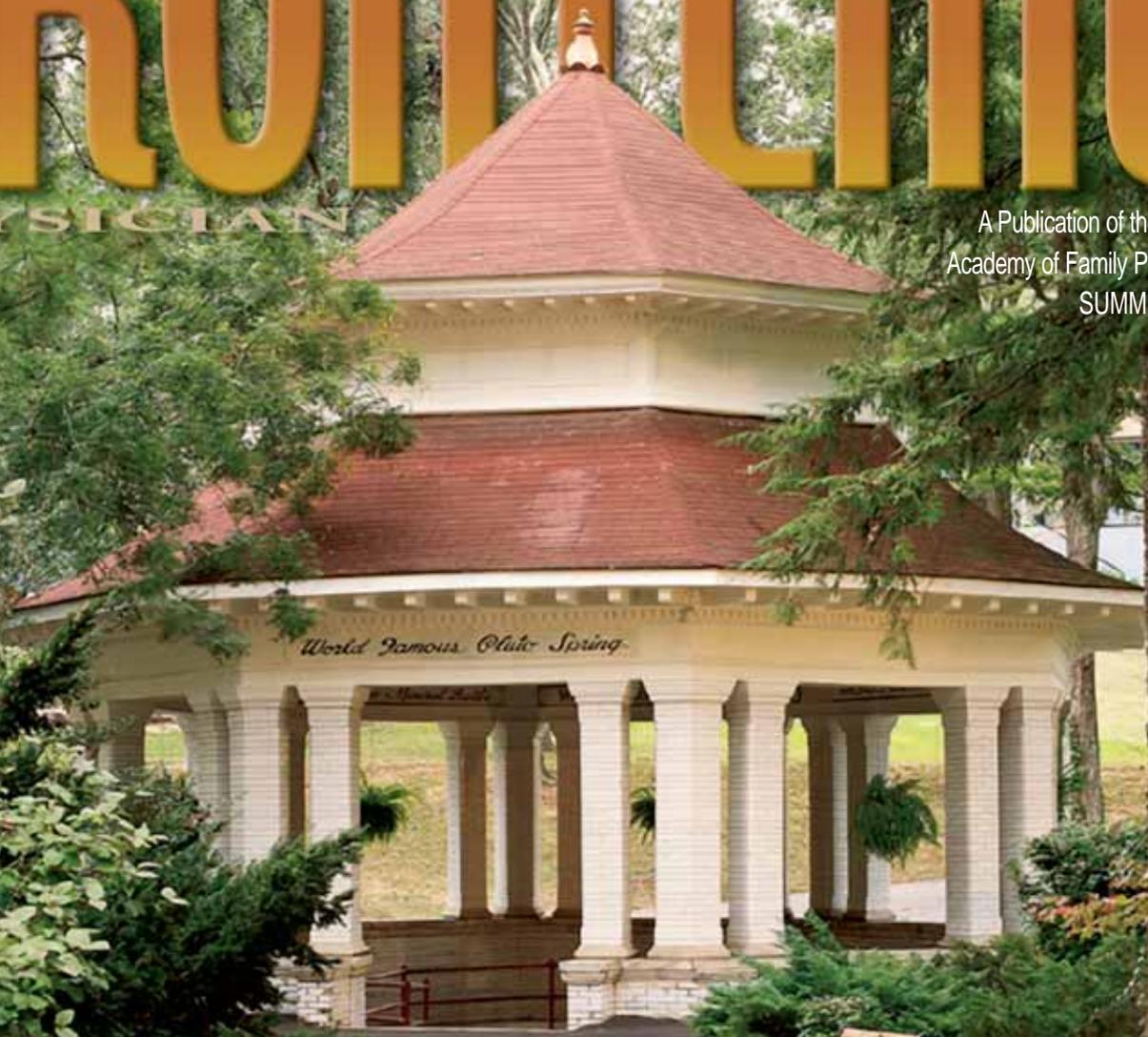


FRONTLINE

PHYSICIAN

A Publication of the Indiana
Academy of Family Physicians
SUMMER 2004



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IAFP Annual Meeting
July 21-25, 2004
at French Lick Springs Resort page 18

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Poster Contest Winner page 28

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About The Cover:

French Lick Springs Resort, nestled in scenic southern Indiana, is the location for the 2004 IAFP annual meeting.

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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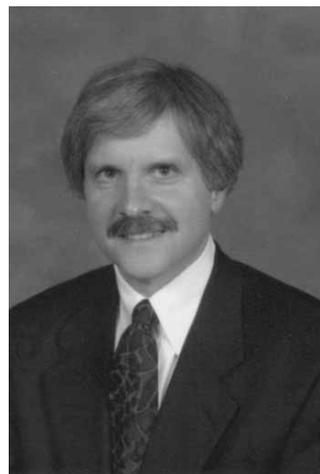
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Presida

It's been a great year! The IAFP has had a number of important successes, and we can be proud that we have helped improve the health of our patients and our state.

In recent months, the short session of the Indiana General Assembly dominated our attention and efforts. It was an unusual year and relatively little was accomplished with a great deal of partisan positioning and in the end, gridlock. The stalemate resulted in the death of many bills that were simply not acted upon.

Three bills that we supported did pass. HB1098, child restraints in motor vehicles, will require all children younger than 16 years old to be in a child restraint system or in a safety belt. HB1273, amendments to ICHIA (insurance for those who cannot qualify for other private insurance programs), will help to improve the financial stability of this program. It will require the state to increase its commitment to cover any fiscal shortfalls and will increase the fee schedule to the Anthem rates. Lastly, we can be proud that the IAFP's testimony directly resulted in saving HB1133. This bill will assure that high school students in school before the 1999 Hepatitis B vaccine kindergarten requirement will receive that immunization before graduation. Sometimes our efforts really do make a difference!

I'm also happy to announce that our Tar Wars® program received a \$49,000 grant from the Indiana Tobacco Use Prevention and Cessation agency (ITPC). This funding is critical. It not only assures the effectiveness of our efforts in tobacco prevention for Hoosier children but it also relieves a significant financial burden for the IAFP in subsidizing this foundation program.

There's more good news about our projects regarding tobacco control for 2004. We have been successful in our efforts to renew the commitment of the medical and health care communities to support restoration of full funding for our state tobacco control program administered by ITPC. The following organizations have signed our resolution:

- Indiana State Medical Association (ISMA)
- ISMA student section
- Indiana Dermatological Association
- Indiana Optometric Association
- Indiana Osteopathic Association
- Indiana Chapter of the American College of Surgeons
- Indiana Chapter of the American College of Physicians
- Indiana Chapter of the American College of Emergency Physicians
- Indiana Academy of Pediatrics
- Indiana Association of Public Health Physicians
- Indiana Society of Anesthesiologists
- Indiana Dental Association
- Indiana Academy of Ophthalmology
- Indiana Escalopian Society
- St. Francis Hospital

President's Message

We expect a few more professional associations to pledge their support in the next few weeks. The Academy looks forward to working cooperatively with the leadership and lobbyists of these organizations during the next legislative session to accomplish this goal.

Another Academy goal for 2004 in regard to tobacco control is to facilitate the development of better communication and working relationships with organizations interested in tobacco control. Several months ago, I gathered a small group of key individuals and organizations for this purpose. Since then, a core group of organizations have met to develop this structure. It is my hope that this effort will eventually result in the creation of a tobacco

control network. The network would assure ongoing involvement of the wider medical, healthcare, and public health communities in Indiana. We must preserve the momentum we have gained in the last four years.

One of the biggest issues addressed this year concerns the restructuring of the IAFP. Evidence of the need for internal change comes once again this year by the fact that the majority of district meetings were cancelled because of a lack of interest. In response to the concerns of last year's congress of delegates, the Academy revisited the recommendations of the redistricting task force. It has re-developed ideas to bring forward to the congress in July at our annual meeting. I especially want to thank Dr. Larry Allen for his leadership in developing these new recommendations that were well received at the April meeting of the board of directors. This preliminary plan includes a reduction in the number of districts from 13 to eight, the institution of electronic voting

Come to the IAFP Annual Scientific Assembly and Congress of Delegates scheduled for July 22-25 in French Lick, Ind. The CME will be exceptional. Additionally, we will be discussing not only the restructuring plan but also two additional topics critical to our specialty—The Future of Family Medicine Project and the new maintenance of certification requirements of the American Board of Family Practice (ABFP). The new board requirements are very controversial and contentious. Many believe, including some in national and state level leadership positions, that the ABFP is an organization out of control. These new requirements were cast upon AAFP membership in an arrogant manner and without adequate discussion. They go well beyond what the ABFP needed to implement in order to comply with the charge of the American Board of Medical Specialties. Their actions are not only costly and onerous but also imply that recertification and CME hour requirements are meaningless measures of competence and commitment to life-long learning. Many also believe these new requirements are not evidence-based.

Our special historical initiative is almost finished. The Academy has now raised approximately \$33,000 for an historic family doctor's office at the Indiana Medical History Museum.

control network. The network would assure ongoing involvement of the wider medical, healthcare, and public health communities in Indiana. We must preserve the momentum we have gained in the last four years.

