

Quarterly Publication for Indiana's Family Physicians Spring 2012 FROM Structure PHYSICAN

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The mission of the Indiana Academy of Family Physicians is to promote and advance family medicine in order to improve the health of Indiana.

Advocacy

Shaping health care policy in Indiana through interactions with government, the public, businesses, the health care industry and our patients

Membership

Serving as the essential resource for the professional success of the Family Physician workforce in Indiana

Education

We aim to be the provider of choice for family physician education in Indiana

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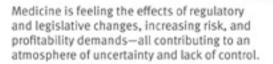
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President's Message



Deanna Willis, MD

Greetings!

In the past few months, family medicine has been making headlines nationally related to workforce issues. Increasing awareness about the importance of building a robust pipeline is incredibly important for our discipline. There are a lot of exciting efforts in this area. Keep your eyes open, and let us know what ideas you have to help make a difference in this area!

This has been an exciting time for family medicine in Indiana as well! Our legislative advocacy efforts to support the Indiana Campaign for Smokefree Air in our state and Sustainable Growth Rate work nationally have been very strong. While the outcomes are not yet optimal, our Academy has had an amazing presence and made tremendous strides in these areas. Your involvement in contacting your legislative officials makes a difference! Please continue to reach out!

Our continuing medical education (CME) offerings have been incredibly well received and well attended. The value that our Academy brings by providing up-to-date and evidence-based family medicine education is invaluable. I hope that you have taken advantage of these opportunities. Did I mention that some of them are FREE?!

The 2012 Annual Convention is fast approaching, and we are looking forward to increased attendance in Indianapolis. Make sure and mark your calendars now and spread the word. The CME offerings look to be fabulous. If you haven't started yet, now is a good time to start thinking about potential resolutions to write for our business session. If you work with students and residents, I urge you to consider mentoring them on resolution-writing as well. Wouldn't it be exciting to have multiple student and resident resolutions to discuss and consider at our annual meeting?!

It's a great time to be a family physician and especially a member of the Indiana Academy of Family Physicians.

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Mark Your Calendar

IAFP Events

IAFP Board/Commission Cluster April 15 Marriott North, Indianapolis

IAFP Research Day May 17 IUPUI Campus Center, Indianapolis

Resident Region Business Meeting (in Conjunction with Research Day) May 17 IUPUI Campus Center, Indianapolis IAFP Annual Convention – Scientific Assembly and Congress of Delegates July 26-29 JW Marriott, Indianapolis

AAFP Events

ALF/NCSC May 3-5 Sheraton Kansas City Hotel at Crown Center, Kansas City

Other Events

Tar Wars® National Conference July 16-17 Hyatt Regency, Washington, D.C.



Member News



Dr. Vipin Jain, who is a physician with Indiana University Health at its Georgetown Road office in Indianapolis, gave a medical symposium lecture on the ambulatory care model of chronic disease management at the South Asia World Conference of Family Physicians (WONCA – SAR) on December 18, 2011. More than 1,100 physicians from eight south Asian

countries gathered in Mumbai, India, for its fifth annual meeting.

Earlier, Dr. Jain has presented research papers on the comprehensive management of chronic disease care during the 67th Scientific Assembly of the American Diabetes Association in Chicago and the National Kidney Foundation's 2008 clinical meeting in Dallas, Texas.

Incontinence Going. Going. Gone. FORLIFE.



Indiana Family Medicine Residency Program News

Planning for the Residency of the Future

At Community Health Network Family Medicine Residency Program, we are committed to designing a residency program of the future that will prepare our residents to practice in the **patient-centered medical home (PCMH)**. Community was awarded a \$1,304,974, five-year grant to transform its FMRP into a PCMH model through a restructuring process that will revise the current residency curriculum and transform the residency practice sites into medical homes. This transformation will prepare residents, many of whom will choose to practice in medically underserved communities, to deliver care in an existing medical-home-model practice or to build a new medicalhome-model practice upon graduation.

