms — Dining Room — Den — 3 Baths — Sleeps 10

AMENITIES

Two master suites fireplace w/remote, phone, air conditioning, cable TV, DVD/VCR, full kitchen, microwave, dishwasher, refrigerator, separate ice-maker, cooking utensils provided, linens provided, washer, dryer, jetted tub in bath, hot tub, 7000 square-foot pool, heated pool, underground garage, covered parking, gas grill (BBQ), iron and board, boombox, no smoking

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Please contact Paula Ellis at 770.616.1959 for more information.



2007 IAFP Family Medicine Update

January 25-28, 2007 • Marriott North, Indianapolis

Register now for the 2007 IAFP Family Medicine Update in Indianapolis! This is your once-a-year opportunity to earn top-quality CME credit, connect with your colleagues, and visit our exhibit show in the comfortable surroundings of the Marriott North. Excellent dining and leisure opportunities are also available both in the hotel itself and steps away at the prestigious Fashion Mall and Keystone Crossing area.

CME Planned By Family Physicians Specifically For Family Physicians

Our CME schedule will include:

Thursday, January 25, 2:30-6 p.m.

Ablation Therapy for A-Fib – Dan Beckman, MD
Suboxone Information Session – Tim Kelly, MD
Diagnosis and Management of Rheumatic Diseases by the Primary Care Physician – David S. Batt, MD
New Medications Update

Friday, January 26, 7:30 a.m.-7 p.m.

All Day Coding Workshop for Office Staff with Joy Newby
Exhibit Show
Wait, Wait, Don't Tell Me! An Interactive Review of Common Pediatric Skin Conditions – Paul Berman, MD
Frozen Shoulder – Robert M. Baltera, MD
Foot and Ankle Review
Physician and Exhibitor Luncheon
Update on Hospital Safety – Clif Knight, MD
Pervasive Mental Disease/Autism Spectrum
Primary Care of Chronic Renal Failure
Care of the Newborn – David Hertz, MD

Saturday, January 27, 7:30 a.m.-7 p.m.

HPV and Adolescent Immunizations – Louis Kuritzky, MD
Pediatric Asthma
Infectious, Pre-Malignant and Cancerous Skin Conditions – Louis Kuritzky, MD
Sleep Apnea – Ken Elek, MD
LEEP
Office Efficiency
Prenatal Care/OB Update

Sunday, January 28, 7-11:45 a.m.

Immunization Update – Charlene Graves, MD
Diabetes – Jane Bridges
Bipolar Disorder: Update for Family Medicine
The Health Impact of Active Cultures: Probiotics

Visit www.in-afp.org for more information and to register online. Registration forms have already been mailed. Look out for a complete schedule in your mailbox, or call the IAFP at 317.237.4237 to request more information.



Program Goals

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

Who Should Attend

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

AAFP CME Credit

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

Individuals with Disabilities

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

Meeting Location

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

Overnight Accommodations

A block of rooms is being held at the Marriott North. The IAFP room rate is \$99. Reservations may be made by calling 317.705.0000. You must identify yourself as being with the Indiana Academy of Family Physicians and make your reservation prior to January 4, 2007 to receive the group rate.

Registration Fee Includes

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

REGISTRATION CARD
IAFP 2007 Family Medicine Update
January 25-28, 2006 – Marriott North, Indianapolis
(Please Print)

Name _____ MD _____ DO _____ Other _____
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IAFP Member One Day Only Fees:

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 Friday Only @ \$150
 Saturday Only @ \$150
 Sunday Only @ \$100

- Non-Member Physician of the AAFP @ \$425

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

Please print name of credit card holder:

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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.*

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 as of November 1, 2006. Your generosity has provided the Foundation with critical resources needed to fulfill its mission:

