

FRONTLINE

P H Y S I C I A N

A Publication of the Indiana Academy of Family Physicians
FALL 2003

*What's Right
For Family
Practice!*



**An Interview
with Dr. Kintanar**
pg15

Thomas Kintanar, MD



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

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



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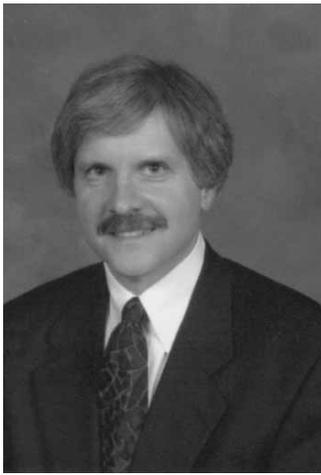
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President's Message



Richard Feldman, M.D., President,
Indiana Academy of Family Physicians

"It is more important to know the patient than to know what disease the patient has"

As I begin my year as your Academy president, I look forward to the challenges before us with optimism and pride. The IAFP is a progressive organization housed in a magnificent new state headquarters on Monument Circle. We have a cohesive membership, a fine dedicated staff, and outstanding leadership provided by our executive vice-president Kevin Speer.

I would like to discuss my vision for the coming year by relating some of my thoughts expressed in my installation address at our Annual Scientific Assembly in French Lick. I spoke that evening about our specialty, about our past and future. I talked about my father, Max Feldman, who passed away in January. He was 93 years old and a family physician for nearly 40 years in South Bend. I'm very proud of him. He was typical of that greatest generation—the generation that built our specialty. My father did not routinely refer to himself as a family physician, but as a general practitioner. In those days, it was not a demeaning term or a term that signified something less than what you were.

No one taught my father the core principles of family medicine—continuity and comprehensiveness of care, disease prevention and health promotion and commitment to community. No one taught him to be a patient advocate, integrator of care, trusted advisor and compassionate counselor. No one taught general practitioners in those days interpersonal skills, the value of patient communication, on-going relationship, and of treating the patient in the context of the family and environment. No one was there to teach my father that as William Osler once said, "It is more important to know the patient than to know what disease the patient has." These principles of personalized medicine came to him, and to the best general practitioners of his generation, by experience and sensitivity to the needs of patients.

My father and many physicians like him were exemplary of the best traditions and attributes of general practice—the roots by which the new specialty of family practice grew and developed and now is incorporated into formal standardized residency training and board certification. It was that greatest generation of general practitioners, our founding fathers, like Lester Bibler who created our specialty, as we know it today.

Many of you are aware that our specialty is in the process of an in-depth self-evaluation, the Future

of Family Medicine Project. The initiative's goal is to identify our core attributes and develop a strategy to transform and renew the specialty of family practice to meet the needs and expectations of the American public. It will position family medicine for a central role within the health care system in the future. It places our entire specialty, even our name, on the table. The study found that the specialty has been successful in many important respects over the past 34 years, solving many of America's public health ills and by filling the void in our medical system produced by over-specialization. It also concluded that family medicine must re-articulate and communicate our core values to the public, reformulate itself to meet the public's expectations, and reconstruct its place in medicine to assure confidence with the American public. But I'm pleased to report that the core values of family medicine will remain unchanged. I'm not surprised. These core concepts define our very identity and our uniqueness. It's simply who we are.

Family physicians are not better than other doctors, but we are different. We are the heart and soul of medicine. We, more than any other specialty, humanize the healthcare experience and focus our attention on the person, not the disease. We are driven by the need to develop relationships with the patients and families we care for and by the need to help make people whole.

Please join with me this year in celebrating our specialty, in renewing your commitment to the principles of family medicine, and reflecting on your values that led you to this challenging and rewarding career. No matter how medicine changes, I believe the future will belong to those family doctors that deliver comprehensive, caring, humanistic, and compassionate care. We're family physicians. That's what we do.

Join with me this year in expressing your passion for family medicine because we have a fulfilling life and profession. Become a role model for a bright promising young person in your community. Inspire a medical student. Mentor a family practice resident.

Join with me this year in supporting the development of an historic family physician's office at the Indiana Medical History Museum and contributing to the related IAFP book yet to be published, *Family Practice Stories*. This book will be told by, and about, Hoosier family

continues to page 7

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of
everyhour
of
everyday
to
everybeat
of
yourheart

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IAFP Calendar

doctors. These projects will create visible sources of pride in our specialty and educate the public about who we are, what we do, and the traditions from which we come. We're family physicians. We're different. And we have a story to tell.

Would you join with me this year in working to actively protect our specialty at the state and federal legislative levels? While fighting for appropriate reimbursement and other practice issues is a priority, we must maintain public health issues that enhance the health and quality of life of our patients foremost on our political agenda. In doing so, we will not only engender respect with the public and policy makers but also maintain our credibility and integrity. Join with me in working collaboratively with our colleagues in the medical community on important health-related issues but always maintaining our own strong separate identity at the General Assembly. Why? Because we're family physicians and we're different, and sometimes we see things differently.

Would you join with me this year in continuing our commitment to

control coalition to help assure adequate tobacco control funding and better plan for tobacco control advocacy in the future. We should lead in this regard because we're family physicians. We are compelled to do so because it's critical to the health of our patients and our communities, especially our children.

Finally, would you join with me in helping those in need of medical care in our communities who are without resources, without public or private health coverage? My father would collect \$5 a month from some of his patients who were in financial difficulties and owed him large bills. Even though he knew at that rate collecting it made no business sense, what was more important was that these patients and their families preserved their sense of pride and self-respect. During these extraordinary harsh economic times, would you make a special effort to give your services to some of those in your community in need without an expectation of being paid? It's the right thing to do.

I was recently reminded of the thought that we see the future by

Join with me this year in expressing your passion for family medicine because we have a fulfilling life and profession.

fighting tobacco use and exposure to environmental tobacco smoke in our state? Teach children about tobacco through participating in our Tar Wars program and fight for clean-air laws in our communities. Tobacco use is the greatest cause of preventable illness and premature death among our patients, and we should not tolerate the fact that the General Assembly gutted Indiana's statewide comprehensive tobacco prevention and cessation program by reducing its funding by \$22 million a year. The Academy will take a leadership position in the medical community in an effort to restore full funding for this endeavor and to assist in the formation in a statewide tobacco

standing on the shoulders of the past. Let's proceed with the understanding of the strengths of our specialty and the inspiration and wisdom of our founding fathers. The medical world has changed radically in the last 25 years, and the family physician has not been immune to these developments. These are troubled, uncertain times in medicine. The only stability we have is each other. Let us, this year, gather around and support each other through our Academy and show the world who we are, what we believe in, and that we are the specialty that holds a central role in the American health care system in the new millennium. ■

IAFP MEETINGS

2003

Family Practice Club Dinner, 14th (Student)
District Meeting and Family Practice
Residency Exhibits

October 16

Indianapolis

Practice Management Conference

October 16 & 17

Crowne Plaza Hotel, Indianapolis

IAFP Board of Directors Meeting

October 19

Crowne Plaza Hotel, Indianapolis

2004

Family Practice Update

January 22 – 25

Downtown Adam's Mark Hotel, Indianapolis

IAFP Board of Directors Meeting

January 25

Downtown Adam's Mark Hotel, Indianapolis

Faculty Development Workshop

March 3

Airport Holiday Inn, Indianapolis

Residents Day and Research Forum

March 3

Airport Holiday Inn, Indianapolis

IAFP Annual Scientific Assembly

July 21 – 25

French Lick Springs Resort, French Lick



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The Lasting Legacy of Charitable Giving

By, Jeanne Lee McMains, J.D.
Hall, Render, Killian, Heath & Lyman, P.S.C.