Our special historical initiative is almost finished. The Academy has now raised approximately \$33,000 for an historic family doctor's office at the Indiana Medical History Museum. We still need several thousand dollars more to reach our goal. In recognition of our contribution and early commitment to this project, the board of directors of the medical museum approved my request to name the exhibit after the IAFP. The official name will be "The Indiana Academy of Family of Physicians' Historic Family Doctor's Office." If you have not already given to this project, please consider a contribution to complete our fundraising. Every Indiana family physician proud of our profession and its traditions should be a part of this endeavor.

for district officers, the elimination of the expectation of at least one district meeting during the year, and the standardization of district dues and structure. Also part of the proposal is developing a process that allows all interested members to have a voice at the congress of delegates. Each district would continue to have four votes, but the votes of each district would be divided by the number of district members present and multiplied by four. Please remember that nothing is cast in stone and that this is a work in progress. A final recommendation will be presented to the board in July for endorsement. This resolution will then be sent to the congress of delegates for discussion and vote.

The restructuring of the IAFP needs to happen. We need to re-invigorate our organization. I believe this plan or a similar plan will increase involvement of our members, improve communication, improve leadership identification and development, and optimize staff resources in support of our districts and membership.

I believe that these new requirements need to be revisited, and the ABFP needs to become more responsive and respectful concerning the needs and opinions of AAFP membership. The IAFP commission on education voted at its April meeting to draft a resolution to be sent to our congress of delegates. It calls for the AAFP to explore the feasibility of creating a new family medicine board certification entity. We have also instructed staff to research what other state chapters may be doing in this regard and assess their willingness to endorse this strong message to the ABFP.

Lastly, I would like to thank all the IAFP members who volunteered their time to serve in the Physician of the Day program and to Dr. Doug Morrell for testifying on the school nutrition bill. Thanks to Kevin, Deeda and the entire IAFP staff for their responsiveness, hard work, and dedication. They are absolutely terrific and each of them should be commended for a job well done! It has been a great privilege to serve as your president this year. We have a great organization. I'm proud to be a part of the Indiana Academy of Family Physicians.

Executive Vice-President



KEVIN P. SPEER, JD

How the New Prescription Drug Act Changes Medicare

Congress recently passed the Medicare Prescription Drug Improvement and Modernization (PDIM) Act, making the most significant changes to the Medicare program since its beginning in 1965. Among the more notable aspects of the PDIM Act are the new Medicare prescription drug benefit, the modifications to the Medicare + Choice Program and several changes regarding fraud and abuse in the Medicare program.

Medicare Prescription-drug Benefit

Starting in 2006, Medicare will provide a drug benefit for beneficiaries. Designated “Part D” of Medicare, the drug benefit will be voluntary — beneficiaries can join a private drug plan to complement their Medicare benefits or join a “Medicare Advantage” managed-care program that offers a drug benefit.

Currently, Medicare pays for specific drugs covered under Part B based on a published average wholesale price (AWP). Currently the payment for covered drugs is 95% of the drug’s AWP. Throughout 2004, Medicare Part B will continue to pay for these covered drugs based on the AWP but at reduced rates. For most covered drugs Medicare will pay 85% of the AWP — with some specified drugs being paid as low as 80% of the AWP. Medicare will still pay 95% of the AWP for some other medicines — such as pneumonia, flu and hepatitis vaccines and specific renal-dialysis drugs.

Single or Multiple Source Drugs

Beginning on Jan. 1, 2005, Medicare will reimburse most drugs using an average sales price (ASP) or a competitive acquisition program (CAP). Doctors and suppliers electing to buy and bill for Part B drugs will receive a payment that varies depending on whether the drug is a single-source drug or a multiple-source drug. A multiple-source drug is one for which the FDA determines a pharmaceutically and biologically equivalent alternative medication exists. All drugs that aren’t multiple-source drugs are single-source drugs.

Medicare will pay for single source drugs for based on 106% of the lesser of the product’s average wholesale acquisition cost (WAC) or the ASP. It will reimburse multiple-source drugs based on 106% of the volume-weighted ASPs of all drugs represented by a multiple-source drug billing code.

The WAC for a specific medication is the manufacturer’s list price for the product to wholesalers or direct buyers — not including any prompt pay or other discounts. The ASP is a manufacturer’s total sales to all purchasers — excluding exempt sales — divided by the total number of nonexempt units sold for that drug. Among the exempt sales are those subject to the Medicaid “best price” rebate. ASP differs from WAC in that ASP takes into account volume discounts, prompt pay discounts, cash discounts and other charge backs and rebates applicable to the sales for a given product.

Adjusting the ASP

Widely available market-price data may also adjust the ASP. The Office of Inspector General (OIG) determines the price that a prudent doctor or supplier would pay for a given drug or biological — taking into account discounts and other price adjustments. The OIG can thus determine a widely available market price that is less than the ASP, and the Department of Health and Human Services (HHS) secretary may use that lower price in lieu of the ASP in determining Medicare reimbursement for the applicable drug or biological. Interestingly, this methodology empowers the OIG to determine pay rates for drugs or biologicals, rather than leaving that power with the HHS secretary.

Manufacturers must report the ASP to the HHS secretary quarterly. Rate setting under Medicare Part D could result in the disclosure of drug manufacturers’ competitively sensitive data. By reporting the AWP, WAC or ASP, manufacturers may give buyers of these drugs other than the Medicare Part D Program a negotiating advantage.

Medicare Advantage Program

The Medicare Advantage Program modifies the Medicare + Choice Program, though it remains covered under Medicare Part C. Overall, the Medicare Advantage Program bolsters support for Medicare + Choice and encourages more payers to participate in Medicare managed care.

The PDIM Act also creates a “regional” Medicare Advantage Plan in 2006 to make coordinated-care programs more widely available in rural areas. Plans accepting regional plan status will receive financial

incentives. The Centers for Medicare & Medicaid Services (CMS) hasn’t yet determined how many regions it will establish.

“Local” plans are still designated Medicare + Choice PPOs, but new Medicare + Choice PPOs won’t be accepted after Dec. 31, 2005. Plus, existing Medicare + Choice PPOs are barred from expanding their service areas until Jan. 1, 2008.

Modifying the Stark Law

The PDIM Act included several amendments addressing fraud and abuse in federally funded health care programs. Notable among these provisions is a section modifying the Stark Law. Under the Stark Law, doctors having an ownership interest in a whole hospital or rural hospital facility are generally exempt from the law’s self-referral bans. The PDIM significantly curtails the exceptions for investments in specialty facilities.

Specifically, the PDIM Act places a moratorium on the use of the small and rural hospital investment exceptions for doctors’ investments in “specialty hospitals.” The PDIM Act now defines specialty hospital as a “hospital that is primarily or exclusively engaged in the care and treatment of” cardiac, orthopedic, surgical or other patients designated by the HHS secretary. This moratorium began in November 2003 and will last for 18 months.

The moratorium doesn’t bar the creation of specialty facilities, just the use of the Stark Law exception for physician investments in them.

The PDIM and You

The PDIM Act offers new benefits — a new prescription-drug benefit and the Advantage Program — and curtails others — investments in specialty facilities. These changes to the Medicare program will affect most every health care practice. To better serve your patients and your business, be sure you know how it affects your health care business.

Questions regarding the discount drug card can be found at www.medicare.gov or by calling 1-800-633-4227.

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Legislative Update: Political Elections May Affect Physicians

By Doug Kinser, IAFF Lobbyist

The 2004 Session adjourned on March 5 and was fairly uneventful. An initial review of the Session was provided to the Commission on Legislation members March 9 with a final update presented to the commission April 18. To obtain a copy of the report, please contact Laura Hahn or me at 317-977-1454 or dkinser@hallrender.com.

The following is a look at future political events in the Indiana General Assembly that may affect family physicians' practices.

Primary Elections

Running unopposed, Gov. Joe Kernan was nominated as the Democratic candidate for governor. Lt. Gov. Kathy Davis will remain Kernan's choice in the upcoming general election. Mitch Daniels won easily with 66 percent of the vote over Eric Miller for the Republican nod for governor. Daniels has chosen Sen. Becky Skillman as his running mate.

There were no surprises in the Congress with all incumbents re-nominated.

Very few races were contested in the General Assembly. In the House, Democrats have candidates in only 66 of 100 seats. Republicans have 81 seats filled. In the Senate, Democrats have only 15 candidates in 25 races. Republicans are fielding candidates in 20 of 25 seats.

In the primary, there were only 14 races where a Democrat opposed another Democrat in the House. Republicans had contests in only 18 seats. In the Senate, Democrats had competitive primaries in only two seats while Republicans also had contests in two seats.

In the Senate primary elections, Sen. Larry Borst (R) was apparently defeated by 49 votes by Brent Waltz. However, some townships, including Perry,



experienced a shortage of Republican ballots. The ballot shortage may cause a recount. If this doesn't happen, Waltz will begin in the General Assembly on November 2. No Democrat has ever won and, as of now, no Democrat is on the ballot in the district. Sen. Borst has been in the General Assembly since 1966, and he was a key player in the legislative process. In another contested race and despite recent legal problems, Sen. Sam Smith (D) was elected in the primary with 52 percent of the votes. Sen. Borst was the only incumbent Senator defeated.

All House incumbents were re-nominated even though it was expected there would be some close races in Lake County. Rep. Linda Lawson (D) won with 52% of vote. Rep. John Aguilera won with 51% of the vote. Rep. Mike Murphy (R) of Indianapolis won with 53% of the vote. In the closest House race, it is still too close to call. The final numbers show that Mort Lange, the Marion County slated candidate, winning over Andy Miller (R), House leadership's choice, by 27 votes in House District 86. A recount is likely.