In July 2012, we plan to implement our innovative PCMH modular curriculum. The principles behind this curriculum are as follows:

- The majority of learning should occur in the PCMH (Family Medicine Center), starting from day one of residency.
- Family physicians are the best educators for family medicine.

Specialists have a supporting role, but not the primary role, in our residents' education.

- Patients come first. Our residents will be available in the office to care for their patients on a regular basis starting from the first week of residency.
- High-yield learning experiences will be emphasized; low-yield shadowing-type rotations will be eliminated, maximizing the residency experience.
- Learning will be longitudinal. Block rotations will no longer be the cornerstone of educational experiences.
- Teams play an important role in health care and residency training. Our residents will participate in team-based quality improvement projects and patient care management sessions. They will work alongside team members during the 12-week modules.

If you would like more information about our program, please visit our website at www.ecommunity.com/familymedicine or e-mail us at fpres@ecommunity.com.

IU Health Ball Memorial Hospital Family Medicine Residency Receives Grant to Fight Childhood Obesity

IU Health Ball Memorial Hospital Family Medicine Residency in Muncie, Indiana, received a \$30,000 Americans in Motion-Healthy Interventions (AIM-HI) grant from the American Academy of Family Physicians (AAFP) to target childhood obesity. The initiative focuses on enhancing residency training in the clinical management of childhood obesity and engaging in community outreach that promotes healthy eating, physical activity and emotional well-being. The IU Health Ball Memorial Hospital Family Medicine Residency was one of only nine family medicine residencies across the country to receive funding and the only program in the Midwest to do so.

IU Health Ball Memorial Hospital Family Residency developed the community outreach family wellness initiative in collaboration with the Ross Community Center, Ball State University and Ivy Tech Community College. Ball State University's students from the Department of Health Sciences and Physiology developed the physical fitness activities for participating children, and Ivy Tech Community College's culinary school developed "healthy food preparation on a budget" demonstrations for parents. IU Health Ball Memorial Hospital Family Residency residents and faculty created sessions designed to help parents develop effective parenting skills, manage stress and promote personal well-being. The residency is also evaluating how childhood obesity is managed in the outpatient clinic, as well as developing interventions to enable residents to identify their at-risk pediatric patients, engage in effective conversations with parents or caregivers about



Linda Daniel, PhD, director of Behavioral Science, Family Medicine Residency Program, IU Health Ball Memorial Hospital (center), and Megan Quirk, president, Board of Directors, Ross Community Center (left), talk with local resident Janice Whitt, (right) at the Ross Center Health Fair held January 27, 2012, in Muncie, Indiana.

the health risks associated with unhealthy weight and utilize community resources to assist at-risk families.

Through participation in both the community and clinic initiatives, residents experience the complex issues at the core of childhood obesity and learn the management of unhealthy pediatric weight requires understanding psychosocial, community and clinical needs, constraints and opportunities.

News from Indiana's Residency Programs will be a recurring feature in the FrontLine Physician. All programs are invited and encouraged to submit their updates! Contact Chris Barry (cbarry@in-afp.org) for more information.

Join Us in Indianapolis for the 2012 IAFP Annual Scientific Assembly and Congress of Delegates July 26-29 at the JW Marriott, Indianapolis

The IAFP's leadership and staff are looking forward to meeting in Indianapolis this year, and we hope you can join us.

For the first time, our Annual Convention will be held at the luxurious JW Marriott. Please mark your calendar now, and check your mail and e-mail for more information about:

- Hot Topic CME planned by family physicians for family physicians (including several additional opportunities to earn CME credit this year)
- MC-FP SAM Study Group titled "Cerebrovascular Care" a new topic we have not offered before
- All-Member Congress of Delegates your chance to take an active role in your Academy's business
- Exhibit Show more than 60 businesses will be in attendance to answer your questions about their products and services

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LOCATION: The JW Marriott is located in the heart of Indianapolis' thriving downtown area. Within walking distance of such attractions as the NCAA Hall of Champions, the Indiana State Museum, the Eiteljorg Museum and Lucas Oil Stadium, as well as all the unique shopping, dining and entertainment options Indy has to offer, your whole family is sure to enjoy the city this summer!

