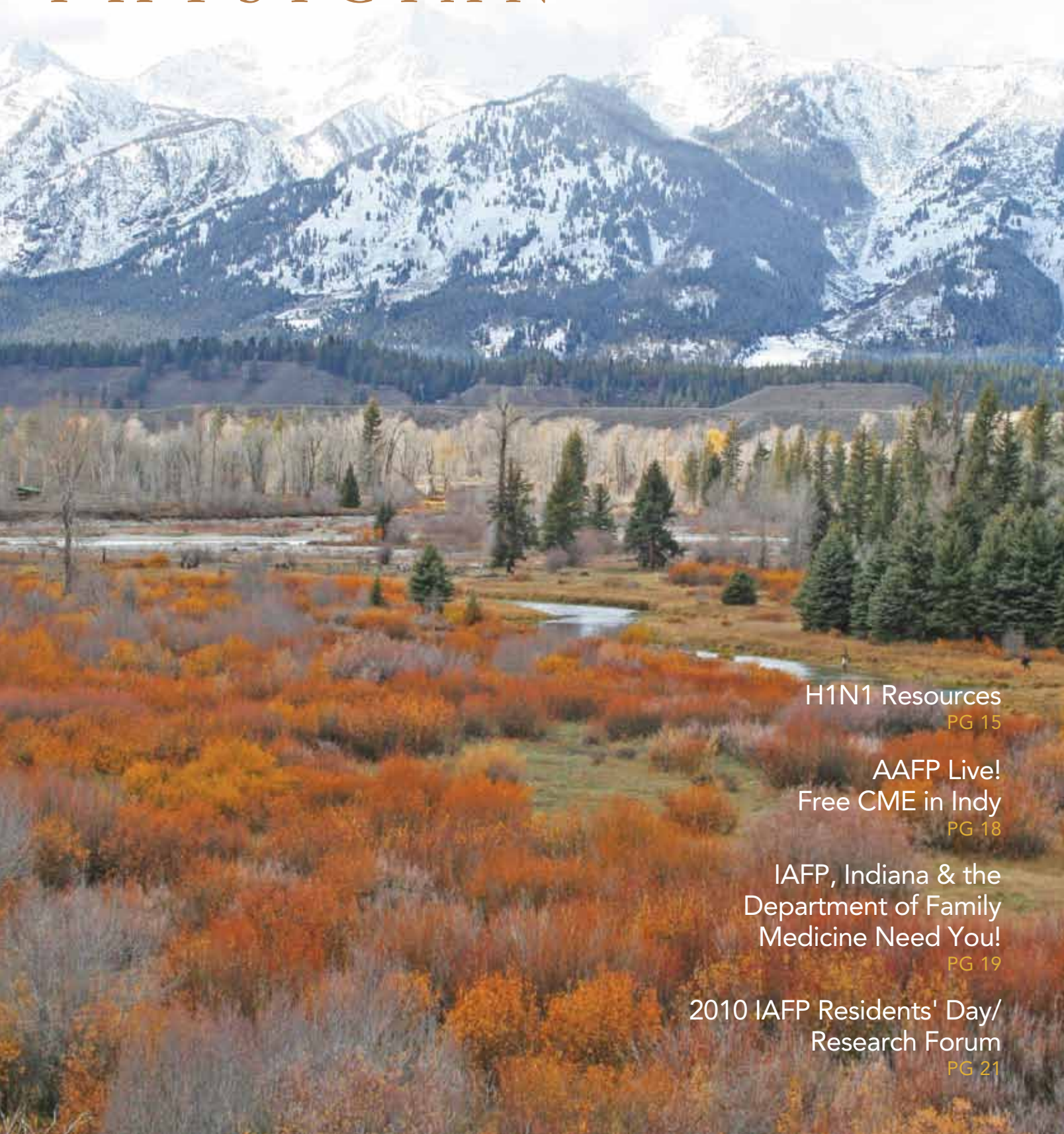


FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Winter 2009



H1N1 Resources

PG 15

AAFP Live!
Free CME in Indy

PG 18

IAFP, Indiana & the
Department of Family
Medicine Need You!

PG 19

2010 IAFP Residents' Day/
Research Forum

PG 21

A medical boot, likely for a foot or ankle, is shown on the left side of the advertisement. It is wrapped in a light-colored material with handwritten text in black ink. The text lists various medical services: Bone Oncology, Foot + Ankle, Hand, Hip, Joint Replacement, Knee, Pain Management, Pediatrics, Shoulder, Spine, Sports Medicine, and Trauma. The boot is positioned vertically, with the foot visible at the bottom.

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FRONTLINE PHYSICIAN

Volume 10 • Issue 4

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

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The mission of the IAFP is to improve the health of the people of Indiana, including its families and communities, by promoting and enhancing the practice of family medicine with professionalism and foresight. The IAFP will achieve this mission while working toward the following objectives:

Advocacy and Influence

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

Promotion of the Value of Family Medicine

Promote the specialty of Family Medicine and its value to the public, the business community, government and the health care industry.