What impact will your life have on others? On the day of your death, what legacy will you leave behind? Creative charitable giving can allow you to provide for your favorite causes without sacrificing the financial security of your loved ones. Whether your gift is small or large, simple or complex, immediate or deferred, that gift will have an impact on the lives of others. All that is truly required is the desire and willingness to make a difference.

Most people can see and understand how their time and abilities directly influence the world around them. However, many people fail to explore how their asset holdings can impact the lives of those outside their immediate family. For many of these individuals, trying to direct every asset to the immediate family will oftentimes result in estate taxes. When this happens, the charitable impact of their asset holdings is effectively delegated to the Government to direct. Careful charitable planning can allow you to provide for the financial security of your loved ones, as well as, take back the control of the charitable impact of your asset holdings.

When considering a charitable gift, explore whether you would like to give now while you are able to enjoy and influence the impact of your gift or later as part of your after-death distribution of assets. If your current financial situation requires the use of all your resources, a charitable remainder trust is one option that will generate attractive tax deductions for you today while still

allowing you to draw income from the assets throughout your remaining lifetime. If your assets are not readily liquid (i.e. medical practice or real estate), do not be discouraged. With appropriate skill and caution, these illiquid assets can be valuable resources for furthering your charitable vision. Many individuals desire to structure their charitable gift so they can continue to be involved in the ongoing charitable use of their gifted assets. A private family foundation or a donor-advised fund with an existing charity allow you and your loved ones to be involved in deciding how the charitable funds are used each year. What a tremendous legacy to leave your heirs: the opportunity to make a difference themselves!

Lastly, your charitable giving strategy needs to carefully consider the legal and tax implications involved. In many cases, the income tax and estate tax benefits generated can result in all, or most, of the charitable gift coming from assets that would have otherwise been paid to the IRS in the form of taxes.

The opportunity to make a significant difference is present in every lifetime. We encourage you to incorporate an aspect of charitable giving into the legacy you leave behind, and we stand ready to work with you and your trusted advisors to make this desire a reality. For inquiries about how you might explore these possibilities through the IAFP, please call the IAFP Foundation Planned Giving Director, Coral Cosway at (317) 237-4237.

2003 Congress of Delegates Report

I A F P

This year's Congress of Delegates was one of the smoothest running meetings that the IAFP has had in a very long time. There were a total of four resolutions, including two emergency ones.

The following shows the title of the resolution and the end result.

03-1, Post Partum Administration by non-licensed practitioners in home birth settings

Resolved Portion of Resolution

RESOLVED, that the prescribing practice of Pitocin be changed to similar to an Epinephrine injection (Epi-Pen or Anapin) so that a non-licensed midwife or "helper" would be able to administer it in an emergent post partum setting and be it further

RESOLVED, that Pitocin would only be available when a written prescription is provided to a patient in the patient's name and after that patient has been established as a patient in that physician's office and received counseling/education regarding the risks of home birth (possibly signed refusal or hospital care). Education would include proper administration of Pitocin.

Submitted by:

Kalen Carty, M.D., Salem, IN, and Yolanda Yoder, M.D. Paoli, IN

Final Outcome:

The Congress of Delegates voted to adopt the following substitute resolution which reads:

Resolved, that the prescription of Pitocin for home use be brought before the Board of Directors for further study and education of the IAFP membership.

03-2, AAFP Delegate and Alternate Delegate Term Limits

Resolved Portion of Resolution

RESOLVED, that the Indiana Academy of Family Physicians' bylaws be amended to limit the number of terms a member can serve as a Delegate and Alternate Delegate; and be it further

RESOLVED, that Delegates and Alternate Delegates be limited to two (2) terms; and be it further

RESOLVED, that both Delegates and Alternate Delegates be allowed to petition the Indiana Academy of Family Physicians' Board for revisions, with good cause, to serve one additional term.

Submitted by:

Worthe Holt, M.D. Indianapolis, IN

Final Outcome:

The Congress voted to adopt a substitute resolution which is the same as the original with the following editorial change to the second "resolved" portion:

RESOLVED, that Delegates and Alternate Delegates be limited to two (2) **consecutive** terms; and

03-3, (emergency resolution) IAFP Restructuring: A Transition from 13 districts to 3 regions (South, Central and North.) Formation of a statewide Resident's Council and a Student Council. The Congress of Delegates would allow all members present to vote.

Resolved Portion of Resolution

RESOLVED, that the proposed changes to the governance and structure a move to three regions, be accepted as recommended changes; and be it further

RESOLVED, that these recommended changes be referred to the IAFP Bylaws Committee; and be it further

RESOLVED, that the IAFP Bylaws Committee return to the 2004 IAFP Congress a report containing recommended bylaws changes necessary to implement the changes outlined.

Submitted by:

IAFP Task Force on Restructuring:
Larry Allen, M.D. Chair, Scott Ries, M.D.
Richard Feldman, M.D., Clif Knight, M.D.
Dan Walters, M.D., Debra McClain, M.D.
Doug McKeag, M.D., Scott Frankenfield, M.D.,
Kevin Speer, J.D., EVP

Final Outcome:

The Congress voted to adopt the following substitute resolution:

RESOLVED, that this issue be referred back to the IAFP Board of Directors along with the report from the task force, to consider the next steps of the Restructuring Process.

03-4 (emergency resolution) Residency Program support for Resident Council

Resolved Portion of Resolution

RESOLVED, that the IAFP work with each residency program and encourage them to choose one or more residents to attend and participate in the Residents' Council; and therefore be it

RESOLVED, that the IAFP strongly encourage each residency program to make time away available and reimburse for travel expenses to a quarterly council meeting

Submitted by: Residents' Council

Final Outcome:

The Congress voted to adopt the following substitute resolution:

RESOLVED, that the IAFP recognize the IAFP's Residents' Council as the ideal vehicle to help create a beneficial working relationship among residents and residency programs; and therefore be it

RESOLVED, that the IAFP work with each residency program and encourage them to choose one or more residents to attend and participate in the IAFP's Resident Council; and therefore be it

RESOLVED, that the IAFP strongly encourage each residency program to make time away available and reimburse for travel expenses to a quarterly council meeting

Recommendations of the 1st Vice President

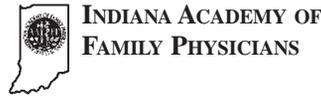
The IAFP, working in coordination with interested public health entities, should assume a leadership position within the medical and healthcare communities in gaining legislative and public support for the re-appropriation of adequate funding for the Indiana Tobacco Use Prevention and Cessation Agency.

The IAFP should be involved in the formation of a new statewide tobacco control coalition to help assure adequate funding for tobacco control and coordinated programming and advocacy into the future.

Submitted by: Richard Feldman, M.D.

Final Outcome:

The Congress voted to accept these two recommendations.



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PHYSICIAN OF THE DAY

Volunteers Needed For January & March 2004

The Indiana Academy of Family Physicians and the Indiana State Medical Association (ISMA) will once again sponsor the Physician of the Day Program at the 2004 General Assembly. Your assistance is needed. The 2004 legislative session is sure to be an exciting one. In this short session, it is most important that family medicine make an impression on our legislators. This valuable program allows you to observe the legislative process first hand and to meet with your area representatives.