Interim Committees

Between the end of the regular session in March and before the session begins in November, interim study committees meet. As of this date, no announcements of committee assignments or agendas have been made. Committees may begin meeting by June.

The following interim committees normally meet and discuss health issues:

- Legislative Council
- Health Finance Commission
- Select Joint Commission on Medicaid Oversight
- Government Efficiency Subcommittee on Medicaid and Human Services
- Commission on Excellence of Health Care

General Election

On November 2 the citizens of Indiana have the broadest election possible since 1988. The president, U.S. Senate, all Congressional seats, the Governor, 25 State Senate seats, 100 House of Representatives seats, other statewide offices, and local county elections will occur.

It is expected that candidates for the governor's race will spend \$30 million

dollars—the largest amount spent in Indiana's history. This is an increase from the \$19.9 million spent in 2000. Both candidates will have sufficient funding to get their messages out. Polling numbers indicate a close race.

Sen. Dembowski (D) of Knox County was recently appointed as a state senator and is expected to have a close race. With a current split of 33 Republicans and 17 Democrats in the state senate, control will remain securely in the hands of Republicans. If one Democrat is defeated, Republicans will be able to transact business without any Democrats present.

With a current split of 51 Democrats and 49 Republicans, control of the House of Representatives will depend upon relatively few races. In a repeat of 2002, house district 86 may be the most expensive and closest race with incumbent Rep. David Orentlicher (D) opposing Andy Miller (R). In another race that's expected to be close, Rep. Phil Pflum (D) will oppose Ed Yanos (R) in house district 55. There will be open seat races in West Lafayette, Hartford City, and Terre Haute. Republicans hold all seats with one open seat in Evansville held by a Democrat. No incumbent House Republicans are expected to be seriously challenged.

2005 Legislative Session

Organization Day is scheduled for November 16. On this day, party caucuses elect its leadership. Sen. Garton has been president pro-tem since 1980, and there is no expected change in leadership. The Speaker of the House is selected by the majority party and will be Rep. Bauer, the current speaker, if Democrats control the chamber. If Republicans control the House, the speaker will likely be Brian Bosma of Indianapolis. The leader of each chamber will then make leadership and committee chair appointments. Bills can be introduced from November 16 on but hearings begin when the session regularly convenes in the new year. The calendar for January will be available in December.

It will be the "long" session in 2005 because the biennial budget must be approved. Passage of all legislation must be complete by April 29, 2005 for the session to adjourn on time. If a budget or other key legislation is not approved, the governor must call a "special" session. It is unlikely any bill other than the budget could cause a special session.

Candidate Mitch Daniels has recently suggested a "pile of legislation" that will be jarring in 2005. Gov. Kernan has not indicated his legislative agenda.



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CHOOSE TO SERVE ON AN IAFP COMMISSION OR COMMITTEE

The following are commissions and committees of the IAFP. **YOU ARE ENCOURAGED TO GET INVOLVED** by checking your areas of interest and returning this form to the IAFP. IAFP commissions and committees are a means to involve more people and provide you with an opportunity to voice your opinion regarding Academy policy. Commissions and committees generally meet three to four times a year with each meeting typically lasting two hours. Action items from your committee are considered by the Board of Directors. We would like to see more participation on every commission and committee. It is never too late to sign up to serve.

Commission on Clinical Policies and Research

The responsibilities of this commission are to promote the practice of patient-centered, evidence-based medicine and to support the development of scientific knowledge to meet the needs of family physicians, their patients, and communities.

Commission on Education and CME

The responsibilities of this commission are to assist IAFP members by providing the fullest possible access to, and information about continuing medical education programs of quality and relevance. This commission is also charged with exploring new innovative CME topics. In addition, this commission is responsible for planning the entire official educational program for the annual Scientific Assembly and to invite all speakers.

Commission on Health Care Services

The functions of this commission are to: (1) Monitor, analyze and propose policies to influence the social and economic (socioeconomic) health care environment and to determine the impact on family physicians and their patients, (2) Serve as a source for gathering, evaluating and disseminating health care socioeconomic information, (3) Develop appropriate responses to assist family physicians in understanding and adapting to a changing practice environment, (4) Recommend IAFP policies and public positions to the Board in several areas of concern including reimbursement and compensation, practice management, and health care financing.

Commission on Membership and Communications

The functions of this commission shall be (1) To initiate and coordinate membership services made available through the Academy; (2) To administer all awards of the IAFP with exception of the "Outstanding Student Award", (3) Recommends communications activities that support IAFP objectives by: (a) Educating the citizens of Indiana about family practice and health issues; (b) Promoting family practice objectives in all policy arenas; (c) Assisting members in promoting their health care services to their communities and (d) Promoting IAFP as the membership organization of choice for family physicians.

Commission on Legislation and Governmental Affairs

The functions of this commission are (1) To investigate and recommend such action to the IAFP Board of Directors as may be necessary to assure adequate representation for the family physicians in medical and political groups, (2) To conduct such a campaign of public enlightenment or education as it may deem advisable, (3) To furnish members of the Indiana State Legislature and other public officials with pertinent facts and information that they may better maintain high standards of health care, (4) To recommend to the Board any policies or actions which the Academy may formulate or perform for the general improvement in medical care.

Committee on Bylaws

The functions of this committee are (1) To determine that the IAFP Bylaws are consistent with those of the AAFP and (2) That appropriate proposed revisions are submitted to the IAFP Congress of Delegates.

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Employee Update

Meet Our Summer Interns and Other Staff

Denise Feldman

Denise is from Carmel, Indiana and a senior at Indiana University in Bloomington. In May of 2005 she will graduate with a B.A. in Journalism and plans to attend Nursing School in Indianapolis that fall.

Currently she is the Director of Public Relations for the Indiana University Dance Marathon, which benefits the Ryan White Infectious Disease Center at the Riley Hospital for Children. She is an active member of the Delta Gamma sorority and serves as the director of their philanthropy, Anchor Splash, which benefits the Indianapolis School for the Blind.

In addition to work, school and volunteer commitments, she finds time to ride her favorite breed of horses, the American Saddlebred. Spring of 2001 she was selected as one of only five individuals from across the nation for the U.S. American Saddlebred Five-Gaited Equitation Junior Invitational team. They competed in South Africa and placed second overall.

Andrea Impicciche

Andrea attended DePauw University where she majored in English Writing and completed the Management Fellows program. After finishing her bachelors degree in May of 2003, Andrea completed a six-month contract in Basel, Switzerland working in market research at Endress+Hauser Flowtec AG. This summer, Andrea is our legislative and district affairs intern. She will attend law school at Indiana University in Indianapolis this fall.

Andrew Johnson

Andrew is going to be a senior at Indiana University Bloomington in the fall. He is working on a double major in political science and English with a business minor. He worked as a paid intern on the Brose McVey congressional campaign in 2002 handling fundraising and event coordination. After graduation from IU, Andrew will be attending law school in the Midwest.

Michelle Pelley

Michelle is a 2001 graduate of Owen Valley High School. In the fall she will attend Ivy Tech to earn a degree in business. Michelle is working as a temp this summer for the IAFP as our receptionist.

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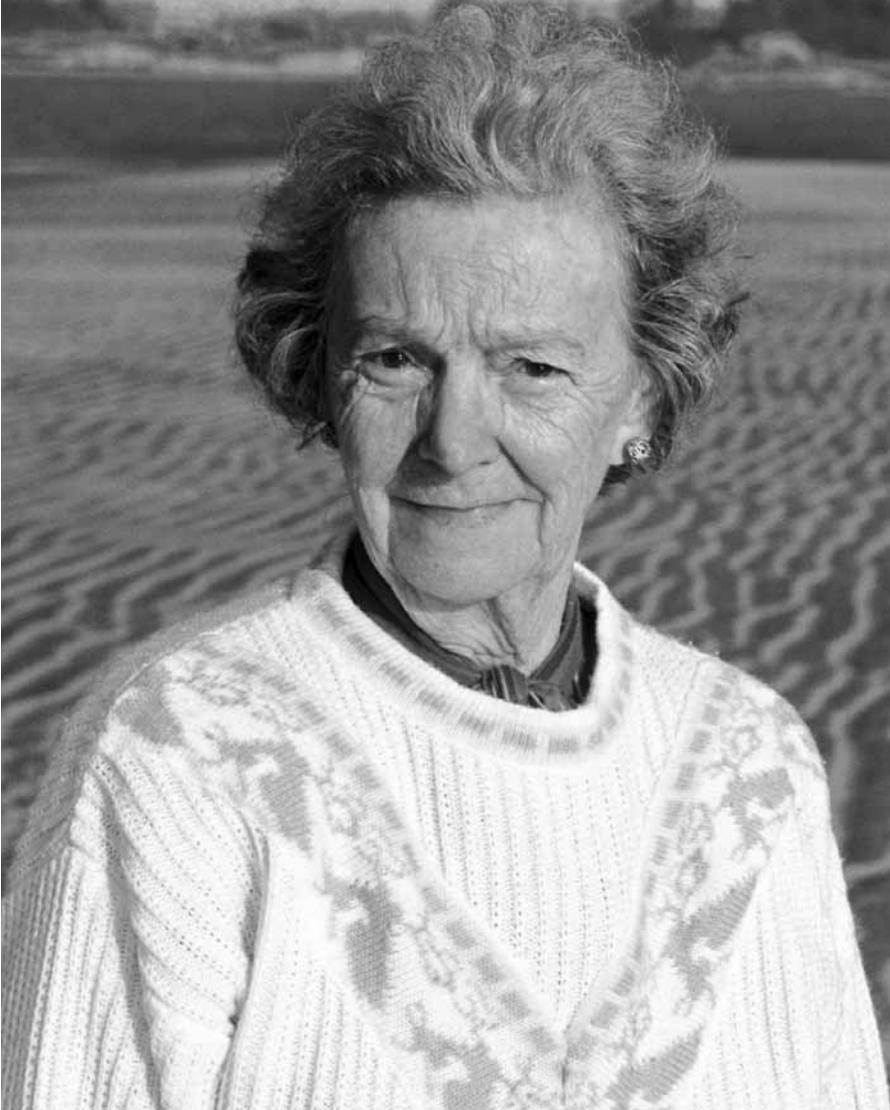
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Indiana Chronic Disease Management Program

The Office of Medicaid Policy and Planning (OMPP) and the Indiana State Department of Health (ISDH) have recently implemented a disease management program for Medicaid recipients with diabetes, asthma, and congestive heart failure. The program has been phased in statewide starting with the Central region then the Northern region and is in the process of being implemented in the Southern region.