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Marian University College of Osteopathic Medicine Update

by Paul Evans, DO, FAAFP, FACOFP, Vice President and Dean

There is a growing sense of enthusiasm in the IAFP community for the newest medical school in Indiana! Our strong partnership with our state's family physicians continues to grow. We will be training students who will join the next generation of physicians for Indiana — a dream that is finally becoming reality.

MU-COM is progressing toward a planned opening day in August 2013 for an entering class of 150 osteopathic medical students. Construction of the new Michael Evans Center for Health Sciences has started and is about 20 percent completed. The new facility will have advanced technology lecture halls, small-group classrooms and labs. A modern simulation center is being planned with video-capable exam rooms, a labor and delivery room, an ICU/ER crash room and OR rooms. The CHS will house the COM and the School of Nursing. We are now in the first stages of recruiting and hiring faculty members from biomedical science disciplines and for clinical positions (part-time and full-time). Charles E. Henley, DO, MPH, our associate dean for clinical affairs, is starting to interview physicians (DO and MD) for positions now, with some to start in fall 2012 and others a bit later, in 2013. Bryan Larsen, PhD, associate dean for biomedical sciences, is also recruiting PhD faculty members in anatomy, physiology, pharmacology, cell and molecular biology, microbiology and immunology, and biochemistry.

Our accreditation steps are on schedule with COCA and the North Central Association of Colleges and Schools Higher Learning Commission. Our COCAfocused visit was scheduled for March 2012, and we expect to earn provisional status by July 2012. We are publicizing our new program in the pre-medical education community, doing visits by all deans to colleges and universities in Indiana and surrounding states from February until April. Our application process, done through the American Association of Colleges of Osteopathic Medicine (AA-COM) application service, should start in summer 2012. We anticipate about 2,000 applications and will likely offer about 500 interviews starting in fall 2012. If you have an interest in helping to select our charter class, please contact me, and I will connect you with our chair of the Admissions Committee, Angie Wagner, DO. We need community physicians (DO and MD) to assist in this exciting process.

We are now growing our clinical education network for both clerkship rotations and for future graduate medical education. Dr. Henley has reported strong interest from St. Vincent physicians to teach MU-COM students, with more than 3,000 network physicians expressing an interest in taking students.

Our virtual tour of the new facility, lasting about seven minutes, will show the design and features of our new CHS (www. marian.edu/osteopathic-medical-school/ Pages/virtual-tour.aspx). We are also installing a webcam to show real-time progress soon.

We will keep the IAFP community updated regularly on our achievement of continuing milestones.



IU Department of Family Medicine Update

by Kevin Gebke, MD, Chairman, Department of Medicine

The Indiana University Department of Family Medicine entered 2012 with a full agenda and many exciting opportunities. In September 2011, we were awarded a Health Resources and Services Administration (HRSA) grant to expand the number of clerkship sites in rural and urban underserved communities, improve the clerkship curriculum regarding care for the underserved and provide faculty development for our community faculty members around the state. Our goal is to provide students with the best possible clerkship experience through better equipping community faculty members with the tools needed to teach, mentor and systematically evaluate clerkship students. Distance-learning technology will play a key role in the venture. This same technology will also be utilized for monthly didactic teaching for clerkship students statewide and allow students more protected time for clinical experience. Ultimately, we intend to provide webcasts of CME opportunities for the community faculty as well!

In an effort to align the missions of the department, we have begun to focus our research efforts on education. Dr. Deanna Willis is assuming the role of vice chair for research to lead this process in April 2012. The School of Medicine is supportive of this endeavor, and several DFM faculty members are engaged in major educational initiatives in the school. We have reached a critical time in medical student and resident education. Health care transformation will require family physicians to practice in a new model that necessitates development of a new training paradigm. We intend to be instrumental in leading health care innovation throughout the state and translating that innovation into



best training recommendations. Ideally, the Department of Family Medicine will be a valuable resource to all Indiana family medicine residency programs as we work collectively to recruit and train an optimal number of family physicians to meet the needs of our state.