Practice Enhancement

Enhance members' abilities to fulfill their practice and career goals while maintaining balance in their personal and professional lives.

Membership and Leadership Development

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

Education and Research

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

Workforce

Ensure a workforce of Family Medicine physicians to meet the needs of all people in Indiana.



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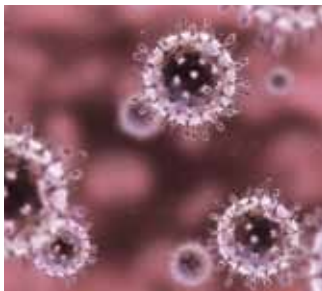
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On the cover: Image of Willow Flats in the Grand Teton National Park, Wyoming, taken by Bernie Emkes, MD.

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Ash Hanna, MD

Dear Colleagues

I recently returned from the AAFP 62nd Congress of Delegates, and I am excited to report to the Indiana chapter members on what is happening at the national level.

At the AAFP Congress of Delegates, new national leaders were installed. **Lori Heim, MD**, has moved to the office of president, replacing **Ted Epperly, MD**, who has served the Academy well these last 12 months. Dr. Epperly was the voice of the AAFP during White House visits and congressional committees. Dr. Epperly will now serve a year as chairman of the AAFP Board. **Roland Goertz, MD**, of Texas was elected by the AAFP Congress as president-elect; he will be installed as president at the AAFP Congress in 2010.

I want to especially thank our Indiana delegates to the AAFP Congress, **Clif Knight, MD**, and **Richard Feldman, MD**, along with our alternate delegates, **David Pepple, MD**, and **Worthe Holt, MD**.

“I encourage all Indiana members to learn more about the Patient-Centered Medical Home (PCMH).”

The Indiana Academy sent three resolutions to the AAFP. The IAFP resolution on the use of wireless communications devices was sent to the AAFP Board for further study, as was our resolution on creating an AAFP subcommittee to represent family physicians working in emergency medicine. The third resolution the IAFP sent to the AAFP was on home-visit payment, and it was adopted by the Congress. The AAFP's representative on the Relative Value Scale Update Committee (RUC) will request a re-evaluation of the evaluation and management services for home visits.

As president, I attended the AAFP President/President-Elect Luncheon. The luncheon's topic was the Patient-Centered Medical Home activity in the states. I encourage all Indiana members to learn more about the Patient-Centered Medical Home (PCMH). Visit www.aafp.org/pcmh and download the AAFP checklist — you will likely find you are doing more medical-home activities than you may have thought. After that step, you can use the AAFP resources to learn how to document the extra care you give your patients. PCMH is moving across the country, there are new pilots every month, and all the major health care reform bills include medical home pilots with novel payment models.

Stay healthy during this extended flu season.

Sincerely,
Ash Hanna, MD
President
Indiana Academy of Family Physicians

Mark Your Calendar



January 13, 2010	February 5-7, 2010	March 19, 2010
IAFP Family Medicine Legislative Breakfast	Ten-State Conference (IAFP Executive Committee will meet)	IAFP Residents Day/ Research Forum
Skyline Club, Indianapolis, Indiana	Louisville, Kentucky	Hyatt Regency, Indianapolis, Indiana
March 20, 2010	March 21, 2010	July 22-25, 2010
AAFP Live! Diabetes and Cardiovascular Care (followed by IAFP CME sessions)	IAFP Board/Commission Cluster	2010 Annual Meeting French Lick Hotel and Conference Center
Hyatt Regency, Indianapolis, Indiana	Hyatt Regency, Indianapolis, Indiana	French Lick, Indiana

AAFP Meetings

2010 highlights include:

April 29-May 1

AAFP Annual Leadership Forum (ALF)
Kansas City, Missouri

September 27-29

AAFP Congress of Delegates
Denver, Colorado

September 29-October 2

AAFP Annual Scientific Assembly
Denver, Colorado

Congratulations, Dr. Hershberger and Dr. Kozarek!

Daryl Hershberger, MD, of Lagrange, and James Kozarek, MD, of Edinburgh, have each been awarded a Tony and Mary Hulman Health Achievement Award in the field of Preventive Medicine and Public Health. The Hulman Health Achievement Awards are awarded by the Indiana Public Health Foundation's Board of Directors to recognize health leaders who make a difference in the lives of Indiana's citizens.

The IAFP congratulates Dr. Hershberger and Dr. Kozarek on their awards and thanks them for their skill and perseverance in the public health field.

Membership Update

As of October 31, 2009

Active:	1,656
Inactive:	13
Life:	186
Resident:	243
Student:	193
Supporting (FP):	3
Supporting (Non-FP):	7
Grand Total:	2,301

Keep Us Informed

Please remember to keep all of your contact information up-to-date with IAFP. If you have any changes in your address (home or office), phone number, fax number and/or e-mail address, please call (317.237.4237) or e-mail (iafp@in-afp.org) the IAFP headquarters with your updated information.