The goal of the Indiana Chronic Disease Management Program (ICDMP) is to build a comprehensive, locally based infrastructure that is sustainable and that will strengthen the existing public health infrastructure and help improve quality of health care in all populations, not just Medicaid enrollees. OMPP and ISDH hope that the ICDMP infrastructure will be an asset not only for the patient but also for healthcare providers.

Members eligible for the program are stratified into two groups. Members

identified as lower severity will receive telephonic care management through a centralized call center at AmeriChoice. Members identified as higher severity will be assigned to a nurse care management network operated by the Indiana Primary Health Care Association and Indiana Minority Health Coalition. This case management system is

the ICDMP partners involved in the member's care as well as the member's provider. ICDMP is available to providers at no charge and can be used for all patients.

Greg Wilson, M.D., State Health Commissioner, and Melanie Bella, Director of Medicaid, will be making a

Members identified as higher severity will be assigned to a nurse care management network operated by the Indiana Primary Health Care Association and Indiana Minority Health Coalition.

designed to strongly support the communication and interactions between providers and patients.

Another important component of ICDMP is an internet-based patient data registry and information system, called CDMS. CDMS will be used to enhance communication about the patient among

presentation on the ICDMP program on July 23 at the IAFP Annual Meeting. In the meantime, if you would like additional information about the program, please contact Kathy Moses at (317) 233-7346 or visit www.indianacdmpprogram.com

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2004 Restructuring Plan Summary

With the hopes of strengthening our Academy through improved communication and increased participation among our members, the Board is overseeing the development of a restructuring plan. Input from sister states, district directors, and meetings of an appointed task force has been used to develop this plan. Highlights of the restructuring proposals appear below. A resolution will be presented to the 2004 Congress of Delegates in French Lick, and if approved Bylaws changes will be drafted. Input concerning these ideas is welcomed from any of our members. Please call or email your ideas to your district director or the IAFP office (email lhahn@in-afp.org).

History:

- Over the past several years, district activity has dwindled.
- Eight of thirteen districts have not held meetings in 2004
- Current bylaws require that district officers be elected at district meetings, therefore it has been difficult to elect these important officers over the past few years.

Recommendations:

- **Change the number of districts from thirteen to eight attaching weaker districts to stronger areas.**
 - The purpose is to streamline the number of districts while maintaining regional representation and identity. Some districts have not met in years, and as advances are made in electronic communications, allowing for fewer face-to-face meetings, larger districts can still be functional. District dues and structure will also be standardized.
- **All members to have a vote at the Congress of Delegates, eliminating elected delegates**
 - The Congress of Delegates will continue to meet to discuss issues important to our Academy and our specialty and to consider resolutions that direct IAFP policy. All members will be invited and encouraged to participate. All members, with the exception of Supporting members, in attendance will have a vote and be able to speak at the

Congress. This will enhance participation among all those who attend the annual meeting. This will also eliminate the need for districts to choose delegates before the annual meeting.

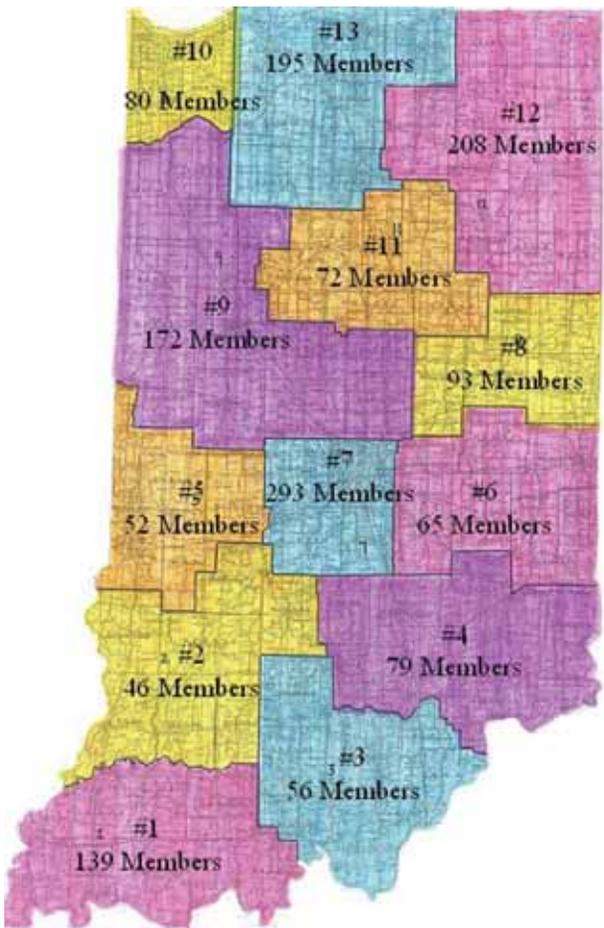
- To ensure that no one district, or demographic group, has an advantage in the passing of resolutions, votes will be counted in a manner that gives each district an equal voting weight. For example, if one district has twice the number of members at the Congress, their votes will be divided by two for the final count. This will guarantee equal representation on the issues among the different districts.

- **Facilitate, through self nomination and e-balloting, a process that encourages a substantial increase in member participation in selection of district directors**
- **Increase Directors' roles within the districts via monthly Board of Directors updates to their constituents**

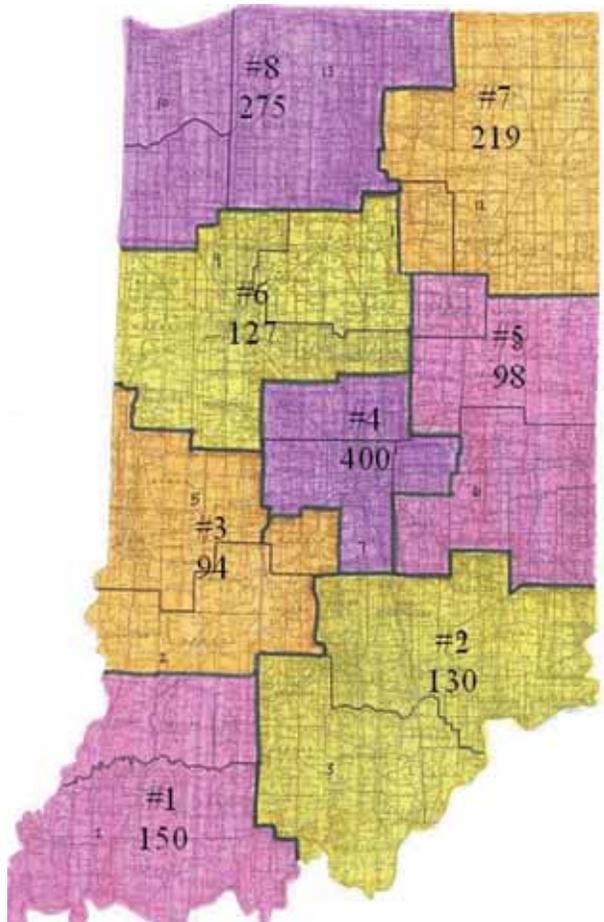
- Quarterly newsletters will come from district directors informing members of Academy activities and business, and soliciting feedback. District directors will still be elected for three-year terms and every member may vote by e-ballot. Members will self-nominate for Board positions. Although the new plan will eliminate the requirement for Districts to hold face-to-face annual meetings, they may still meet regularly, or annually, if their membership desires to do so. In general, called meetings will be used less and e-communication tools used more.

Goals of Restructuring:

- Increase involvement at grass roots level.
- Improve communication among members via e-mailing and web communication.
- Improve leadership identification and development.
- Optimize staff resources by focusing on eight districts as opposed to thirteen.