The Physician of the Day Program is one in which IAFP members volunteer to spend one or more days at the Statehouse during the legislative session. The purpose of the Physician of the Day Program is to provide episodic primary care services, as a convenience, for the governor, legislators and their staff during the time the state legislature is in session. The Physician of the Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of January and March. If you are interested in serving as the Physician of the Day, please circle the day or days that you want to serve and fill out the calendar form and return it to the IAFP office as soon as possible, but no later than Nov. 30, 2003. Or, feel free to call the IAFP office toll free at (888) 422-4237 or (317) 237-4237 to schedule your Physician of the Day shift.

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

JANUARY 2004

| SUN | MON | TUE | WED | THU | FRI | SAT |
|-----|-----|-----|-----|-----|-----|-----|
| | | | | NO | NO | NO |
| NO |
| NO | NO | 13 | 14 | 15 | NO | NO |
| NO | NO | 20 | 21 | 22 | NO | NO |
| NO | 26 | 27 | 28 | 29 | NO | NO |

Holidays and observances: 1: New Year's Day, 19: Martin Luther King Day. Phases of the moon: 7: ☉ 15: ☽ 21: ☿ 29: ☾

MARCH 2004

| SUN | MON | TUE | WED | THU | FRI | SAT |
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| NO | 8 | 9 | 10 | 11 | NO | NO |
| NO | 15 | NO | NO | NO | NO | NO |
| NO |
| NO | NO | NO | NO | | | |

Phases of the moon: 6: ☉ 13: ☽ 20: ☿ 28: ☾

PHYSICIAN OF THE DAY

January & March 2004

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The Future of Family Medicine Project

Clif Knight, M.D., Alternate Delegate to AAFP

"When all is said and done, will it make any difference?"

That seems to be the typical response I receive when I talk with our members about the Future of Family Medicine Project. The answer to that question remains to be seen.

What I do know is that our American Academy of Family Physicians, along with the alphabet soup of related Family Medicine organizations – STFM, AAFP-F, ABFP, ADFM, AFPRD, and NAPCRG – has invested a great amount of time, effort, and money in this huge project. I encourage you to become aware of the project and the potential for some great reformation of our specialty and even the health care system in which we practice.

The Future of Family Medicine Project was conceived in April 2001 as a follow up to the acclaimed "Keystone III" summit of leaders of our specialty in October 2000. Five task forces have been formed to evaluate the current state of our specialty and the environment in which we function, identify priorities, and formulate an action plan for improvement.

The charge of the project is *"develop a strategy to transform and renew the specialty of family practice to meet the needs of people and society in a changing environment."*

The early phases of the project included information and opinion gathering from physicians (family physicians and non-family physicians), students, residents, representative payers, and patients (those who go to family physicians and those who don't). The task forces reviewed the available data as well as comments solicited from AAFP members and other interested parties. The first five task forces

have concluded their initial reviews and provided preliminary recommendations to the Future of Family Medicine Project Leadership Committee. These reports are being incorporated into an interim final report which should be available soon.

Some of the preliminary findings and recommendations were previewed at the AAFP Annual Leadership Forum this past April. It is anticipated that the final recommendations may be very bold and could potentially lead to significant changes within our specialty.

Approximately 25% of the 822 million office visits to physicians in our country are to family physicians and general practitioners. Without family physicians, vast areas of our country would become primary care shortage areas. Our specialty is vital to the health care of our country and we need to help decision-makers understand this fact.

Bold changes ARE possible when a significant percentage of our members become aware and empowered. Great effort and resources will be utilized in the implementation of the Future of Family Medicine Project recommendations. We all need to become aware and empowered by the data and the truth. Working together, we can transform our specialty and our health care system for the benefit of our patients and our communities. Let's not choose the *status quo* – let's make things better.

Please go to the Future of Family Medicine Project Web site at www.futurefamilymed.org for updated, in-depth information about the project.

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Legislative Update:

Most Time Spent on Budget Issues

By Douglas M. Kinser

Conclusion of the 2003 Session

The 2003 General Assembly adjourned April 26 with approximately 280 bills becoming law from the approximately 1,600 bills introduced. The budget bill was the key issue in 2003. While 280 bills became law, the majority of attention was focused on how the state would continue its operations with its fiscal constraints.

The legislature started the session with a projected \$850 million deficit. Projected deficits ended with a \$400 million deficit at the end of the biennium, June 30, 2005. In July 2003, the first month of the new biennium showed further deterioration with an additional shortfall of \$65 million in revenue. Most fiscal leaders agreed the 2003 budget is a one-year "maintenance" budget and the budget may need to be reopened in November.

The Medicaid section of the budget was equally bleak. It was estimated that after the budget passed, the Medicaid deficit will be \$218 million on June 30, 2005. Some relief was afforded with a new supplemental federal Medicaid funding of \$168 million.

Where could the cuts occur?

In the budget bill, a reduction in nursing home reimbursement requires a recommendation from the Select Joint Commission on Medicaid Oversight. Without a state-based supplemental rebate program—and except for curbs on drug utilization—pharmaceutical reimbursement under Indiana's Medicaid program is largely insulated from cuts. Physicians and hospitals are among the easiest targets for cuts in reimbursement.

Interim Study Committees 2003

- In the Health Finance Commission, Sen. Pat Miller (R-Indianapolis) invited certain interested parties to discuss the rising number of the uninsured. A study of the uninsured was required under SCR 11. No conclusions were reached.
- In the Select Joint Committee on Medicaid Oversight, discussions have included long-term care, reimbursement issues, and a Medicaid update. At the request of Sen. Miller, I was prepared to testify regarding Medicaid physician fees. She then changed the direction of the reimbursement discussion and I was unable to present.

During the summer, study committees have only begun meeting and there are limited conclusions at the point this report was written in August.

Other Issues

- There was a discussion on niche or specialty hospitals in late August. Certificate of Need could be a possible consideration.
- On Aug. 8, the Indiana Department of Insurance notified physicians that the surcharge for the Patient's Compensation Fund would increase approximately 73% to physicians effective August 15. An actuarial study by Milliman, USA was recently completed that concluded the viability of the fund was under pressure and recommended increases.
- On Aug. 13, the Court of Appeals ruled against the state in D & M Healthcare, et al vs. Indiana FSSA et al. Medicaid implemented cuts in nursing home reimbursement may now be disallowed. Other vetoed bills may have further negative impact on the state's fiscal condition.
- On Aug. 14, John Hamilton resigned and Gov. O'Bannon appointed Pat Rios as Secretary of the Family and Social Services Administration (FSSA).
- In July, Medicaid issued a bulletin to request information about provider discounts as required under the budget bill. It has created confusion, and I expect the physician groups will seek clarification in the 2004 session.
- Your lobbyists have participated in fundraisers of key legislative leaders and others that generally support physician positions.

The 2004 Session

It will begin with Organization Day on Nov. 18. Between Organization Day and Jan. 5, legislators will have bills drafted and begin building support for issues. The 2004 session will be a short session and must conclude by March 15. Approximately 900 bills will be introduced, and it is likely that between 100 to 180 bills will become law.

While it is not a budget session in 2004, and depending upon the revenue forecast for the remaining 2003, shortfalls must be addressed and emergencies may be considered. Many expect the fiscal issues will again drive the session in 2004.

In 2004, there will be races for president, governor, congress, and the Statehouse.



An Interview with Dr. Kintanar

Q. Though the majority of Family Physicians express satisfaction with their career, a significant percentage of Family Physicians are expressing frustration and dissatisfaction. What do you feel is the most important priority to address for the improvement of Family Physician satisfaction?