If we don't have your current e-mail address on file, you are missing out on the IAFP's *e-FrontLine* electronic newsletter. This vital source of information for family physicians is published about once a week and contains timely information on coding and payment issues, meeting notices and reminders and legislative alerts, as well as breaking news items. To be added to the mailing list, please contact Christie Sutton at the IAFP office with your current e-mail address.

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- ✓ **FRUITS**
- ✓ **VEGETABLES**
- ✓ **WHOLE GRAINS**

With more than 15 percent of school-aged children diagnosed as overweight and obese,¹ the risk of developing high blood pressure when they grow up increases significantly. Research has shown that children who consistently eat more servings of dairy foods, fruits and vegetables had the lowest blood pressure levels over time. Conversely, those who ate the least amount of dairy foods, fruits and vegetables had the highest blood pressure levels over time.²

The DASH (Dietary Approaches to Stop Hypertension) Eating Plan is encouraged as one of the lifestyle modifications to help prevent and control high blood pressure in children.³ A DASH-type diet, rich in fruits, vegetables and low-fat dairy foods, was more effective than routine outpatient care at improving systolic blood pressure and diet quality in adolescents with elevated blood pressure.⁴

Children with lower blood pressure in adolescence are less likely to develop hypertension as young adults.⁵ Nutrients in dairy, including calcium, vitamin D, protein, potassium and magnesium, are also important for growth and development. Parents who follow the DASH Eating Plan for their family may lower their own blood pressure and reduce the risk of future hypertension for their children. Adults with mild hypertension who followed the DASH diet reduced blood pressure as much as a single antihypertensive medication.⁶



Go to www.mypyramid.gov for eating plans.

Visit http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf for a guide to lowering your blood pressure with DASH.

For more tips, go to www.nationaldairyCouncil.org.

For additional DASH resources and healthy recipes, go to www.3aday.org.



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These organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.

¹ National Heart, Lung, and Blood Institute 2004

² Moore, Lynn L, et al. Intake of Fruits, Vegetables, and Dairy Products in Early Childhood and Subsequent Blood Pressure Change. *Epidemiology*. 19(1):4-11, January 2008.

³ National High Blood Pressure Education Program Working Group on High Blood Pressure in Children and Adolescents. The 4th report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents. *Pediatrics*. 114, 556, 2004.

⁴ Courch, SC, et al. The efficacy of a child-based behavioral nutrition intervention emphasizing a DASH-type diet for adolescents with elevated blood pressure. *J Pediatr*. 192: 484-491, 2008.

⁵ Sun Shumei, S., et al. Systolic Blood Pressure in Childhood Predicts Hypertension and Metabolic Syndrome Later in Life. *Pediatrics*. 2007; 119:227-234

⁶ Apple L, et al. A clinical trial of the effects of dietary patterns on blood pressure. *NEJM*. 235: 1113-1119, 1997



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LEGISLATIVE PREVIEW

After Organizational Day on November 17, the 2010 Indiana General Assembly session begins on January 5. After last year's extra-long-long session, legislators have commented that this year's session could end well before the March 14 deadline.

The IAFP cannot currently predict when the 2010 session will end except that it will not go into special session. From this summer's interim study committees and the 2009 session, we are anticipating what legislators will try and accomplish during the few short months of session.

During the 2009 interim, the General Assembly study committees held fewer meetings in an effort to contain costs. Most health committees only held three meetings, severely limiting the amount of time that could be spent on the issues set to be studied.

The Health Finance Commission did fit in a discussion on open-access clauses in insurance contracts. These are clauses that require physicians to continue taking patients from a particular insurer until their entire panel is full. These open-access clauses stop physicians from being able to close their panel to one insurer and stay open for other insurers. A preliminary bill draft was passed by the Health Finance commission banning the use of open-access clauses in insurance contracts. The bill will be filed for the 2010 regular legislative session. We are not sure who will author the bill yet.

The Indiana Department of Insurance (IDOI) gave their report on insurer out-of-network physician payment to the Health Finance committee during the interim. Most insurers in the state do not pay out-of-network physicians directly and instead send reimbursement checks to the patients. The IDOI was tasked by the 2009 General Assembly to study whether this policy is hurting physician businesses. The IAFP provided data to the IDOI, as did other physician organizations and insurance companies. The IDOI reported back that its findings were inconclusive. In October 2009, a General Assembly mandate took effect requiring insurers to print on a patient's explanation of benefits that the patient must remit payment to the physicians who provided

the services. The IDOI recommended waiting until these policies have been in effect longer before studying the issue again. Despite the IDOI's recommendation, the IAFP is anticipating legislation requiring insurers to send payment directly to out of network physicians to be introduced in 2010.

In the 2009 interim, the Medicaid Supplemental Programs committee looked at expanding the Healthy Indiana Plan (HIP). The Family and Social Services Administration (FSSA) plans to open up the HIP program to more childless adults starting in January. The plan was closed to childless adults last spring when the program met the maximum number of enrollees. Now, due to attrition, HIP can once again enroll new childless adults. FSSA presented to the Medicaid Supplemental Programs committee on expanding the childless adult section of HIP. The money saved from the state taking over the prescription drug formularies of all the Medicaid Managed Care Organizations (takes effect January 1, 2010) would allow FSSA to open up HIP to another 7,000 childless adults. HIP continues to enroll adults with children. Gov. Daniels announced that National Health Reform will negatively affect HIP.