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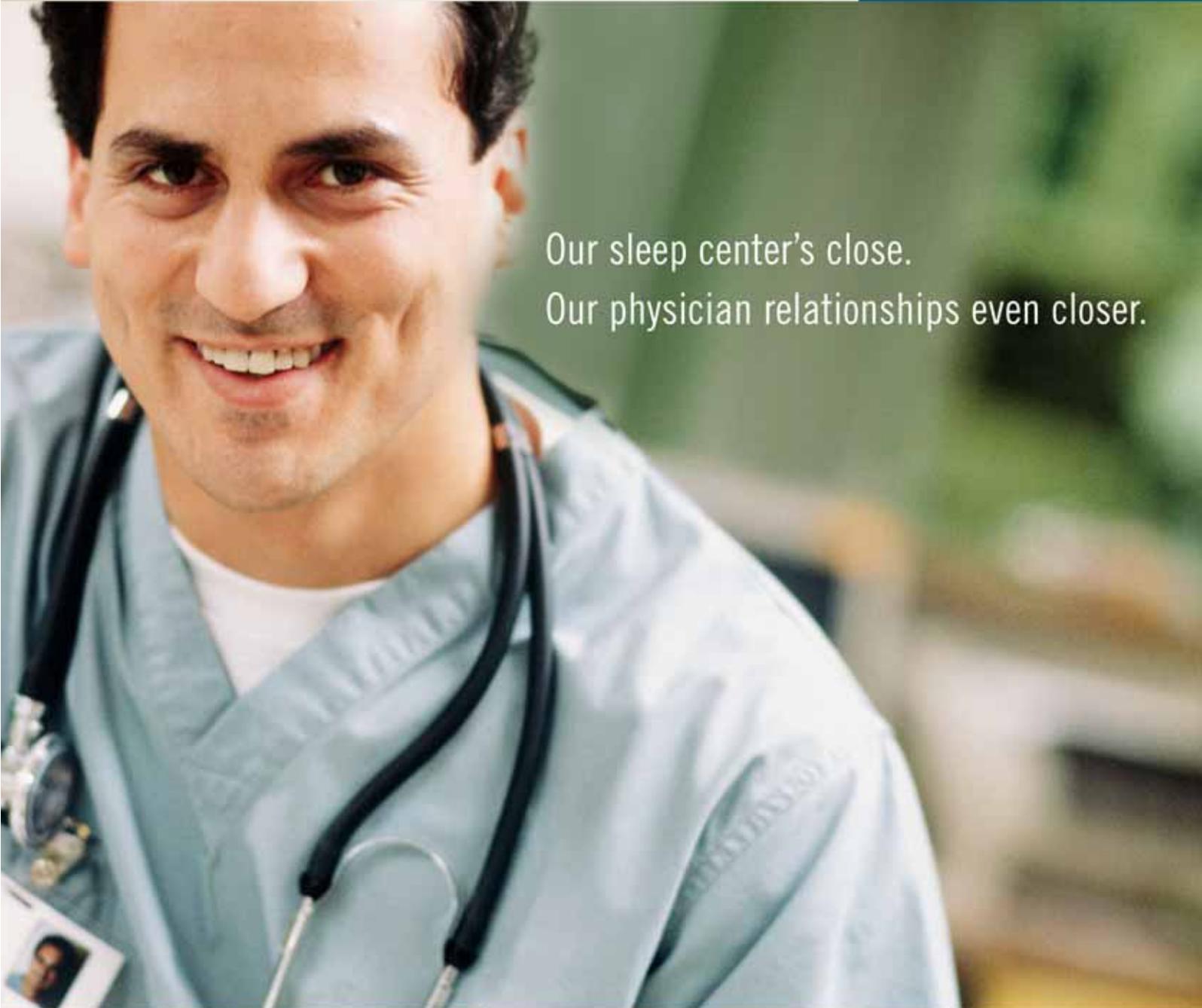
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WWW

Available Soon: Free Web Site Services

An agreement announced April 30 between AAFP and application service provider MedFusion Inc. will enable Academy members to get free or discounted Web site services.

The sites will replace those previously offered through AAFP to members and will offer enhanced options such as appointment scheduling and prescription renewal requests. A Web link enabling members to take advantage of the partnership is scheduled to go live in June.

The contract with Raleigh, N.C.-based MedFusion—the nation's leading provider of physician Web sites and secure patient-to-physician communication applications—reflects the growing role of the Internet in enhancing physician-patient communication and increasing practice productivity and efficiency, said AAFP President Michael Fleming, MD, of Shreveport, La.

"While the AAFP has for many years provided its members with free basic Web sites, today's physicians need far more sophisticated sites with enhanced functionality to effectively manage their practices," he said. "MedFusion's Internet solutions—with secure electronic communications capabilities and the ability to integrate with electronic health records systems—can measurably improve the quality and efficiency of care our physicians deliver."

With this agreement, all active AAFP members will have the opportunity to create free Web sites for their practices. In addition to providing general information about the practice and its physicians, the standard site will offer patients direct access to all of the patient education materials on <http://familydoctor.org>.

Physicians with a MedFusion Web site also will have access to tools to boost compliance with the Health Insurance Portability and Accountability Act. Namely, physicians will use MedFusion's HIPAA-compliant patient communications capabilities on a per usage pricing basis. Through their Web sites, members will enable a range of secure communications, including patient preregistration, online bill payment, appointment requests, lab results reporting, prescription renewal requests and online consultations.

To learn more on the details of the agreement, go to <http://www.aafp.org/x27262.xml>.



CARDIOTHORACIC SURGEONS

V. Simon Abraham, MD
Keith B. Allen, MD
Daniel J. Beckman, MD
Arthur C. Coffey, MD
John W. Fehrenbacher, MD
Edward B. Fitzgerald, MD
Richard K. Freeman, MD
Gary L. Griffith, MD
Scott A. Hanan, MD
David A. Heimansohn, MD
Gilbert T. Herod, MD
David A. Hormuth, MD
John H. Isch, MD
Michael G. Koelsch, MD
Martin J. O'Neill, MD
John M. Paris, MD
Robert J. Robison, MD
John J. Schier, MD
Harry Siderys, MD
Thomas C. Wozniak, MD

St. Vincent Hospital Location
8333 Niab Rd., Ste. 300
Indianapolis, IN 46260
(317) 338-3333
(800) 821-6359

Methodist Hospital Location
1801 N. Senate Blvd., Ste. 755
Indianapolis, IN 46202
(317) 923-1787
(800) 382-9911

The Heart Center of Indiana Location
10590 N. Meridian St., Ste. 105
Indianapolis, IN 46290
(317) 583-7800

Carmel Medical Center VeinSolutions
13450 N. Meridian St., Ste. 160
Carmel, IN 46032
(317) 582-7676

Ball Memorial Hospital Location
2525 University Ave., Ste. 502
Muncie, IN 47303
(765) 286-5595

Bloomington Hospital Location
707 W. 2nd St.
Bloomington, IN 47403
(812) 336-0561

Riverview Hospital
395 Westfield Rd.
Noblesville, IN 46060
(317) 338-3333

VASCULAR SURGEONS

Bart A. Chess, MD
Richard W. Chitwood, MD
Jeffrey C. Cooke, MD
Elliot H. Cousins, MD
A. Joel Feldman, MD
William R. Finkelmeier, MD
Malcolm B. Herring, MD
Sajjad M. Hussain, MD
Randy J. Irwin, MD
Daniel R. LeGrand, MD
David L. Madison, MD
Robert A. McCready, MD
Douglas S. Paget, MD

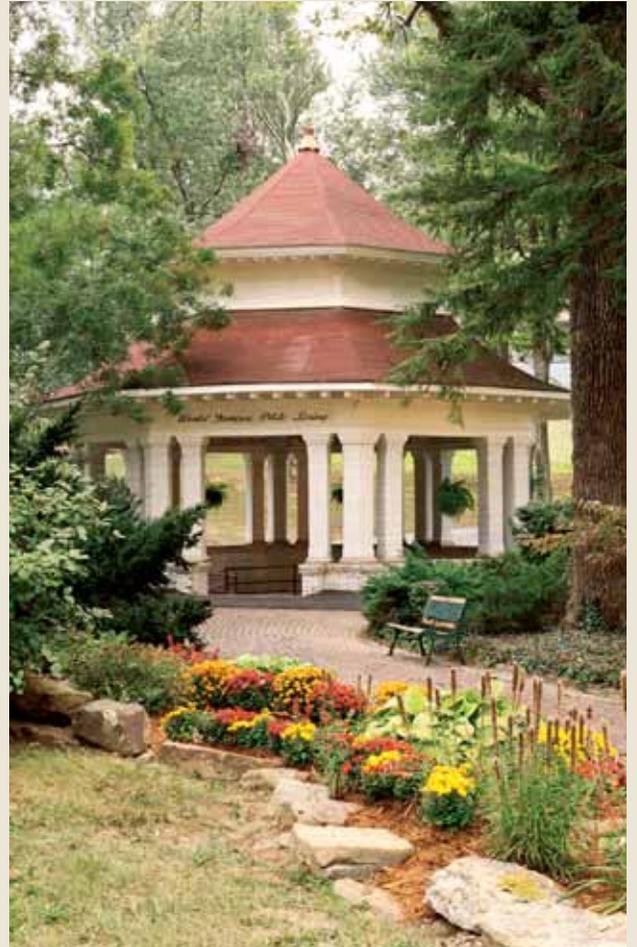
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Katharine L. Krol, MD
Kannan Natarajan, MD

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Attend Indiana's Premier CME Event for Family Physicians



At this year's annual meeting you'll find more than 25 hours of quality CME planned by family physicians for family physicians including lectures, hands-on-learning, clinical topics and practice management issues. Faculty include state and nationally known speakers.