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

FOUNDER’S CLUB MEMBERS

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

Deborah I. Allen, MD ✓
Dr. Jennifer & Lee Bigelow
Kenneth Bobb, MD ✓
Douglas Boss, MD
Bruce Burton, MD ✓
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Clarence G. Clarkson, MD ✓
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Thomas A. Felger, MD ✓

Fred Haggerty, MD ✓
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John L. Haste, MD ✓
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Worthe S. Holt, MD ✓
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Edward L. Langston, MD ✓
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Jason Marker, MD
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Jackie Schilling ✓
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PLANNED GIVING CONTRIBUTORS

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

2006 CONTRIBUTORS

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American Heart Association
Americans for Nonsmokers’ Rights
Campaign for Tobacco-Free Kids
Kalen Karty, MD
Raymond W. Nicholson, MD
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Silver Level (\$100-\$999)

American Cancer Society	Bernard Emkes, MD	Melissa Pavelka, MD
American Heart Association	Deeda Ferree	Robert Rose, MD
Larry Allen, MD	R. Scott Frankenfield, MD	Alan Sidel, MD
Dr. Jennifer W. & Lee Bigelow	David M. Hadley, MD	Holly Simpson, MD
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It’s not too late to make your contribution for 2006! All donations postmarked by December 31, 2006, will count towards this year’s giving.

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 - Pleural & pericardial infection/effusions
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 - Thyrectomy for myasthenia gravis
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- Uterine fibroid embolization
- Vagal nerve stimulation for depression & epilepsy



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- Ball Hospital campus, Muncie
765.286.5595
- Bloomington Hospital campus
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Coding and Billing Update

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

Medicare Part B Deductible, Coinsurance and Premium Information for 2007

For 2007, the following rates are applicable for Medicare Part B deductible and coinsurance:

Deductible: \$131.00 per year (Increased from \$124 in 2006)

Coinsurance: 20 percent

Beginning on January 1, 2007, for the first time in history, the Medicare Part B premium will be based on the income of the beneficiary. Below are the CY 2007 Part B premium amounts based on beneficiary income parameters.

Premium/Month	Individual Adjusted Gross Income	Combined Adjusted Gross Income (Married)
\$ 93.50	\$ 80,000.00 or less	\$160,000.00 or less
\$105.80	\$ 80,000.01-\$100,000.00	\$160,000.01-\$200,000.00
\$124.40	\$100,000.01-\$150,000.00	\$200,000.01-\$300,000.00
\$142.90	\$150,000.01-\$200,000.00	\$300,000.01-\$400,000.00
\$161.40	\$200,000.01 or more	\$400,000.01 or more

New for 2007 – Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

§5112 of the Deficit Reduction Act (DRA) of 2005 amended §1861 of the Act to provide for coverage for ultrasound screening for abdominal aortic aneurysm (AAA), effective for services furnished on or after January 1, 2007, subject to certain eligibility and other limitations. This screening test will be available even if the qualifying patient does not present signs or symptoms of disease or illness. The DRA also provides that the Medicare Part B deductible will not apply with respect to ultrasound screening for AAA.

As provided in the DRA, this new coverage allows payment for a **one-time only** screening examination. Specifically, §5112(a)(1) of the DRA provides that coverage of ultrasound screening for AAAs will be available for an individual

- who receives a referral for such an ultrasound screening as a result of an initial preventive physical examination (as defined in §1861(w)(1) of the Act),
- who has not been previously furnished such an ultrasound screening under this title, and

- who has a family history of AAA or manifests risk factors included in a beneficiary category recommended for screening by the United States Preventive Services Task Force regarding AAAs.

§5112(a)(2) of the DRA also adds a definition of the term “ultrasound screening for an Abdominal Aortic Aneurysm” to mean

- a procedure using sound waves (or other procedures using alternative technologies, of commensurate accuracy and cost, that the secretary may specify) provided for the early detection of abdominal aortic aneurysm; and

- includes a physician’s interpretation of the results of the procedure.