The IAFP is anticipating the resurfacing of some issues from the 2009 General Assembly session. The IAFP has heard that the non-nurse midwives or direct-entry midwives will be once again seeking licensure in the state of Indiana. Legislation requiring some restaurants to post the calories of standard food items on menus and menu boards will be introduced again in 2010, as will a statewide smokefree air law. In non-health matters, legislators in both houses have already introduced resolutions for constitutional property tax caps, and it is expected that legislation to legalize Sunday sales of alcohol will be introduced.

One thing is certain about the 2010 legislative session: the state's revenue shortfall will put a dim on the chances for any legislation that requires additional funding.

Look to the IAFP for information on the 2010 legislative session. For the most up-to-date stories, watch for our electronic newsletter, the *e-FrontLine*, in your e-mail inboxes.

2010 IAFP Annual Meeting Preview: “Growing Family Medicine”

July 22-25, 2010
French Lick, Indiana

The 2010 IAFP Annual Meeting returns to the totally revamped French Lick Hotel and Casino in 2010. We're sticking with the changes that made the 2009 meeting such a success:

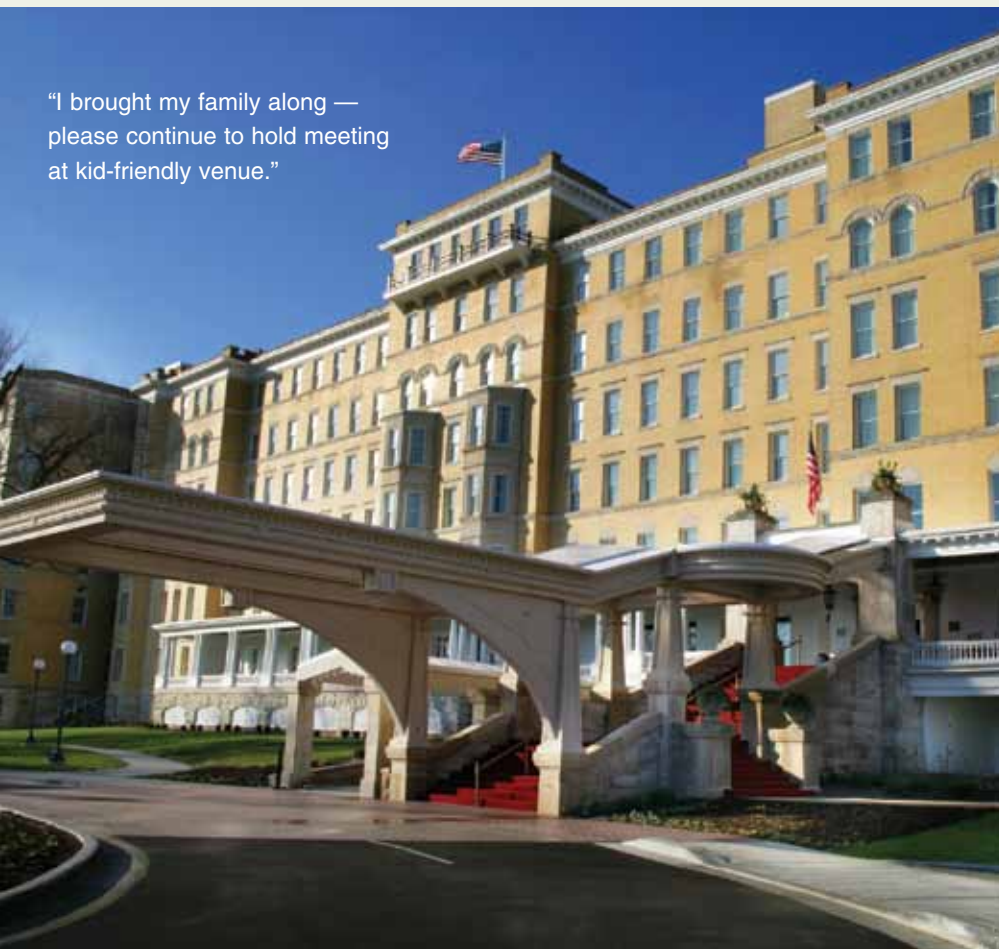
- Shorter, streamlined schedule – spend less time out of the office to fully participate
- Evidence-based CME – earn double CME credits
- MC-FP SAM session on asthma – complete the Knowledge Assessment portion of your SAM at our group session
- All-Member Congress of Delegates – help direct your Academy's future policy
- Fellowship and networking opportunities – spend quality time with colleagues and friends from around the state
- Exhibit Show – learn about the latest clinical advances and get practice management advice
- Spectacular and luxurious hotel – French Lick is totally transformed
- Fun Events for the whole family – new programs for kids and activities for adults

CME Sessions will include:

- “Reminder and Recall Systems to Improve Adolescent Immunization Rates”
- “Overactive Bladder”
- “Dyslipidemia Management: Five Issues to Consider Before You Treat”
- “Strategies to Address Prescription Drug Misuse and Abuse”

Check your *e-FrontLine* and mail for registration info coming soon.