A. For any practicing clinician to provide the highest quality of care to their patients with the least amount of headaches is a very tall order. I believe that the advocacy that has been demonstrated through the American Academy of Family Physicians and our Indiana Academy of Family Physicians is able to enhance relationships which enables other large bodies to understand who and what we are as family physicians. The Future of Family Medicine Project will give us an opportunity to define who and what we are and where we are headed. Along the way, the simplification process may be a windfall that will benefit all of us in our practices.

Q. Family Physicians across the country are facing challenges to their opportunity to practice the full scope of practice for which they are trained. How can the AAFP better support members in their local privileging battles?

A. Each community has a climate or culture which is germane to that particular area. I have always shared with colleagues whenever trying to consider a credentialing piece that they have to "do the landscape" if you will. They have to know the semantics of the community and know whether the privileging question will be contested or welcomed. As a fully credentialed practicing endoscopist, I have learned to adapt to the culture in the past 12-15 years that I have been providing endoscopic privileges in my community. One overwhelming comment that has been repeated in credential committees, not only in my community but across the nation is: show us the data. At this point in time from the endoscopic standpoint the AAFP has begun its pilot project to study competencies of endoscopic skills of beginning endoscopists. It is my sincere hope that along with other practicing endoscopists across this nation, we can provide the data that is so crucially needed to substantiate our skills not only in endoscopy, but also in obstetrics, C-sections and other areas of our training that are so vital to many of our members. The AAFP has been very active in supporting privileging battles. However, I believe that it is the commitment to provide data for the medical literature that will truly demonstrate our strength. This

is currently being undertaken at this time. The other comment I would like to make is to continue to ask for privileges as it applies in your community. Asking in a respectful and a peaceful manner may not gain you friends initially, but it will gain you respect. It is the respect and the persistence over time and the demonstration of competency that will soon give us the opportunity to practice the full scope for which we are trained.

Q. The AAFP, like most organizations, has recently been faced with increasing financial restraints. What are some services or programs that the AAFP currently supports that could be eliminated as new programs or priorities are initiated and funded?

A. Most large organizations have many small segments which have specific interests, needs, and benefits which collectively add to the benefit of the general membership. The Committee on Scientific Programs was asked by our executive Vice President, Doug Henley, to creatively be part of the process of finding ways to decrease the budgetary burden on the Academy. Our initial response was to decrease our meeting schedule by one meeting per year in order to save a substantial amount of travel time and honorarium pay to committee members. I thought this was an extremely fine example of the executive staff of our organization enabling the volunteer members of the organization to be an active part of the process. There are many programs which the AAFP provides that are of great benefit to the membership and I believe that it is important that the members of those particular programs evaluate the benefit to the general membership much as we did on the Scientific Program Committee to determine the importance of maintaining those particular programs by ability. The excellent talent pool at our Academy seems to generate and enable us through natural selection to determine which programs may need more emphasis, i.e. Tar Wars, The Future of Family Medicine, HIPAA Compliance, Electronic Medical Records versus other programs which have less emphasis at this point in time.

Malpractice Tort Reform

- Limits on Liability
- Impartial Physician Review
- Limiting Fees

Future of FP Residencies

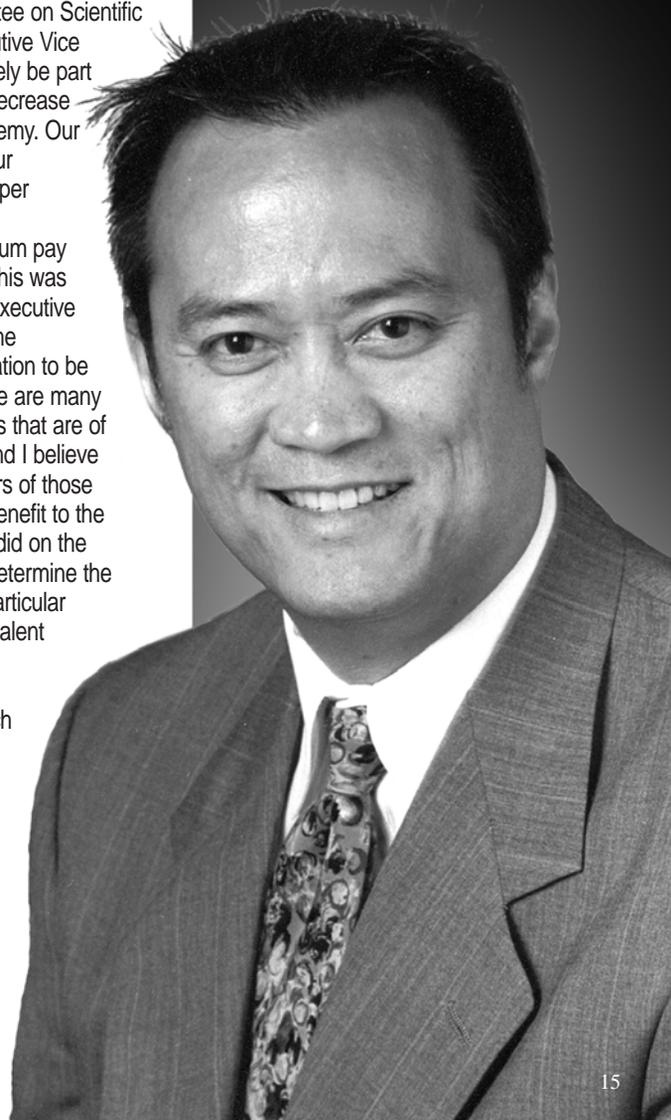
- Preservation of IME Medical Education Pass-Throughs
- Government Funding (Title VII)

Accessibility to Care

- Reimbursement
- Development & Nurturing Future Family Physicians

Future Family Medicine Project

- Advance & Maintain Scope of Family Practice



IAFP 55th Annual Meeting Attendance Exceeds 350

July 23-27, 2003
French Lick, Indiana

By Amanda C. Bowling

Total registration for the 2003 IAFP Annual Meeting reached 356. This figure included 180 physicians, their families, ancillary personnel, and visiting dignitaries. In addition, 60 companies were represented in the exhibit center.

During the five day event, educational, business, and social activities were held—including the Congress of Delegates, more than 30 hours of CME offerings, the First Annual Chuck Schilling Memorial Golf Tournament, the All Member Party, and the Annual Banquet. Many special activities were also planned for children.

Thanks to its many supporters, this year's IAFP annual meeting was again a great success. Each year financial contributions made by supporters of the IAFP make the meeting possible. Support from friends of family practice is provided in many forms. Educational grants are solicited for the overall CME program. Only grants that allow the IAFP to maintain independence in the selection of content, faculty and topics are accepted. Sponsorships are solicited for social activities and meals. Companies may reach different levels of support with a combination of educational grant monies, exhibit fees and event sponsorships.

The primary mission of the IAFP is to offer members outstanding educational opportunities and the IAFP greatly appreciates all support of our high quality CME offerings. We would like to give special recognition to the supporters listed on page 17 and ask that our members take the opportunity to thank their representatives personally when they call on you in your office.



IAFP members in reference committee hearings listened to testimony and consider resolutions submitted to the 2003 IAFP Congress of Delegates



Family Practice Residents enjoy the All Member Party



Dr. Daniel Walters, for his work as Chairman of the Commission on Education and making the past several Scientific Assemblies so successful; Dr. Scott Eller, Outstanding Resident Award, and Dr. Heidi Harris Bromund, A. Alan Fischer Award



Dr. Fred Rigde, Lester D. Bibler Award; Dr. Richard Huber, Distinguished Public Service Award; and Dr. J. Paul Gentile, Family Physician of the Year.