Finally, this will mark the first year of the IU residency expansion into Lafayette. This is a collaboration with Indiana University Health Arnett, St. Elizabeth Regional Health and Riggs Community Health Center. This project is also funded by a HRSA grant awarded to the department in 2010. The ultimate goal of the expansion is to recruit residents into this medically underserved region and retain them in the surrounding counties upon completion of training.

Welcome New Members!

Transfers to Indiana

Sarah Marquel Antalis, MD – West Lafayette Rama Mohan Atla, MBBS – Fishers Andrew Frederick Cunningham, DO – Carmel

Kwabena Owusu-Dekyi, MD – Princeton Derek Scott Gasper, DO – Valparaiso Anna Lin Huang, MD – Indianapolis Kenneth Edwin Marshall, MD – Bloomington Keyna Martinez, MD – South Bend Julie A. Mora, MD – Schererville Shristi Shrestha, MD – Fishers Baby Min Than, MD – Crown Point

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Total IAFP membership as of March 1, 2012: 2,322.



AAFP Healthy Communities Collaborative on Cardiovascular Disease

Indiana and Wisconsin are the two states that were selected to be a part of the AAFP's Healthy Communities Collaborative project, an innovative educational initiative that is helping a select number of practice teams improve care for their patients with cardiovascular disease.

Practice teams across the country face similar challenges in day-to-day operations and patient care. Indiana's HCC teams joined their colleagues in a collaborative, facilitated atmosphere away from the daily distractions of their practice at a Practice Enhancement Forum in Nashville, Indiana in October 2011. At the PEF, our teams worked hand-in-hand with quality improvement coaches to identify areas for improvement and develop an action plan to guide their improvement projects.

The PEF workshop helped our teams:

• Gain an understanding of the Chronic Care Model (CCM) and how to enhance care for patients who have CAD

- Discover how to organize a team to provide optimal patient care
- Develop leadership, communication and change management skills
- Apply the principles of performance measurement and improvement

AAFP's HCC is guiding our practice teams through a baseline assessment, planning and implementation of each team's improvement project and a follow-up practice assessment. Our practice teams are taking part in facilitated WebEx learning sessions and utilizing an online learning community. Stay tuned for the results of this project — we'll measure the impact of HCC in the coming months.

Set IAFP Policy – Write a Resolution

The IAFP is your Academy, and, as a member, you have the valuable opportunity to set the course your association will take by writing a resolution.

Resolutions are debated every year at the Congress of Delegates during the IAFP Annual Convention. Resolutions that are passed then become official IAFP policy.

Think your resolution will not have an impact? In 2010, a resolution was sent to the IAFP Congress of Delegates asking the IAFP to lobby for the legalization of expedited partner therapy. In 2011, regulation was passed allowing physicians to prescribe antibiotics to the partners of their patients with chlamydia and gonorrhea. Attend the IAFP Congress of Delegates on July 27 and 28 during the IAFP Annual Convention in French Lick, Indiana. And be prepared for the IAFP Annual Convention by submitting your own resolution by June 30.

Writing a Resolution

The IAFP utilizes a Whereas/Resolved format:

- 1. "Whereas" is followed by the background and conditions of the problem
- 2. "Resolved" is followed by the actions you want the IAFP or AAFP to take
- 3. Example:
- WHEREAS, recent studies have shown the use of cell phones while driving can be dangerously distracting; therefore be it

RESOLVED, IAFP supports state legislation restricting the use of wireless communication devices while driving, except in emergency situations; and RESOLVED, that the IAFP forward this resolution on to the AAFP Congress of Delegates for their consideration

Questions and resolutions can be sent to Meredith Edwards by e-mailing medwards@in-afp.org, by faxing 317.237.4006 or by calling 317.237.4237.

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