“I brought my family along — please continue to hold meeting at kid-friendly venue.”



“I was really impressed with the facility. I had not been to French Lick in 5 years and the change was beyond what I expected. Food service was back to the way it was 30 years ago. The conference areas and exhibit area were as nice as I have seen anywhere, my room was excellent and check in/out painless and prompt.”



IAFP Awards: Call for Nominations

The members, leaders and staff of the Indiana Academy of Family Physicians seek to improve the health of the people of Indiana by promoting and enhancing the practice of family medicine. In order to recognize the achievements and dedication of its members, the IAFP Board of Directors honors individuals with the following awards each year.

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 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 longtime 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.

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, but not limited to, 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 themselves 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 separate from the candidate's job responsibility.

Indiana Family Physician of the Year Award

The Indiana Family Physician of the Year 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 their 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 their communities. 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.

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 & 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 15, 2010.

If you would like a nomination form or need more information, please check www.in-afp.org or contact Missy Lewis via e-mail (mlewis@in-afp.org) or phone (317.237.4237). Thank you for your participation in recognizing outstanding family physicians and supporters of family medicine. You are a valuable advocate for your specialty!





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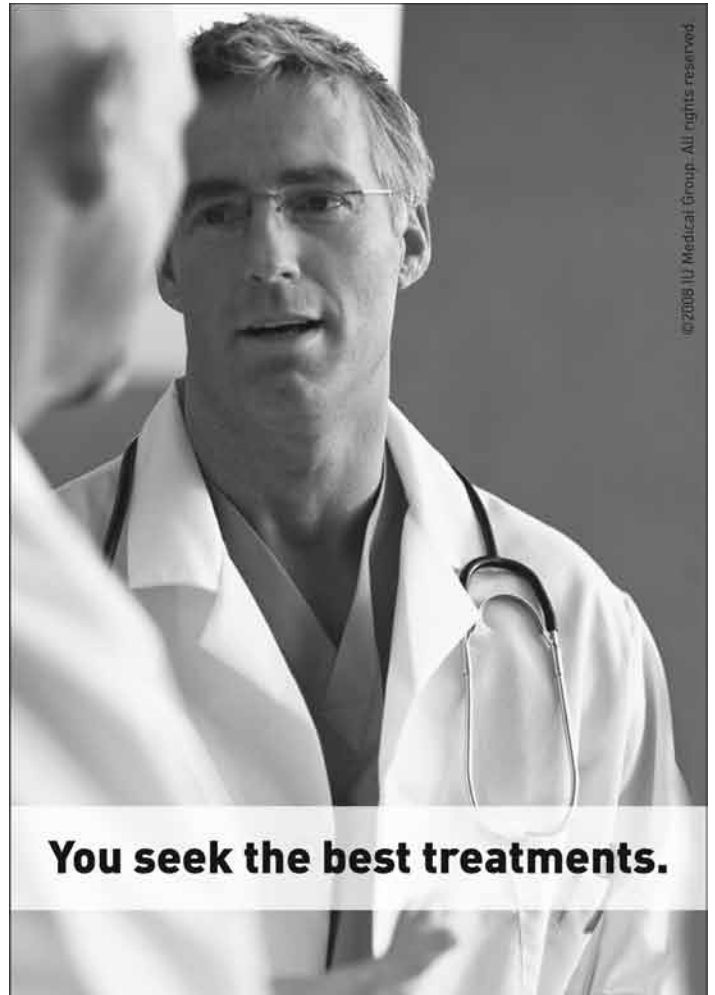
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H1N1 RESOURCES

As we move into the winter flu season, it's important to know about up-to-date resources available to help treat your patients.

Indiana State Department of Health

At www.in.gov/flu/2398.htm, you'll find H1N1 Influenza A Information for Medical Providers, including:

- Weekly Influenza (Flu) Activity in Indiana Reports
- H1N1 Vaccine Weekly Q&As for Medical Providers

Resources

- Guidance for Clinicians & Public Health Professionals
- Resources for Clinicians
- Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season
- Guidance: Use of Paramedic Personnel in H1N1 Mass Vaccination Programs

Laboratory Information

- Lab Submission Guidelines
- RT-PCR Detection Panel (H1N1 Influenza Test Kit – amended May 2, 2009)
 - Fact Sheet for Healthcare Providers
 - Fact Sheet for Patients

- NP Swab Collection (video) – *New England Journal of Medicine*
- Resources for Laboratories

Centers for Disease Control and Prevention

The CDC has created a page of info for health care providers at <http://www.cdc.gov/h1n1flu/clinicians/>.

Here, you can access information on the following topics:

- Vaccination and Antivirals
- Patient Management
- Infection Control
- Diagnosis and Lab Testing
- Patient Education
- Training

IAFP

Your Academy's Web site has Coding and Billing information specific to H1N1. Check out www.in-afp.org and choose Coding and Billing under the Professional Development drop-down menu.