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Aventis

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Illinois Academy of Family Physicians
GlaxoSmithKline
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Boehringer-Ingelheim Pharmaceuticals
Pfizer

BRONZE

King Pharmaceuticals

Exhibiting Companies at the 55th Annual Scientific Assembly

| | |
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| Abbott Labs (2 booths) | Merck and Company |
| Alcon Laboratories, Inc. | Merck Vaccines |
| AstraZeneca | Meretek Diagnostic, Inc. |
| Aventis (2 booths) | Midwest Hemostasis & Thrombosis Labs |
| Aventis Pasteur | Novartis (2 booths) |
| Bayer Corporation | Organon Pharmaceuticals |
| Beacon/Joy Newby Associates | Ortho-McNeil Pharmaceuticals |
| Boehringer-Ingelheim | Otsuka of America |
| Abott Labs | Pfizer, Inc. (2 booths) |
| Braintree Labs | Pharmacia Diagnostics a Div. Of Pfizer |
| Bristol-Myers Squibb | PowderJect Vaccines |
| Bristol-Myers | Professional Office Systems, Inc. |
| Squibb Neuroscience | Purdue Pharma |
| Celltech Pharmaceuticals | Reliant Pharmaceuticals |
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| Clarian Health | Schering Corporation |
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| Eli Lilly | St. Francis Hospital & Health Centers |
| Extencicare | St. Vincent Children's Hospital Suburban Health Organization |
| Forest Pharmaceuticals | TAP Pharmaceuticals |
| Genesis Center | Tar Wars/IAFP Foundation |
| GlaxoSmithKline (3 booths) | UCB Pharma, Inc. |
| Indianapolis Neurosurgical Group | Williams Brothers Health Care Pharmacy |
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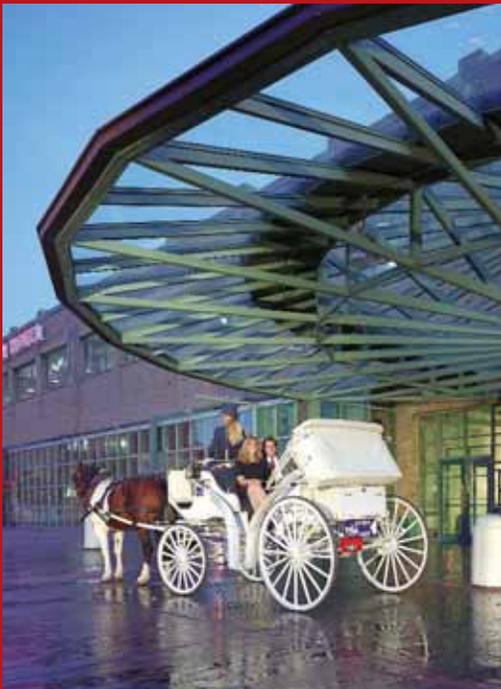
Practice Management Conference

October 16 & 17

Crowne Plaza Hotel At Historic Union Station
Indianapolis, IN

Reduced Fee of \$119 for IAFP members & their staff.

*Practical information and tools you can use to build and grow your medical practice.
Including practice start-up, risk management, reimbursement issues, negotiating
contracts, HIPAA, employee issues, and more!*



Thursday, October 16

7:00 am Registration Opens & Breakfast Available
7:50 am Welcome, Introductions & Program Overview
8:00 am –10:00 am Program
10:00 am –11:00 am Break & Exhibit Time
11:00 am –12:30 pm Program

12:30 pm Lunch
1:30 pm Program
3:00 pm Break & View Exhibits
3:30 pm Program
5:00 pm Adjournment for the Day

Topics for the day include: **Practice Start-up Issues, Reimbursement, Risk Management, Contracts, etc.**

Speakers include experts in each field from Hall, Render, Killian, Heath, & Lyman, PC, Joy Newby & Associates and Ent & Imler CPA Group.

Friday, October 17

7:00 am Breakfast
8:00 am Program
10:00 am Break
10:30 am Program
12:00 noon Lunch
1:00 pm Program
2:00 pm Adjournment

Topics for the day include:
Incorporating Quality Improvement into your Office Practice, What Can I Do About Clinic Flow? Personal & Professional Finance, etc.

Speakers include experts in each field from IUSM Department of Family Medicine, Blue & Company and more.

GENERAL INFORMATION

Program Goals: Registrants for this program will receive current information on starting and maintaining a medical practice. Topics were chosen based on information gleaned in earlier program evaluations and needs assessments. At the conclusion of the program, registrants should have a working and applicable understanding of the topics.

Who Should Attend: Physicians and office managers that need an update on current practice management topics indicated in the agenda, residents, physicians in their first years of practice, and physicians considering a change in their practice type.

AAFP CME Credit: This program has been reviewed and is acceptable for 10 hours of prescribed credit by the American Academy of Family Physicians. **AMA Credit:** The IAFP is accredited by the ISMA to sponsor continuing medical education for physicians. The IAFP designates this educational activity for a maximum of 10 hours in Category 1 towards the AMA PRA award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity. 10 hours.

Individuals With Disabilities: If you have a disability which requires a special service to enable you to attend this conference, please contact the IAFP office by October 8, 2003 to speak with our staff regarding your needs. Advance notification of any special need or service helps us serve you better.

Meeting Location: Crowne Plaza Hotel at Historic Union Station

Located in the heart of downtown Indianapolis and connected to the RCA Dome and adjacent to Pan Am Plaza, the hotel's proximity to other attractions such as Circle Center Mall, the new Consecro Fieldhouse, NCAA Headquarters and more make it an ideal location for Indianapolis meetings.

Overnight Accommodations: A block of rooms are being held at the Crowne Plaza Hotel, 123 West Louisiana Street, Indianapolis, IN 46225. Rooms are available at @ \$119 per night and reservations may be made by calling 317-631-2221.

To Register: Complete the attached registration form and mail to the IAFP, along with your check, to: IAFP, 55 Monument Circle, # 400, Indianapolis, IN 46204

For additional information contact the IAFP at dferree@in-afp.org or phone 317-237-4237

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October 16 & 17, 2003 – Crowne Plaza Hotel, Indianapolis

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Address _____ City _____

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Full Conference Fees:

- IAFP Member Physician \$119
- Non-Member Physician of the AAFP/IAFP \$200
- Ancillary Personnel \$119

One Day Only Fees for IAFP Members and Ancillary Personnel:

- Thursday Only \$75
- Friday Only \$60

One Day Only Fees for Non-Member Physicians:

- Thursday Only \$125
- Friday Only \$110

To Register: Please complete this card and return it in an envelope (along with your check) to: IAFP, 55 Monument Circle, # 400, Indianapolis, IN 46204. *One registrant per card please — You may copy this card — Sorry, we cannot accept credit or debit cards for this conference.*

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 this year. 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 like to acknowledge that many of the Members on this list also give to the Foundation in addition to their Founder's Club commitment. Members who have done so in 2003 are noted with a diamond.

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Kalen A. Carty, MD ◆
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| <input type="checkbox"/> Adopt-A-Student Program | <input type="checkbox"/> Jackie Schilling Family Practice Medical Student/Resident Fund |
| <input type="checkbox"/> Tar Wars® | <input type="checkbox"/> Family Practice Stories Book |
| <input type="checkbox"/> Patient Education Conference | <input type="checkbox"/> Memorial contribution in memory of _____ |

Amount Enclosed:

\$20 \$50 \$100 \$250 \$500 Other _____

Thank you for your generosity. It will support:

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What's Happening at the IAFP Foundation?

by Coral Cosway

July 23-27, 2003 French Lick, Indiana, Raymond W. Nicholson Award

This year the IAFP Foundation established the Raymond W. Nicholson Award. This honor is intended to annually recognize an individual or entity for making significant contributions to the Foundation. This support can be made in various forms—including time and energy spent on Foundation administration, participation in Foundation programs and/or activities, or monetary contributions—all help the Foundation achieve its mission.