Come to the IAFP Annual Meeting from July 21 to 25 at the French Lick Springs Resort, nestled in southern Indiana. You can enjoy summer days at this historical resort and spend time with your peers and medical school classmates. See new products. Bring the family and spend time in family activities and sports activities—including golf, tennis, swimming, and more.

All arrangements from the selection of CME offerings to family activities are based on previous evaluations and IAFP Member CME Needs Assessments. Every effort is made to improve the program each year.

For more information or with questions about the meeting, call the IAFP headquarters office at (317) 237-4237 or at (888) 422-4237. You can also email us at iafp@in-afp.org.

General Information

Register early. Special CME sessions and workshops fill quickly as does the hotel. **EARLY BIRD DRAWING:** Register by June 15 to be included in a drawing for refund of the CME registration fee.

Location

The French Lick Springs Resort is nestled in southern Indiana. Room rates for IAFP registrants are \$91 per night. Special room requests (i.e., connecting rooms, suites) are based on availability. Rooms are available for people with disabilities. To make room reservations, call the hotel at (800) 457-4042.

Alternate Housing

Lane's Motel, (812) 936-9919, is within walking distance from the resort and offers nice sleeping rooms and a pool. RV hookups are available at Lane's. Also, the Beechwood Inn, which is similar to a bed & breakfast, has a limited number of rooms. For reservations, call (812) 936-9012.



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Attend Indiana's Premier CME Event for Family Physicians

The Chuck Schilling Memorial Golf Tournament – Thursday, July 22

The tournament is a Floridian Scramble, and all levels of players are welcome. Proceeds from this year's tournament will be designated to the IAFP Foundation Adopt-A-Student program. Pre-arranged foursomes will be accepted, and individuals not included in prearranged foursomes will be assigned to a foursome prior to the shotgun start of the tournament. *Play will begin at 9:00 am, please note that this is a change in time from previous years.*

All Member "My Generation" Party – Friday, July 23

This year's All Member party promises to be another great party full of surprises and fun for the whole family. This year's theme "My Generation" will be supported by decorations, favors, food and music from each era since the inception of the Academy in the late 1940's. Dress in your favorite decade's apparel to be eligible for prizes. The Marlin's will be back to play all of our favorites...so put on your dancing shoes and come ready to have a great time.

Holiday World & Splashin' Safari Day Trip – Family Activity – Saturday, July 24

Join us for a fun filled day at Holiday World and Splashin' Safari. These two family fun parks in Santa Claus, Indiana have set high standards for the theme park industry, with beautiful grounds and landscaping, plus a steadfast adherence to the values established in the company's cornerstones: safety, service, cleanliness and friendliness. Attractions at the two parks include rides (family, kid, and thrill rides), shows, restaurants, (free drink

refills all day), costumed park mascots, wave pool, water rides and a new huge jet water spray area. Holiday World/Splashin' Safari is approximately a one-hour bus ride from the hotel. We will leave the hotel at 8:30 am. (park opens at 10:00) and leave the park at 5:00 pm. Children under the age of 17 must be accompanied by at least one parent. This trip will be limited, so sign up early. More information about Holiday World can be found at www.holidayworld.com.

Annual Banquet & Installation of Officers – Saturday, July 24

This elegant evening and dinner is held to honor our incoming and outgoing President and the 2004 IAFP Award Winners, including the 2004 Family Physician of the Year. An installation of 2004/05 IAFP officers will complete the banquet and be followed by an afterglow party for the newly installed IAFP President. Special programs are offered for children, so that parents may have a "night out."

Spouse Activities

No special registration is required for the spouse or guest of a physician registrant; however a fee will apply for those wishing to attend CME sessions and other special activities. We encourage spouses and guests to register and attend activities such as the annual Golf Tournament, Jerry Stucky Luncheon, All Member Party, Annual Banquet and others by using the Spouse/Guest section of the enclosed registration form.

Children Activities

The hotel provides a day care environment for children 6 wks to 12 years of age during hours that the IAFP has CME and business meetings scheduled. You should register children with the hotel upon arrival at the hotel for this service. In

addition, the IAFP plans several special events for children including a Golf Challenge, Movie Theatre, Ice Cream Social and Lawn Picnic. Register for these events in the Children/Youth section on the enclosed IAFP registration form.

Indiana's Premier CME Event for Family Physicians

Over 25 hours of CME with lectures, hands on learning, clinical topics and practice management sessions.

Lecture Topics To Include:

- Advances in Laproscopic Surgery
- Coronary Heart Disease in Women
- Dental Prevention Issues
- Improving Diabetes Care
- Pediatric Neurology
- Pre-Participation Physical
- Pre-op Clearance
- Ophthalmology Update for Family Physicians
- Identifying & Treating Children with Disabilities
- Polycystic Ovaries
- New developments in Urinary Incontinence
- Things I Wish I Knew Last Summer

Special Sessions To Include:

- What it Means to You: Maintenance of Certification
- What it Means to You: The Future of Family Medicine Project
- How to Respond to a Board of Medical Practice Inquiry
- EMR's
- Knee Pain
- Wound Suturing

2004 IAFP Annual Meeting Registration Form

PLEASE PRINT ALL INFORMATION

THREE ways to register!

1. **Online:** www.in-afp.org - use form available on-line - credit card payment* is required
2. **Fax:** (317) 237-4006 – use this form – credit card payment* is required
3. **Mail:** Use this form – and send checks payable to the IAFP or credit card payment

Name: _____
Last First Degree

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Email: _____

Section 1-A:

Physician, Medical Student, and Ancillary Personnel Registration Fee Includes all CME (Except Wound Suturing Workshop), CME Certificate, CME meal activities, breaks, & syllabus book for day(s) paid. The wound suturing workshop and social activities have separate fees. Please purchase tickets for those events on Section 1-B.

AAFP/IAFP Active or Supporting Member

\$325 for entire meeting OR \$120 per day Thurs. Fri. Sat.

AAFP/IAFP Life or 1st Year in Practice Member

\$225 for entire meeting OR \$100 per day Thurs. Fri. Sat.

Non-Member Physician

\$450 for entire meeting OR \$160 per day Thurs. Fri. Sat.

Ancillary Personnel

\$325 for entire meeting OR \$120 per day Thurs. Fri. Sat.

Resident or Student Member

\$0 for entire meeting – includes all events except All Member Party & Banquet

Section 1-B:

Purchase tickets for physicians, medical students, and ancillary personnel for the wound suturing workshop and social activities here.

Thursday July 22nd

- \$85 Golf Tournament 9:00 am – 2:00 pm
- \$40 Wound Suturing Hands On Workshop 8:00 am – 10:00 am

Friday July 23rd

- \$ 45 All Member Party 7:00 pm

Saturday July 24th

- \$ 0 7th Annual Fun Walk/Run 7:00 am
- \$45 Holiday World Day Trip 8:30 am – 5:00 pm
- \$0 Jerry Stucky Luncheon 12:30 pm
- \$50 Annual President's Banquet 7:00 pm

Sunday July 25th

- \$0 CME Breakfast 7:30 am

\$ _____ SECTION 1 (A&B)TOTAL

Complete backside

Section 2:

Spouse/Guests Please register children 17 and older as a guest

NAME(S): _____

There is no registration fee for the spouse or guest of a registered attendee, however, many of the special events that they are invited to require a ticket. Please purchase those below.

- \$85 Golf Tournament 9:00 am – 2:00 pm
- \$20 CME Lunch – Friday 12:15 pm
- \$45 All Member Party Ticket – Friday 7:00 pm
- \$0 IAFP Fun/Walk Run – Saturday 7:00 am
- \$20 Jerry Stucky Luncheon – Saturday 12:30 pm
- \$45 Holiday World Trip – Saturday 8:30 am
- \$50 Annual Banquet – Saturday 7:00 pm
- \$15 CME Breakfast – Sunday 7:30 am

\$ _____ **SECTION 2 TOTAL**

Section 3:

Children/Youth

For our counts and so that badges may be made, please provide **name(s) and age** of all children attending the meeting with you. Children 17 and older should register as a guest in Section 2.

Event tickets for children Additional activities will be planned for children and teens that you will be able to register for at the meeting. In addition, the hotel will have day care available, for ages 6 wks to 12 years old, during times that CME and business meetings are planned.

Thursday

“Fore” Kids Golf Challenge – 9:00 am

- \$10 ages 5-11
- \$20 ages 11-16

Friday

Ice Cream Social – 1:30 pm

- \$15 ages 4-16
- All Member Party – 7:00 pm
- \$ 0 ages 0-5
- \$30 ages 6-16

Saturday

Holiday World – 8:30 am – 5:00 pm

- \$0 ages 0-2
- \$35 ages 3-16
- Lawn Picnic & Games – 2:00 pm to 4:00 pm
- \$25 ages 4-16
- Saturday Children’s Party During Banquet – 6:30 pm
- \$25 ages 4-12

\$ _____ **SECTION 3 TOTAL**

GRAND TOTAL OF SECTIONS 1-3 \$ _____

METHOD OF PAYMENT – Payment must accompany this form

If mailing this form checks made payable to the IAFP or credit card payment* are accepted.