URGENT UPDATE – Are You Enrolled in Medicare's PECOS?

by Connie Woods, CPC, CPC-I, CGSC, OCS, Newby Consulting, Inc.

Although only affecting DME suppliers now, failure to ensure that physicians are enrolled in Medicare's Provider Enrollment Chain Ownership System (PECOS) will have far-reaching consequences in the future. PECOS is an electronic system in which Medicare contractors enter the Medicare enrollment information you provided on the Medicare enrollment application. **Regardless** of whether you are a supplier or not and whether your physicians write prescriptions for any Durable Medical Equipment, Prosthetics, Orthotics or Supplies (DMEPOS), **please read the rest of this article.**

If you enrolled in Medicare or updated your Medicare enrollment information within the past five years, your Medicare enrollment information is stored in PECOS. If you enrolled more than five years ago and have not submitted any updates to your Medicare enrollment information, **you need to update your Medicare enrollment information and may actually need to revalidate your provider information.** Physicians should use the following Web site to obtain information in relation to PECOS. This Web site can be used to access and/or enroll in the PECOS system: http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp.

For now, physicians with supplier numbers need to look at the remark codes included at the end of the remittance advice. If you find one of the following remark codes: C200, C201 and C202 ("the referring or ordering provider is not authorized"), you are receiving warning messages telling you that there are ordering/referring physicians for at least one of the patients not currently enrolled in PECOS. These warning messages started appearing on Medicare remittance advice statements in early October. Newby Consulting, Inc. (NCI) has started receiving help forms and questions about what they mean.

DO NOT ignore these messages. If a supplier receives one of these warning messages on a claim, they should **contact the ordering/referring physician** on the claim and have him or her verify his or her eligibility with PECOS. This problem cannot be "fixed" by the supplier; only the ordering/referring physician can resolve the issue. Effective April 5, 2010, suppliers will get an immediate denial on each DME claim filed with a name and NPI of a referring or ordering physician who is not in PECOS.

At this time, the rule does not apply to physicians who order tests or refer patients to another physician. Physicians not enrolled in PECOS will not lose their billing privileges even after April 5, 2010. The Centers for Medicare & Medicaid Services (CMS) started with DMEPOS to get physicians enrolled in PECOS. By targeting DMEPOS, a huge number of physicians and providers will be affected. Currently, this effort only affects physicians who order DMEPOS items, e.g., glucose strips for diabetic patients, oxygen, etc.; however, NCI believes that, in the future, CMS will expand the claims editing to all services requiring an ordering/referring name and NPI on any claim.

ACT QUICKLY — If you access the Internet-based PECOS and find you are not listed or do not have access to any data, you must revalidate your enrollment with Medicare. In order to revalidate, the physician must complete an 855I enrollment application with all the information necessary to initially enroll in Medicare. This will get the provider or supplier into PECOS and will ensure that their enrollment information, which may have changed over the years, is current.

Physicians can revalidate their enrollment via Internet-based PECOS, or they can fill out the appropriate paper CMS-855I Medicare provider enrollment forms and mail them to the appropriate enrollment contractor.

Instructions on Internet-based PECOS can be found on the CMS Web site at <http://www.cms.hhs.gov/MedicareProviderSupEnroll/04InternetbasedPECS.asp#TopOfPage>.

MLN Matters article SE0914 also has guidance on using Internet-based PECOS and can be found on the CMS Web site at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0914.pdf>.

Currently, this revalidation only affects individual physicians; however, NCI believes that, eventually, group practices and physicians who are incorporated or have an LLC will have to verify the entity's enrollment in PECOS. This is clearly stated in the transmittal.

Physicians Who Also Have Medicare DME Supplier Numbers

The Common Electronic Data Interchange (CEDi) has front-end edits in place to validate the data submitted conforms to HIPAA and Medicare requirements. As part of these edits, CEDi utilizes external code sources to validate the data on inbound transactions. The PECOS file used to verify eligibility for ordering/referring providers is one of the external data code sources utilized by CEDi.

Information from PECOS is provided to CEDi **using only uppercase characters** (capital letters). In order to validate the name against the PECOS file, the alpha character data on the claim for the ordering/referring provider **must be in uppercase.** If a lowercase character is submitted in the ordering/referring provider field, right now you will receive the message "the referring or ordering provider is not authorized." Effective with dates of service on or after April 5, 2010, claims submitted with an ordering/referring provider name and NPI not enrolled will be rejected.

Billing Office Diagnostic Tests in 2010 Becomes **More Difficult!**

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

The Centers for Medicare & Medicaid Services (CMS) announced new billing requirements for **all tests** having both a professional and technical component, e.g., X-rays, ECGs, etc. (This change **DOES NOT** apply to clinical laboratory tests.)

Effective with dates of service on or after January 4, 2010, the appropriate date of service for the professional component is the **ACTUAL** calendar date that the interpretation was performed. For example, a single-view chest X-ray (technical component) is performed on January 5, 2010, but the physician does not do interpretation until January 11, 2010; you must split-bill the service!