In developing the coverage guideline, CMS reviewed the 2005 United States Preventive Services Task Force (USPSTF) recommendations and related material on ultrasound screening for AAAs. This includes

- a recommendation for a one-time ultrasound screening for men aged 65 to 75 who have smoked at least 100 cigarettes in their lifetime,
- no recommendation for or against ultrasound screening for AAAs for men who have not smoked at least 100 cigarettes in their lifetime, and
- a recommendation against routine screening for AAAs in women.

Based on the statutory language and the USPSTF recommendations outlined above, CMS defines the term “eligible beneficiary” for coverage of ultrasound screening examinations for AAA to mean an individual who

- **has received a referral for an ultrasound screening as a result of an initial preventive physical examination (as defined in §1861(w)(1) of the Act);**

- has not been previously furnished such a covered ultrasound screening examination under the Medicare program; and
- is included in at least one of the following risk categories:
 - has a family history of an AAA, or
 - is a man age 65 to 75 years who smoked at least 100 cigarettes in his lifetime, or
 - is an individual who manifests other risk factors that are described in a benefit category recommended by the USPSTF regarding an AAA that has been determined by the secretary through the NCD process.

Please note the IPPE referral requirement for coverage of the ultrasound screening for AAAs prevents many older beneficiaries from qualifying for coverage of the exam, but that requirement is specified in §5112 of the DRA. A change in the statute is required to permit CMS to expand the scope of the benefit to older beneficiaries who do not satisfy this requirement.

Use of G0107 for Fecal Occult Blood Test Discontinued

Effective for dates of service on or after January 1, 2007, HCPCS code G0107 for screening Fecal Occult Blood Tests (FOBT) is being replaced by CPT code 82270. If you use HCPCS code G0107 for FOBT for dates of service on or after January 1, 2007, the claim will be returned as unprocessable. Please be sure to update your encounter forms prior to the first of the year to include this change. G0328 will remain a valid code for FOBT using the immunoassay method.

Remember, screening FOBT means: (1) a guaiac-based test for peroxidase activity in which the beneficiary completes it by taking samples from two different sites of three consecutive stools or, (2) a immunoassay (or immunochemical) test for antibody activity in which the beneficiary completes the test by taking the appropriate number of samples according to the specific manufacturer’s instructions.

Deductible Eliminated for Colorectal Cancer Screening Tests

§5113 of DRA eliminates the requirement of the annual Part B deductible for colorectal cancer screening tests furnished on or after January 1, 2007. This means for dates of

service on or after January 1, 2007, Medicare will waive the annual Medicare Part B deductible for colorectal cancer screening tests billed with the *HCPCS* codes listed below. While the deductible will be waived and will not apply for colorectal cancer screening test services furnished on or after January 1, 2007, the Medicare beneficiary is still financially responsible for the Medicare Part B 20 percent coinsurance.

New Medicare Secondary Payer Recovery Claims Contractor

CMS has contracted with Chickasaw Nation Industries, Inc. to be the new Medicare Secondary Payer Recovery Contractor (MSPRC) effective October 2, 2006. This organization will serve all 51 states.

The MSPRC's trained staff will help you with your MSP post-payment recovery

Please note liability insurance includes self-insurance and all types of liability insurance, including, but not limited to, automobile liability insurance, uninsured motorists' insurance, underinsured motorists' insurance, homeowners' liability insurance, malpractice insurance, product liability insurance and general casualty insurance. No-fault insurance includes, but is not limited to, automobile, homeowners' and commercial plans. Sometimes no-fault insurance is called medical payments coverage or personal injury protection.