The award has been named for Dr. Ray "Nick" Nicholson, a family physician from Evansville who is one of the original organizers of the Foundation. Dr. Nicholson helped establish the Foundation's mission, bylaws and structure and then continued to give significant amounts of his time and money to help it grow. Presenting Dr. Nicholson with an award for his efforts on behalf of the Foundation for just one year could not appropriately recognize him for this work. Thus, the Foundation created this annual award, in part, to honor his considerable contributions.



The first Raymond W. Nicholson Award was presented during the IAFP annual convention in French Lick, Ind. in July to Dr. Debra McClain. Dr. McClain is a family physician practicing in South Bend, Ind. and is also the most recent IAFP Past President. Her efforts on behalf of the Foundation were significant in both time spent and financial generosity during this past year. *(Photo to the left is Dr. Nicholson and Dr. McClain after the presentation of the award in French Lick.)*

The Foundation Board of Trustees would like to thank Dr. Nicholson for allowing the Foundation to use his name for this award, as well as his continued support of the organization. Additionally, we would like to congratulate Dr. McClain for becoming its first recipient and thank her for her efforts as well.

Chuck Schilling Memorial Golf Tournament

In another first for the Foundation, the IAFP's annual golf tournament, held in conjunction with our association's annual meeting in July, has been permanently dedicated to Chuck Schilling, the late husband of former IAFP Executive Vice

President Jackie Schilling. This event was chosen to honor Mr. Schilling because of his efforts as event founder and his service as golf chair for more than a decade. Mr. Schilling's work on behalf of the tournament was an integral part of its success, and his work provided many hours of fun for IAFP members, spouses and guests who have participated in the event over the years. To honor Mr. Schilling's service, the tournament has been named in his honor. All proceeds from the event will now benefit the IAFP Foundation in his memory.

The First Annual Chuck Schilling Memorial Golf Tournament was played this past July at the IAFP annual meeting. Proceeds from the tournament were designated to the Jackie Schilling Family Practice Medical Student/Resident Fund. With great weather, a full contingent of golfers, and a good cause, this year's tournament was an enormous success. *(Photo below from left, Drs. Windel Stracener, Maria Fletcher, Worthe Holt and Holly Brannon from the Indianapolis Neurosurgical Group)*

The Foundation Board of Trustees would like to thank Jackie Schilling for allowing the Foundation to use her husband's name. Additionally, we would like to thank all of the golfers who participated in this year's event. We hope to see all of you on the course next year!



HIPAA Update

Act Now To Protect Your Practice!

Most practices are behind in the HIPAA transactions and code sets testing effort. Many vendors, clearing-house and health plans are also behind. But there are steps you can take right now to prevent disruption of claims payments in October, says David C. Kibbe, M.D., AAFP's director of health information technology. Here are four steps to get you started.

- Talk to your practice management system or billing system vendor to determine your practice's readiness to send HIPAA-compliant claims to payers, including Medicare, Medicaid and other commercial health plans.
- Reject such vendor statements as "Don't worry, we're HIPAA compliant" in response to your queries.
- Request that your vendor immediately engage in end-to-end testing (from your office all the way to the health plan's computer system) of these new HIPAA-standard transactions with each payer or health plan.
- Plan now for disruptions in cash flow next fall by anticipating a 10 to 20 percent increase in rejected or delayed claims during the fourth quarter of 2003. Put aside additional savings and cash reserves, put off new expenditures during this period, and be prepared to get a commercial loan if necessary.

Article provided by AAFP FP Report.

*For more information access the full article at: <http://www.aafp.org/fpr/>.
Click on "August 2003" and headline or contact the IAFP office at 317-237-4237
to have a copy sent to you.*

Report from the AAFP

Spring Legislative Conference Washington D.C.

May 18-20, 2003

*by Clif Knight, M.D.
Chair IAFP Commission on Legislative and Governmental Affairs 2002-2003*

On behalf of the IAFP, I attended the AAFP Annual Spring Legislative Conference in Washington, DC on May 18-20, 2003. During the conference I visited the offices of Senators Richard Lugar and Evan Bayh, Representatives Julia Carson, Dan Burton, and Steve Buyer, all of Indiana, as well as Representative Don Sherwood of Pennsylvania, and Representative Heather Wilson of New Mexico. The importance of actions to improve Medicare reimbursement, repeal Medicare Indirect Medical Education cuts, continue Title VII Medical Education Grants, increase funding for the Agency on Healthcare Research and Quality, strengthen Medical Liability reform, provide Prescription Medication Coverage for Medicare recipients, reform the Geographic Index, and other topics were covered with the legislative assistants in these

Medicare Coalition

Summary

July 18, 2003

By: Joy Newby, LPN, CPC

Consultant, Commission on Health Care Services

HIPAA UPDATE

Connie Nichols presented the latest update on HIPAA transaction standards taking effect on Oct. 16. The AdminaStar Federal's (ASF) 4010A1 version has been fully implemented including claim status inquiry. According to Ms. Nichols, 5 percent of providers are fully implemented and billing with the ANSI format necessary to be HIPAA compliant. An additional 40 percent of providers have completed their testing. The remaining 55 percent of providers has Medicare concerned that they will not receive Medicare payment after Oct. 16.

The External Affairs Part B Provider Relations Team recently contacted approximately 400 providers asking them about their HIPAA readiness. Based on the majority of responses, the Carrier believes there is a lack of urgency in the providers' minds about becoming HIPAA compliant. This may be partly due to the Medicare Program's frequent extension of their deadlines. What makes HIPAA so important is that the deadline was established in the Health Insurance Portability and Accountability Act of 1996. Only Congress can change the deadline and then only through legislation.

The External Affairs Part B Provider Relations Team recently contacted approximately 400 providers asking them about their HIPAA readiness.

Ms. Nichols stated that ASF expects to receive additional instructions from the Centers for Medicare & Medicaid Services (CMS) in August. At presstime, the Carrier's position is that for any practice having 10 or more full-time employees, all claims, even those that are corrected and resubmitted or were "lost" in the system and are being resubmitted after Oct. 16, must be submitted in the required HIPAA transaction standard.

The Carrier had 49 HIPAA Educational Programs scheduled throughout the state between July 22 and Aug. 27. This series of programs was designed to include the majority of small providers defined as providers of services having fewer than 25 full-time equivalent employees or for physicians, practitioners, facilities, or suppliers with fewer than 10 employees.

FILING OF CLAIMS WHEN MEDICARE IS SECONDARY PAYER (MSP)

Claims with a single primary payer should be submitted electronically. Under HIPAA, the payer isn't allowed to request additional paper documentation as long as the coordination of benefits (COB) information regarding the primary payer is included in the COB segment of the ANSI 837 4010A1 MSP claims.

CMS Program Memorandum B03-050, CR #2758, issued July 3, 2003, instructs physicians and suppliers "that MSP claims with multiple primary payers shall be submitted on paper with the appropriate explanation of benefits or remittance advice, and shall not be submitted electronically."

EVALUATION AND MANAGEMENT (E/M) CODING WITH COUMADIN LEVEL

The description of CPT code 99211 is "Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services." There are no special guidelines nor exceptions for visits related to patients for whom anticoagulation is being monitored. Any such visit would need to meet the usual criteria for CPT code 99211 and when not performed by the physician or nonphysician practitioner, the "incident to" guidelines.