You do **NOT** have to individually itemize the components when the test is **performed and interpreted on the same calendar date**.

Start creating your process now to identify when the physician actually interprets tests performed in your office. It is not necessary to actually start splitting claims until January 4, 2010, but you will need to develop a process to identify those tests that are interpreted (including written interpretation) on the same day versus tests that are performed on one day and interpreted on a different calendar day.

01-05-2010	71010-TC
01-11-2010	71010-26

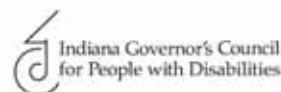


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Embrace people's differences, and you'll open yourself to a world of new possibilities. When you free your mind and see the potential inside everyone, you'll expand your horizons — and your circle of friends.

Celebrate Disability Awareness 2010

IndianaDisabilityAwareness.org



AAFP *Live!*

Anchors IAFP's Spring Breakaway Meeting in Indianapolis

AAFP Live! is **local, free CME** delivering the latest science — from the leading experts — on the topics most relevant to you. In spring 2010, it's coming to Indianapolis as part of your Academy's Spring CME meeting. We're also planning CME topics of our own, including topics like "Do We Treat COPD Appropriately in Family Medicine?" In addition, you'll be able to take advantage of a SAM session and a Coding and Billing workshop for your office staff.

Mark your calendars now and stay tuned for more info coming soon.

Residents' Day/Research Forum (more info on page 21)

SAM session

Coding and Billing Workshop for Office Staff

Friday, March 19, 2010

AAFP Live!

Saturday, March 20, 2010

Hyatt Regency Indianapolis

1 South Capitol Avenue

Indianapolis, IN 46204

AAFP Live!

Diabetes and Cardiovascular Disease

7-7:45 a.m.: Check-In with Continental Breakfast Provided

7:45 a.m.-noon: CME

Noon: Light Lunch

Patients with diabetes and cardiovascular conditions are at a higher risk for complications. And the number of patients with both is increasing.

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- Confidently diagnose diabetes and cardiovascular conditions
- Apply prevention/treatment guidelines
- Effectively communicate the critical elements of preventive care, such as lifestyle, nutrition and exercise

Session 1 – Assessment, Prevention, and Early Diagnosis of Type 2 Diabetes

Session 2 – Treatment Protocols for Patients with Diabetes: Focus on Oral Agents and Non-Insulin Injectables

Session 3 – Intensifying Treatment Plans for Patients with Diabetes: Insulin and Impact on Cardiovascular Disease Outcomes

Register now at www.aafp.org. Search for "live" in the search box at the top right.



IAFP, INDIANA & THE DEPARTMENT OF FAMILY MEDICINE NEED YOU!

I want to start by saying “thank you” to all of the preceptors and residency faculty for their teaching efforts during the required third-year Family Medicine Clerkship. There is no way for me to adequately express my appreciation for the time and energies expended making the clerkship such a success.



Philip Ferguson, MD, teaches colposcopy techniques as part of the Family Medicine Clerkship at IU School of Medicine.

Without these teaching faculty and physicians, the ambitious statewide, four-week Family Medicine Clerkship would not occur. The Department of Family Medicine of the Indiana University School of Medicine is grateful for your dedication to our discipline and participation in this educational endeavor.

Evidence Supporting Family Medicine

The Future of Family Medicine project (FFM) provided insight into what the American public desires in their primary care physician. Patients want a primary care physician who is in their insurance plan, conveniently located and able to offer timely appointments. Beyond this, a physician who listens, takes time to explain things and is able to effectively coordinate overall care is what patients value most.

A study of the “ecology of medicine” reveals that, out of 1,000 persons, eight will require hospitalization, and fewer than one out of that 1,000 will require hospitalization in an academic medical center. This supports the need for community-based primary care physicians. Yet recent trends in medical student specialty selection at Indiana University School of Medicine (IUSM) and around the country have moved away from primary care and toward non-primary care specialties.

The Robert Graham Center for Policy Studies in Family Medicine and Primary Care conducted a study to determine the number of family physicians “needed” to care for America. Based on this report, if the matriculation of family physicians continues as it is now, numbers are adequate. However, the state of Indiana and the country will need more family physicians if we want to achieve a practice model that reflects the recommendations of the FFM.

Since the trends in medical specialty selection do not appear to match what is needed, the Indiana Academy of Family Physicians and the IUSM Department of Family Medicine are concerned about whether there will be sufficient numbers of primary care physicians to care for the 999 out of 1,000 patients who do not need hospitalization at an academic medical center. Furthermore, will there be primary care physicians with the attributes that the FFM indicated patients desire?

You Can Be Involved in Teaching Family Medicine

In an effort to meet this need, the school of medicine, with state support, is expanding its student enrollment. The Centers for Medical Education will absorb the added learners for the first two years and students will remain at the centers to complete their third-year clerkships. Studies suggest medical students who train at sites away from the main medical hub tend to choose primary care at a higher rate than those who train at big academic medical centers. The emphasis for this expansion is to groom primary care

doctors to establish practices and care for the many people who live in medically underserved and rural areas of Indiana. The reader should realize this means a renewed emphasis on family medicine.