<i>HCPCS Code</i>	<i>Definition</i>
G0104	Colorectal cancer screening: Flexible sigmoidoscopy
G0105	Colorectal cancer screening: Colonoscopy on individual at high risk
G0121	Colorectal cancer screening: Colonoscopy on individual not meeting criteria for high risk
G0106	Colorectal cancer screening: Barium enema as an alternative to G0104, screening sigmoidoscopy
G0120	Colorectal cancer screening: Barium enema as an alternative to G0105, screening colonoscopy

Address Group Health Plan insurance MSP recovery inquiries to:
 MSPRC GHP
 PO Box 33829
 Detroit, MI 48232-3829

Address Workers' Compensation MSP recovery inquiries to:
 MSPRC WC
 PO Box 33831
 Detroit, MI 48232-3831

Unfortunately, the DRA did not amend §1834(d)(3)(D) of the Social Security Act which states "if during the course of such screening colonoscopy, a lesion or growth is detected which results in a **biopsy or removal of the lesion or growth**, payment under this part shall not be made for the screening colonoscopy but shall be made for the procedure classified as a colonoscopy with such biopsy or removal." Based on this statutory language, in such instances the test or procedure is no longer classified as a "screening test." Thus, the deductible **WILL NOT** be waived in such situations.

inquiries. Their Customer Service Representatives are available Monday through Friday, from 8:00 a.m. to 8:00 p.m., Eastern Time, except holidays. Their toll-free line is 1-866-677-7220. TTY/TDD: 1-866-677-7294 has been set up for the hearing and speech impaired.

Written inquiries may be sent to the following addresses:
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More information can be found regarding the MSPRC at the following Web site:
https://www.cms.hhs.gov/MSPRCGenInfo/03_MSPRCRules.asp

Medicare Medical Review Has New Name
 The Medical Review section of the Web is now titled "Clinical Education." The Progressive Corrective Action (PCA) case result information and clinical education you have always found under Medical Review is still available under this new link.

Conversion Factor Reduced in Final Rule

Unless Congress intervenes, the Medicare law includes a statutory formula that requires CMS to implement a minus-5.0-percent update in payment rates for physician-related services. This is slightly less than the 5.1-percent reduction in the proposed rule.

AdminaStar Federal Medicare Part B Online Report Tool

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Member News

Richard D. Feldman, MD, **Elected President of Indiana Medical History Museum**



The Indiana Medical History Museum elected board members and a slate of officers at their Annual Business Meeting on November 5, 2006. **Richard D. Feldman, MD**, director of medical education at St. Francis Hospital in Beech Grove, was elected president. Dr. Feldman is a past president of the IAFP. In addition, **Missy Lewis**, IAFP foundation director, serves as a member of the board.

The Indiana Medical History Museum is housed in the Old Pathology Building on the grounds of the former Central State Hospital. Opening in 1896, the Pathology Building was dedicated to discovering the causes of mental illness to aid science in finding cures for the residents. In addition to the historical pathology labs, there is also a replica of a mid-twentieth century Hoosier doctor's office that has been financially supported by the IAFP Foundation.

Frederick R. Ridge, MD, **Receives Tony and Mary Hulman Health Achievement Award**



Dr. Frederick R. Ridge, health officer from Greene County, was honored Thursday, October 19, 2006, at the 22nd annual "Tony and Mary Hulman Health Achievement Awards" dinner at the downtown Westin Hotel in Indianapolis. James Rogers, president of the Indiana Public Health Foundation, Inc., notes that the awards are given to recognize outstanding contributions in the fields of geriatrics and gerontology, preventive medicine and public health, and environmental health, along with a Lifetime Award for Distinguished Service in Years of Health Advancement. These awards are given to individuals, as well as to business and industry recipients. Judy O'Bannon was the dinner chairman for this prestigious awards program.

Dr. Ridge received the award in the area of preventive medicine and public health. Dr. Virginia Caine, Marion County Health Department director, presented the award to Dr. Ridge. Comments from the letter nominating Dr. Ridge included: Dr. Ridge has exemplified exceptional and dedicated leadership in recognizing the need to improve the image of public health, and the importance for all local health departments to have a voice in advancing public health and improving communications among local health departments. He has been instrumental in bringing local health officers and staff together to develop the Indiana Association of Public Health Physicians and Local Health Departments Organization, Inc. Dr. Ridge has served as chairman of three continuing education seminars for local health officers for six years, and worked to include local health department staff as participants in the seminars, providing them with the opportunity to share information and solutions on improving the image of local health departments.