Scheduled visits to the physician's office to obtain blood for prothrombin time and INR should be billed as G0001. CPT code 99211 should NOT be additionally billed.

Adjustments in medications based on laboratory results are frequently made for patients with chronic medical illnesses, e.g., diabetes mellitus. Medication adjustment, alone, is not separately payable. The CPT codes 99371-99373 for "Telephone Calls" have a "B" = "bundled code" status on the Medicare Physician Fee Schedule Database (MPFSDB).

WEBINAR DEMONSTRATION

Susan Hodge, External Affairs, presented an excellent overview of Medicare's webinars. The Carrier expects to have additional webinars in the future months. The Provider Communications Advisory Group has suggested topics for the future webinars.

Webinars are cost effective for both Medicare and the physician community. At this time, there is no cost to the physician for participation in the webinar.

Previous webinar slides and frequently asked questions can be reviewed at the Carrier's website, adminstar.com. Topics include Quarterly Updates, 1500 Claim Form, Local PET Education Training, and Dermatology.

Webinars are cost effective for both Medicare and the physician community. At this time, there is no cost to the physician for participation in the webinar. There is no travel involved and the whole office can participate. The Carrier is attempting to keep the webinars to a one or two hour time frame and not to provide these programs at peak work time, e.g., the first and last week of the month.

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Host a Wonca Attendee . . . Make an International Friend!

The AAFP is excited to be hosting the 17th Wonca World Conference of Family Doctors in Orlando, Florida, October 13 - 17, 2004. This meeting, to be held in conjunction with the Academy's annual Scientific Assembly, will be the largest gathering of family doctors in the world — and AAFP members will have many opportunities to encourage and influence family physicians from around the world.

In order to enhance the meeting experience for all Wonca attendees, we are encouraging U.S. family physicians to consider hosting a Wonca member either before, during or after the meetings. Sample hosting opportunities include:

- Pre-meeting correspondence via e-mail
- Pre- or post-meeting invitation to visit practice (at any number of gateway cities — not limited to Florida physicians)
- Meet in the registration area to assist/answer questions
- Meet for coffee, or lunch, or dinner, or to tour the Exhibition Hall
- Meet for the Opening Ceremony, or another CME event
- Meet for a social event, such as the Assembly Celebration or Foundation Auction
- Provide housing at home in Orlando/surrounding areas



To host a Wonca attendee, let us know your interest by completing a brief questionnaire at <http://members.aafp.org/members/surv7/woncahost.htm>
We will contact you by e-mail with your "match."

For more information on the 17th Wonca World Conference, please go to www.wonca2004.org. For more information about Wonca in general, go to www.globalfamilydoctor.com.



**American Academy
of Family Physicians**

IAFP Past President, Edward L. Langston, elected to the AMA Board of Trustees



Indiana family physician, pharmacist and member of the American Academy of Family Physicians and the Indiana Chapter, Edward L. Langston, M.D., was elected to the American Medical Association Board of Trustees at the AMA's annual meeting in Chicago on June 17. One of 20

board members, Langston will serve a four-year term.

Langston proposes three areas of focus for the AMA:

- Access to healthcare coverage to all
- Advocacy for patients and physicians at the state and federal level
- Action to create a more responsive and efficient AMA

"I'm honored to have been elected by my colleagues to represent their interest to the American Medical Association," said Langston.

A member of the AAFP/IAFP since 1978, Langston has served the Academy in a variety of roles. Including President of the Indiana Chapter and Vice President of the AAFP Board of Directors, Langston is a past director of the Community Hospital Family Practice Residency Program, Indianapolis.

Langston's career in health care spans many issues and regions, including member of the ISMA Board of Trustees, Vice President of Medical Affairs and Medical Education for the Trinity Regional Health Systems, Rock Island, IL, and Family Practice Program Director for the Memorial Family Practice Residency Program at Memorial Hospital Southwest in Houston, TX.

Tar Wars®

Indiana – Update

Tar Wars® certainly had an exciting summer this year! The Tar Wars® Celebration took place at Victory Field on June 15th. One thousand tickets were distributed to poster contestants, presenters, youth groups, and classes around the state. We were fortunate enough to have a perfect day for a visit to the ballpark. Prior to the game, Karla Sneegas, Executive Director of Indiana Tobacco Prevention and Cessation (ITPC) made a presentation to our winners on the field. The top four winners and four special recognition winners were presented with \$100 savings bonds, while all poster contestants received small prize packs. Thanks to Victory Field, the Indianapolis Indians, and ITPC for providing us with giveaways for all of the students involved!

In July, Kayla Logsdon, our state poster contest winner; her father, Jeff; and Missy Lewis, our state Tar Wars® coordinator, traveled to Washington, D. C. for the National Tar Wars® Poster Contest and Conference. While there, Kayla took part in workshops organized by the Campaign for Tobacco-free Kids, visited the Capitol Building, and made friends with other tobacco-free kids from all over the country. She also met with Senator Evan Bayh's legislative

correspondent and presented him with a framed copy of her poster for the senator. In addition to the activities for kids, there were also a number of coordinator workshops that Missy attended. With the current cuts to the Tar Wars® grant from ITPC, it was a valuable opportunity to be able to network with other state coordinators. Missy hopes to gain even more insight into the National Tar Wars® program this year, as she has been selected to serve as an AAFP Tar Wars® Program Advisor in 2004.



Ollie Harriston & Kayla Logsdon in Senator Bayh's Washington D.C. office.

The 2003-2004 school year is now well underway, which means it is time to recruit new and returning Tar Wars® presenters. There are already schools registered from all across the state, which means that we need family physicians from all over to volunteer this year! Please don't let our Hoosier children down...volunteer an hour of your time today!

Please note: If you schedule a presentation on your own, it is **CRUCIAL** that you inform us at the IAFP! We need this information for our annual grant reports so that we can show that Tar Wars® does have a presence in Indiana schools!

You Are the Missing Piece!!

In just one hour, you can give children in your community the gift of longer, healthier lives!

Tar Wars® is an effective and inexpensive tobacco prevention program for forth and fifth-grade students. It is one piece of an interlocking puzzle that complements other school -and community- based tobacco-free education programs.

When you present Tar Wars® you'll feel the enthusiasm of the children who look up to you as a role model. You'll have the opportunity to go beyond your practice walls and positively impact the health of children in your community. Best of all, you'll get the satisfaction of knowing that just one hour of your time may have turned an entire room of children away from tobacco use.

Tar Wars® is nationally supported in part by educational grants from the American Academy of Family Physicians Foundation and Schering and locally funded by Indiana Tobacco Prevention & Cessation.

To learn more about Tar Wars® and how to get involved, visit www.tarwarsindiana.org today! Or, call (317) 237-4237 to speak with our program staff.

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Would you like for us to personally contact a school in your area on your behalf? If so, please include the contact information below!

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Patient's Compensation Fund Surcharge Rates Increase For Physicians And Hospitals

In an Aug. 8 bulletin, Sally McCarty, Commissioner of the Department of Insurance, announced the following surcharge rate increases effective Aug. 15, 2003.

| CLASS | ANNUAL RATE | The percentage increase to the physician rates is the same for each specialty class. A complete list of physician specialty class codes is published in 760 IAC 1-60. |
|-------|-------------|---|
| 0 | \$2,334 | |
| 1 | \$3,112 | |
| 2 | \$4,357 | |
| 3 | \$5,602 | While these increases are significant, the surcharge rates have not been increased since July 1, 1999, and the Commissioner felt it was necessary to implement these new rates on August 15, 2003. Directions for implementing the surcharge are on the department's website www.in.gov/idoi . |
| 4 | \$7,002 | |
| 5 | \$9,336 | |
| 6 | \$14,004 | |
| 7 | \$21,784 | |
| 8 | \$26,452 | |

Look for more information in our next issue or call 888-422-IAFP!