However, without new preceptors to teach the additional learners, the department of family medicine will not be able to meet the demands of the higher enrollment. The department, the school and the students need you!

If you are interested in becoming a preceptor and playing a vital role in this exciting change in Indiana, or if you have questions, please contact Dr. Scott Renshaw, Family Medicine Clerkship director. He can be contacted by e-mail at serensha@iupui.edu or by phone at 317.278.8755.

IUSM Family Medicine Student Interest Group Thanks IAFP

The IAFP has received the following note of thanks from the Indiana University School of Medicine Family Medicine Student Interest Group:

*Dear IAFP,
We wanted to thank you for your contributions that have allowed us to present our lunch series on family medicine. Our featured speakers have included Dr. Kevin Gebke, Dr. Deborah Allen and Dr. Douglas McKeag. They have provided information about the family medicine field in general and have also addressed the family physician shortage. We have had excellent responses to the talks, with an average of 45 students attending each. Thank you again for your help and we look forward to working with you in the future.*

– IUSM Family Medicine Student Interest Group

Student Interest Reception

On Wednesday, September 30, all 10 of Indiana's family medicine residency programs came together for our annual reception for students interested in family medicine. The event was held at the Riverwalk Banquet Center in Broad Ripple. Thanks to everybody who attended and helped us showcase all that Indiana has to offer for family medicine residents.



Medical students enjoyed drinks and hors d'oeuvres while talking to representatives from Indiana's family medicine residency programs.

UPDATE FROM the Indiana University Department of Family Medicine



The Department of Family Medicine has entered into a leadership transition phase. By now, many of you have likely learned that Douglas B. McKeag, MD, MS, who became the third chair

of the Department of Family Medicine in 1999, stepped down as of June 30, 2009. Under Dr. McKeag's 10 years as chair, the Department expanded significantly through the recruitment of a cadre of new junior faculty members, the opening of new clinical practice sites and the development of new "niche" areas of strength. While the school searches for the new chair, Kevin Gebke, MD, and Mary Dankoski, PhD, will serve as interim co-chairs.

The department recently launched a new Family Medicine-Obstetrics Fellowship on July 1, 2009, under the direction of Dr. Sagi Matthew. The 12-month, full-time fellowship is located at Methodist Hospital with a class of one fellow per year initially, with up to four as the program grows. The fellowship's goals are to provide additional high-risk OB and surgical training for family medicine residents with an interest in caring for the urban and rural underserved, and/or with future aspirations in academic medicine.

The Enhancing Latin American Care Experiences Program (ENLACE Program), led by Dr. Javier Sevilla, has continued to expand. The program now includes an approved family medicine clerkship site and global health elective in Honduras, as well as program components integrated across our clinical, educational and research missions, both locally and abroad.

In collaboration with the Indiana Area Health Education Center (AHEC), last year, the Bowen Research Center launched the Center for Workforce Studies under the direction of Terry Zollinger, DrPH. The center is a multidisciplinary school partnership initiated to study changes in the health professions workforce in Indiana.

There are also a number of IU School of Medicine initiatives underway that involve the department. These include:

- The development of the Indiana Clinic, a new unified structure for the clinical operations involving both the IU School of Medicine and Clarian Health Partners. Indiana Clinic will help streamline our clinical operations while improving overall patient care.
- Expansion of the medical school student body: Like many other medical schools in the country, the IUSM is increasing its class size to address projected physician workforce shortages. This brings increased educational opportunities throughout the eight Regional Medical Centers. The Department and AHEC faculty and staff members have been heavily involved in the development of the first rural health track in Terre Haute.

2010 IAFP Residents' Day/Research Forum

Call for Abstracts

Friday, March 19, 2010 • Hyatt Regency, Indianapolis

\$2,000 in prize money available!

The IAFP is currently accepting abstracts for the perennially popular Residents' Day and Research Forum, which will be held on Friday, March 19, 2010, at the Hyatt Regency 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 these categories:

1. Performance improvement
2. Original research
3. Case presentation
4. 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 Friday, February 5, 2010. Questions? Call the IAFP at 317.237.4237, or e-mail us at iafp@in-afp.org.

THANK YOU!

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations that have donated to the Foundation in 2009. Your generosity provides 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."

FOUNDERS CLUB MEMBERS

Founders Club members have committed to giving \$2,500 to the IAFP Foundation during a five-year period. Members noted with a check mark (✓) have completed their commitment. The Board would also like to acknowledge that most of these individuals continue to give after completing their commitment.

Deborah I. Allen, MD ✓
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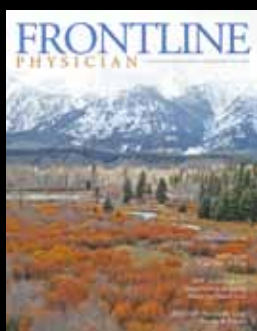
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