Residency Reception Raises Knowledge, Excitement in Field of Family Medicine

Medical students from the IU School of Medicine were invited to attend a family medicine residency reception at the Riverwalk Banquet Center in Broad Ripple on November 7. More than 30 students enjoyed the IAFP's night of fiesta-themed fun, food and fantastic freebies. Several drawings for restaurant gift cards and Pacers tickets were held, and the winners were:

Tim Hansen, MS II

\$50 P.F. Chang's gift card

Jesse Beery, MS II

\$50 P.F. Chang's gift card

Tim Hansen, MS II

Tickets for Pacers vs. Orlando Magic

Jared Coffman, MS IV

\$50 Rock Bottom gift card

Jeff Scott, MS IV

\$50 Rock Bottom gift card

Matt Nobari, MS III

Tickets for Pacers vs. Milwaukee Bucks



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

Membership Status Totals as of October 31, 2006

Active1646
Supporting (non-FP).....5
Supporting CME (FP)3
Inactive9
Life.....196
Resident252
Student197
Total2308

New Members

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

Active

M. Cassandra Popoola, MD
Granger

Laura Hannon, MD
New Carlisle

Justin Clutter, MD
Terre Haute

Resident

Terri Bowland, DO
Granger

Tonya Duguid, DO
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Jacklyn Kiefer, DO
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Physician of the Day Volunteers Needed for February and April 2007!

The Indiana Academy of Family Physicians (IAFP) and the Indiana State Medical Association (ISMA) will once again sponsor the Physician of the Day program at the 2007 General Assembly. Your assistance is needed! In this session, it is most important that family medicine make an impression on our legislators. This important program allows you to observe the legislative process firsthand and to meet with your area representatives.

The Physician of the Day Program is one in which IAFP members volunteer to spend one or more days at the Statehouse during the legislative session. The purpose of the Physician of the Day Program is to provide episodic primary-care services, as a convenience, for the governor, legislators and their staffs during the time the state

Legislature is in session. The Physician of the Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of February and April. If you are interested in serving as the Physician of the Day, please contact Chris Barry at the IAFP office at (888) 422-4237 (toll-free, in-state only) or (317) 237-4237 to schedule your POD shift. Alternatively, you can e-mail him at cbarry@in-afp.org.

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



FLP Tips

Error-Prone Abbreviations List Assists in Reduction of Medication Errors

The Institute for Safe Medication Practices (ISMP) has published a list of error-prone abbreviations as a strategy to assist in the reduction of medication errors. Included here is a short list of these notations. For the full list, please visit www.ismp.org/tools/errorproneabbreviations.pdf.

Notation	Reason	Instead Use
QD	Mistaken for QID	“daily”
Trailing Zero (“X.0 mg”)	Decimal point missed	“X mg”
U	Mistaken for 0	“unit”
Naked Decimal Point (“.X mg”)	Decimal point missed	“O.X mg”
> or <	Mistaken for opposite of intended	“greater than” or “less than”
/	Mistaken for 1	“per”

Mark Your Calendar

2007

January 25-28

Family Medicine Update
Marriott North, Indianapolis

February 9-11

Ten-State Regional Conference
Indianapolis

March 7

IAFP Faculty Development Day
Airport Holiday Inn, Indianapolis

March 8

IAFP Residents' Day and Research Forum
Airport Holiday Inn, Indianapolis

March 18

IAFP Board/Cluster Meeting
Indianapolis

July 25-29

IAFP Annual Scientific Assembly and Congress of Delegates
French Lick

October 3-7

AAFP Annual Meeting
Chicago



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