- Master Card
- Visa
- Check Enclosed

Card # _____ Exp.Date: _____

Card Holder Name _____ Signature: _____

* Credit Card payments will appear on your statement as being from Meetings Etc.
Please return form and payment to IAFP, 55 Monument Circle, # 400, Indianapolis, IN 46204
Questions? Call 1-317-237-4237 (or in-state only) 1-888-422-4237; e-mail iafp@in-afp.org

Tips From Our Consultant

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

MEDICARE PRESCRIPTION DRUG COVERAGE EXPLAINED

As part of the Medicare Modernization Act of 2003 (MMA), the Medicare-Approved Drug Discount Cards and Transitional Assistance Program begins in 2004 to help Medicare beneficiaries save on prescription drugs. As you have already heard, Medicare is contracting with private companies to offer new drug discount cards until the Medicare prescription drug benefit starts in 2006. A Medicare approved discount card can help Medicare beneficiaries save on prescription drug costs. Many of your patients may ask you and your staff about this new benefit. This article explains where you may refer Medicare patients for information on selecting and enrolling in the drug discount card that best suits their needs. Physicians may download a free patient-education brochure at www.medicare.gov (or call 1-800-MEDICARE to order a limited number of free copies).

The following resources are available to help individuals with questions about the Medicare-approved drug discount cards:

The 1-800-MEDICARE (1-800-633-4227) Toll-Free Call Center

This Call Center is available 24 hours per day seven days per week. It connects beneficiaries with customer service representatives who can answer questions and perform price comparisons for discount cards and other assistance programs. Beneficiaries should prepare a list of current prescription drugs and dosages prior to contacting the call center. Beneficiaries may request a copy of their individualized price comparison results. TTY users should call 1-877-486-2048.

The Prescription Drug and Other Assistance Programs Website at www.medicare.gov For beneficiaries who use the Internet, this site features eligibility, enrollment, and price comparison information for each available discount card in a particular area, as well as their

enrollment forms and worksheets to assist beneficiaries in selecting the discount card that is right for them.

State Health Insurance Counseling and Assistance Programs (SHIP) Beneficiaries may also contact their SHIP counselor for information on prescription drug cost assistance



state pharmacy assistance programs. It also has a tool that helps beneficiaries determine the best savings program based on their prescription drug needs.

Medicare's Guide to Choosing a Medicare-Approved Drug Discount Card www.medicare.gov

This resource provides beneficiaries with information on choosing a card, enrolling, and submitting complaints. This guide also features sample

programs. Beneficiaries can find the telephone number for the nearest SHIP by calling 1-800-MEDICARE (1-800-633-4227) or on the Internet at www.medicare.gov/Contacts/Related/Ships.asp on the Web.



Improve Mammography, Diabetes Care, & Immunization Rates with Health Care Excel's New Toolkit

Quality improvement (QI), the method for continuous identification of ways to enhance patient care and services, has become a standard in most physicians' offices and clinics. Health Care Excel's Health Care Quality Improvement Program (HCQIP) is the principal foundation for Medicare quality improvement activities.

Health Care Excel is participating in a federal initiative to work with physicians to improve patient outcomes. In collaboration with the Centers for Medicare & Medicaid Services (CMS), the Medicare QIO provides physician office staff with tools, processes, and

systems to help streamline and improve existing methods of health care delivery, while enhancing patient care.

The HCQIP includes examination of data and helps health care providers change patterns of care and improve health systems. Benefits of participating in the HCQIP include:

- The ability to manage patients who have chronic conditions effectively and efficiently
- Maximizing scheduling and reminder systems
- Improving the validity of data
- Developing office staff skills by using continuous quality improvement tools

- Receiving technical support from the Medicare Quality Improvement Organization (QIO)
- Receiving statewide aggregate data on specific measures

The success of the Medicare QIO's HCQIP is a direct result of collaborative efforts with many local and statewide partners. All HCQIP initiatives share the common goal of improving the health care of Medicare beneficiaries.

If you and your office staff would like to receive your own free toolkit to learn more about the Health Care Quality Improvement Program or to enroll in this free program, please contact Andrea at the IAFP office at 317-237-4237.

Health Indiana

Today approximately 500,000 Hoosiers don't have health insurance. The uninsured typically only seek health care in emergency situations. Unfortunately, this pattern leads to frequent diagnosis of illnesses at very advanced or late stages—illnesses that are more difficult and expensive to treat.

In an effort to circumvent this cycle, Rep. Brian Hasler has created the Health Indiana program via the 2003 legislature. This is modeled after similar programs in Kentucky, South Carolina,

and Maryland. The initiation of the program has been met with universal acceptance and support.

Health Indiana is an organization designed to coordinate volunteer efforts to help provide health care to low-income Hoosiers. The program's goal is to organize available services for indigent patients who don't qualify for Medicaid or other existing services and to help fill the service gaps through physicians volunteering time and free pharmaceuticals.

The strength of Health Indiana relies on the goodwill and altruistic spirit of Indiana's medical providers. If you are interested in more information on how you can volunteer for Health Indiana, please contact Andrea at the IAFP at (317) 237-4237.

Family Physicians: Use Indiana Department of Insurance (IDOI) Complaint Form

If you have attempted to collect on a claim for 90 days and are unsuccessful, you should file a complaint with the IDOI by going online at www.in.gov/idoi and filling out a complaint form. The form may also be used to notify the department of other problems you may be experiencing with an insurer. Filling out this form signifies to the IDOI that you have exhausted all contractual complaint resolution procedures prior to seeking their help.



Membership Update

New Members

The Academy extends a warm welcome to the following new members:

Active Members

Ann P. Arno, MD
Indianapolis

James Jackson, DO
Peru

Jane F. Paina, MD
New Castle

Gregory T. Pfister, MD
Jasper

Smita K. Raiken, MD
Munster

Patrick E. Rankin, MD
Flora

Angela S. Rogan, MD
Evansville

Resident Members

Diana M. Doncheva, MD
Avon

Sara B. Hamidi, MD
Indianapolis

Jason J. Hix, MD
Muncie

Dung V. Nguyen, MD
Indianapolis

Rachael L. Ross, MD
Chesterton

Matthew B. Teters, MD
Mishawaka

Student Members

Matthew R. Anderson
Indianapolis

Please Keep Us Up-To-Date

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

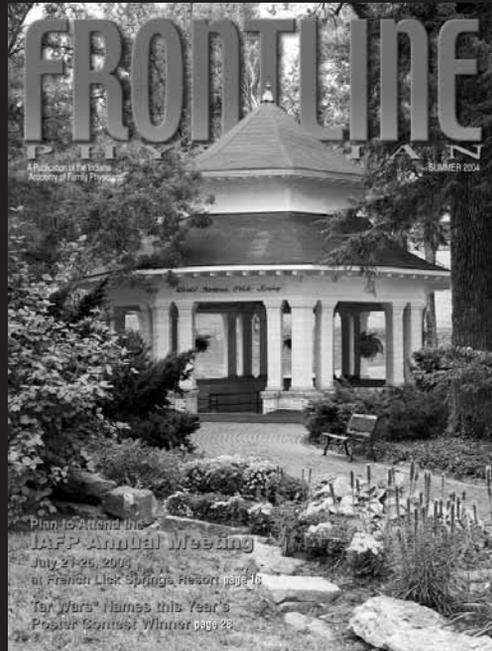
Your address • phone/fax • email address

To update, please call:

Amanda Bowling (888) 422-4237 In State only
(317) 237-4237
or abowling@in-afp.org

Membership Status Totals

Active	1568	Life	183
Supporting	4	Resident	269
Inactive	20	Student	314



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What's Happening at the IAFP Foundation?

Second Annual Chuck Schilling Memorial Golf Tournament

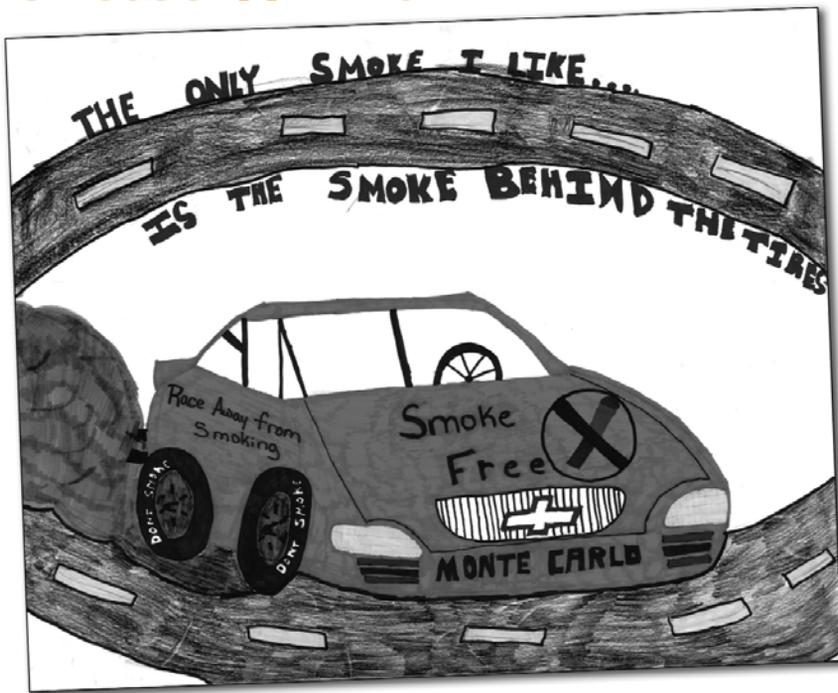
The IAFP Foundation is once again hosting the golf tournament played during the IAFP Annual Meeting in French Lick, Ind. This year's tournament will benefit the Barnett Adopt-A-Student program, which provides medical students with an opportunity to work in a family physician's office during the summer between their first and second years of medical school.