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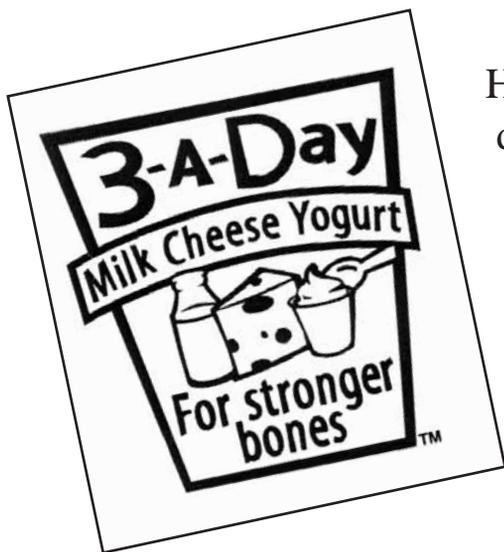
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Membership Update

Re-election Reminder

If you joined the IAFP or were last re-elected in 2000, you have until the end of this year to report 150 hours of CME in order to maintain your membership. Requirements include at least 75 AAFP prescribed credit hours, a minimum of 25 group learning activities, and no more than 25 from enrichment activities. Hours reported must be obtained between Jan. 1, 2001 through Dec. 31, 2003. For more details, review the AAFP CME Requirements for Members reprint 101 or visit www.in-afp.org, www.aafp.org or call Amanda Bowling at (317) 237-4237 or (888) 422-4237.

Please Keep Us Up-To-Date

Members, please be sure to keep your contact information up-to-date with the AAFP and the IAFP, including your: address, phone, fax, and e-mail. To update, please call Amanda at IAFP: (317) 237-4237 or in-state toll free (888) 422-4237

Membership Status Totals

| | |
|------------|------|
| Active | 1542 |
| Supporting | 4 |
| Inactive | 21 |
| Life | 187 |
| Resident | 395 |
| Student | 255 |

New Members

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

Active

| | | | |
|--|--|--|---|
| Benjamin J. Adkins, MD South Bend, IN | Roger Curtis Collicott, MD Plainfield, IN | Jennifer L. Fletcher, MD Evansville, IN | Saira Jamal, MD Schererville, IN |
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| Gregory Andrews, MD Allentown, PA | Carolyn J. Cooke, MD Evansville, IN | Tricia Foster, DO South Bend, IN | Bijal Desai Katarki, MD Fort Wayne, IN |
| Alan J. Anthony, MD Fort Wayne, IN | Sara Cox, MD Elwood, IN | John L. Fye, MD Seymour, IN | Robert G. Kennedy, MD South Bend, IN |
| Tricia Lynn Baird, MD Cloverdale, IN | Yu Cui, MD Evansville, IN | Renee Michelle Galen, MD Evansville, IN | Stephanie J. Kinnaman, MD Greenfield, IN |
| Enrique P. Baires, MD Fort Wayne, IN | Rebecca S. Davisson, MD New Castle, IN | Christopher C. Hall, MD South Bend, IN | Stephanie M. Kirts-Johnson, MD Beech Grove, IN |
| Edward Bantamoi, MD Griffith, IN | Gregory S. Daynes, MD Merriman, UT | Kaleb M. Hamilton, MD South Bend, IN | Anette C. Lane, MD Markle, IN |
| Jill Beavins, MD Franklin, IN | Robert De las Alas, DO Indianapolis, IN | Gordon W. Harkness, MD South Bend, IN | Erica D. Leazenby, MD Indianapolis, IN |
| Bentz Bechert, MD Fort Wayne, IN | Elena A. Dolgonos, MD Fort Wayne, IN | Lance M. Harmon, MD Farmington, NM | Henry Lemley, MD South Bend, IN |
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| David A. Cheesman, MD Indianapolis, IN | Jordan Dutter, MD Indianapolis, IN | Mary Beth Hensley, MD Franklin, IN | Tonya P. Meade, DO Evansville, IN |
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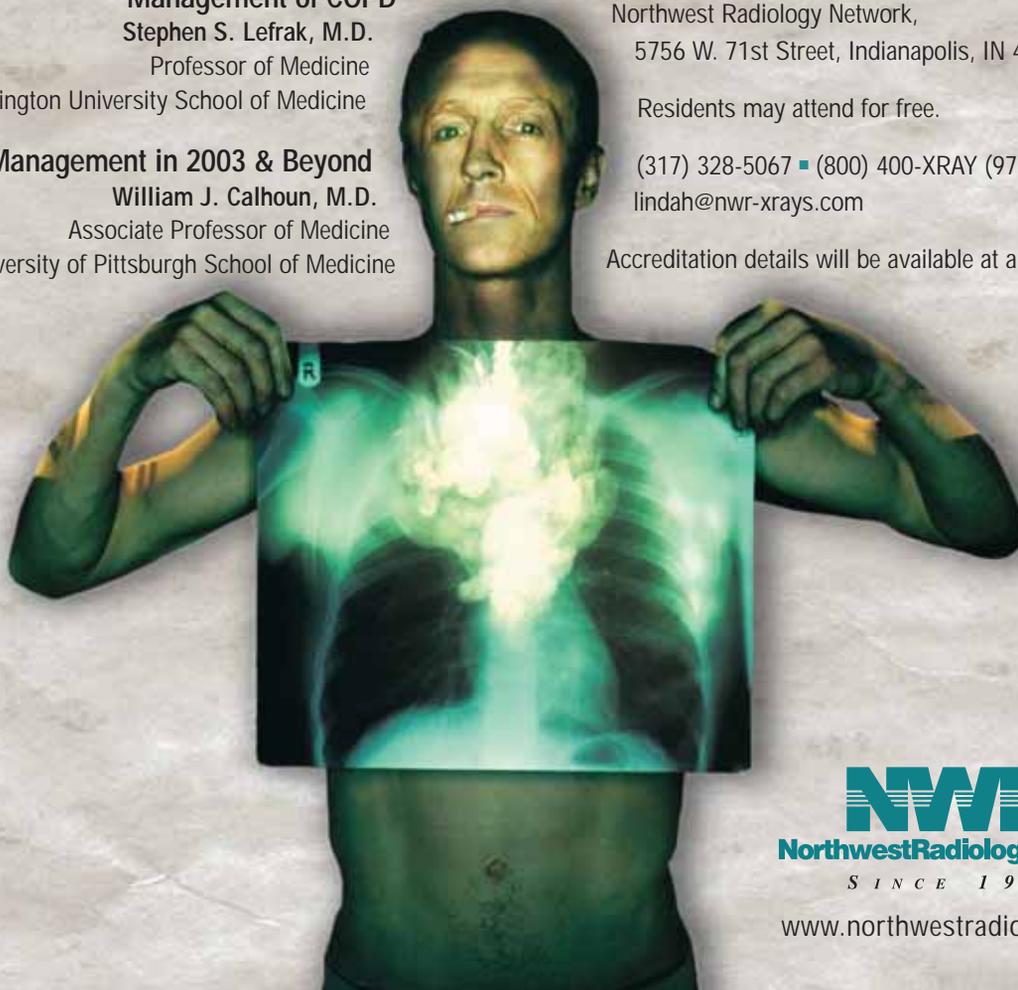
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