The tournament will be played on Thursday, July 22 from 9 a.m. to 2 p.m. on the Country Club Course at the French Lick Springs Resort. Come and play a round of golf with your colleagues and promote your specialty to future physicians at the same time! For more information about the tournament, contact the IAFP Foundation today.

IAFP Foundation
317-237-4237 • 888-422-4237
ccosway@in-afp.org



Tar Wars® Names this Year's Poster Contest Winner



Judging has just wrapped up for the 2004 Tar Wars® Indiana Poster Contest, with 25 percent more posters submitted this year than last. We were once again fortunate enough to have representatives from the Attorney

General's Office, the Department of Education, Victory Field, and Indiana Tobacco Prevention Cessation (ITPC) come to our office and judge the posters, as well as Dr. Maria Fletcher. Additionally, Dr. Greg Wilson, the State

Health Commissioner, found time to judge the posters himself. One change this year included the addition of the IAFP President's Award, which was chosen by your President, Richard Feldman, MD. We hope to make this an annual award to be selected by the current IAFP president.

Larissa Roepke, who will represent the State of Indiana at the Tar Wars® National Poster Contest in Washington, D.C. this July, was named the winner for her poster which featured a race car and the words "The only smoke I like is the smoke behind the tires. Don't smoke!" This was especially fitting given the recent elimination of Winston as a NASCAR sponsor. Larissa, along with the other seven Indiana award winners, were honored during the pre-game ceremony on the field prior to the Indianapolis Indians game on June 6. *A special thanks goes to ATA for providing Larissa and a parent with airfare to travel to the national contest!*

Tar Wars

2004 Tar Wars® Poster Contest Winners

First Place

Larissa Roepke

Sunman Elementary, Sunman, Ind.

Runners Up

Landi Gaither

Wilson Elementary, Jeffersonville, Ind.

and

Page Russell

Ernie Pyle Elementary, Hillsdale, Ind.

IAFP President's Award

Crysta Stinson

Parkwood Elementary, Clarksville, Ind.

Indiana Tobacco Prevention and Cessation Award

Grae Prickett

Tenth Street School, Jasper, Ind.

State Health Commissioner's Award

Mandy LaFever

Union Center Elementary, Hobart, Ind.

Attorney General's Award

Amanda Wendling

Tri Central Elementary, Sharpsville, Ind.

Department of Education Award

Julia Politano

Clark Elementary, Greenwood, Ind.

Thanks to all of our dedicated members and other volunteers who gave their time to present the Tar Wars® program to fourth and fifth grade students across the state. Without your loyal participation we would not be able to reach so many students. We thank you, and these creative youth thank you, too!

Watching your weight? Look in the fridge.



Milk, cheese and yogurt are not the first foods that come to mind when thinking of what to eat when dieting. In a recent study, overweight adults on a reduced-calorie diet that included at least 3 servings a day of dairy products like **milk, cheese and yogurt** lost more weight than those on similar reduced-calorie diets with minimal dairy.

Dairy naturally provides calcium as well as protein and other essential nutrients that dieters need. Preliminary data indicates that calcium may play a role in the body's natural system for burning fat.

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 www.healthyweightwithdairy.com.

Dairy & Nutrition Council of Indiana

Indiana Tobacco Prevention and Cessation Award

Grae Prickett

Tenth Street School, Jasper, Ind.

State Health Commissioner's Award

Mandy LaFever

Union Center Elementary, Hobart, Ind.

Attorney General's Award

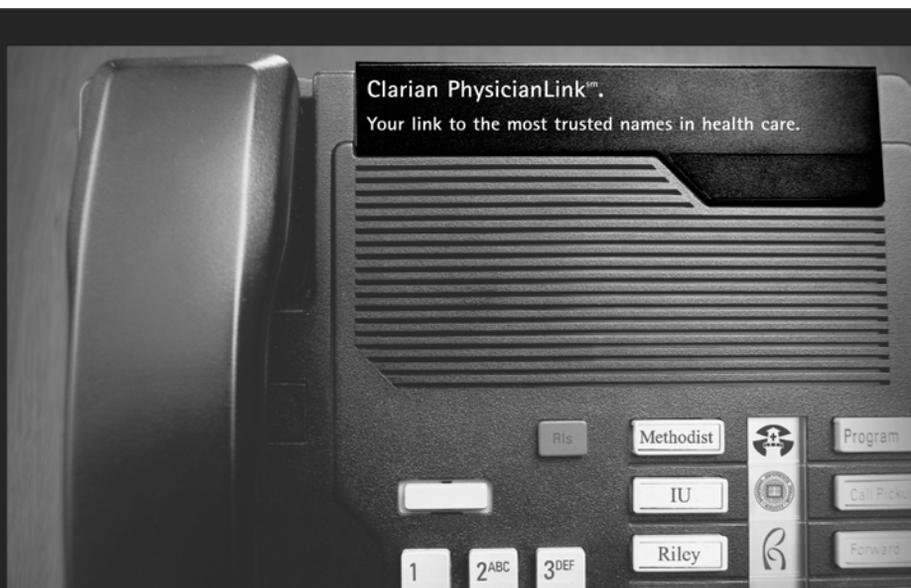
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Thank You

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations 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 (✓) 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 (◆).

Deborah I. Allen, MD ✓◆	Worthe S. Holt, MD
Dr. Jennifer & Lee Bigelow	Richard Juergens, MD ✓
Kenneth Bobb, MD ✓	Thomas Kintanar, MD ✓
Bruce Burton, MD ✓	H. Clifton Knight, MD ✓
Kalen A. Carty, MD	Teresa Lovins, MD ✓◆
Clarence G. Clarkson, MD ✓	Debra R. McClain, MD ✓◆
Dr. Robert & Donna Clutter ✓	Robert Mouser, MD ✓
Dianna L. Dowdy, MD	Raymond W. Nicholson, MD ✓
Richard D. Feldman, MD ✓◆	Frederick Ridge, MD ✓
Thomas A. Felger, MD ✓	Jackie Schilling ✓
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Ralph E. Barnett, MD
Raymond W. Nicholson, MD

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Mr. & Dr. Lee & Jennifer Bigelow
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Debra R. McClain, MD
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Henry Schirmer Riley, MD
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| <input type="checkbox"/> Patient Education Conference | <input type="checkbox"/> Memorial contribution in memory of _____ |

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Thank you for your generosity. It will support: Assuring access to family physicians and the quality, comprehensive and affordable healthcare they provide; Enhancing the recruitment, education and training of prospective family physicians; and Supporting other initiatives that further the vision of the Foundation to enhance the quality of healthcare services delivered to Indiana residents.

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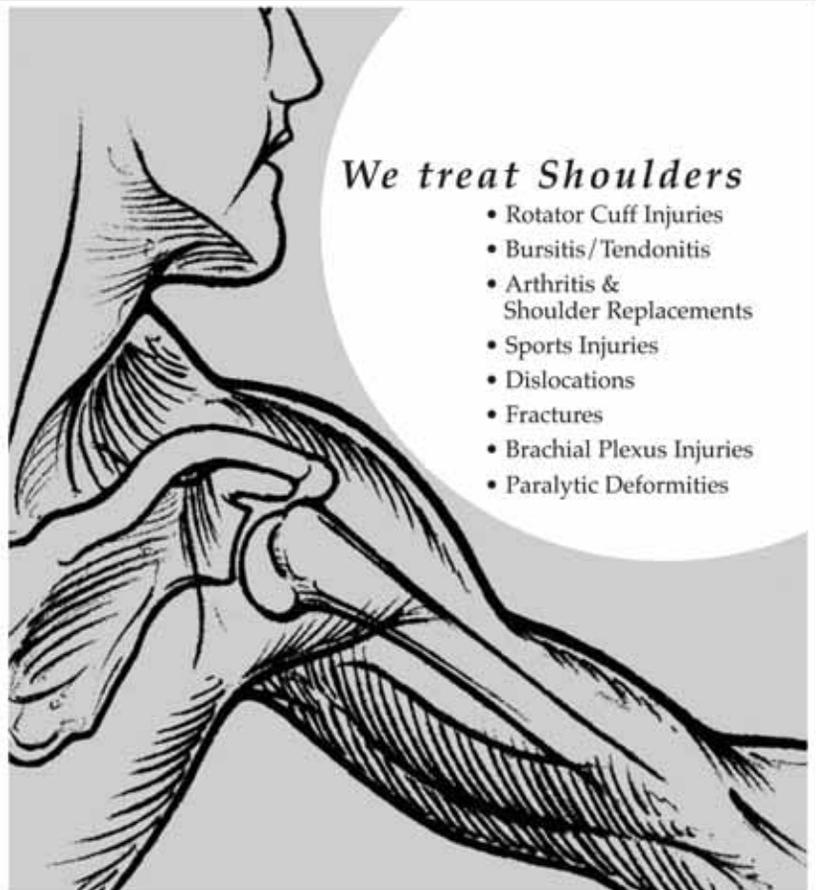
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