

FRONTLINE

P H Y S I C I A N

A Publication of the Indiana Academy of Family Physicians • Fall 2008



New IAFP President Teresa Lovins, MD, and her husband, Don, at the IAFP Annual Meeting, PG 11

Practice Enhancement Forum

PG 18

IAFP Members, Start Saving Money Now on Vaccines

PG 19

Coding and Billing Update

PG 28

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FRONTLINE PHYSICIAN

Volume 9 • Issue 3

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.



INDIANA ACADEMY OF
FAMILY PHYSICIANS

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FrontLine Physician is published by Innovative Publishing Ink.
10629 Henning Way, Suite 8 • Louisville, Kentucky 40241
502.423.7272
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— from Warren Buffett's Letter to Shareholders, February 28, 2006

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— from Warren Buffett, April 26, 2006

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— from Warren Buffett, May 30, 2006

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Teresa Lovins, MD

Happy Anniversary!

It has been 60 years since our founding fathers decided that we needed to stand up and be recognized for our input into the health care of the American people. Some of Indiana's own physicians were some of the first members of the American Academy of General Practice, the forefather to the American Academy of Family Physicians. As I prepared my speech given at the Annual President's Banquet in Fort Wayne, I reviewed the sentiments, issues and statistics of the founders of our Academy. What struck me as interesting was that some of the same issues still are pertinent today.

We continue to see specialty doctors steal the majority of new graduates because the medical students are not being exposed to the excitement of family medicine. Those earlier members noticed that we needed to show how strong we are. They actually set up the first requirement of retesting to maintain Board certification. They realized that the best family physicians needed to stay up-to-date with current information in order to be good for patients. They tackled issues with great ambition and formed a strong organization that we can call our own.

Do YOU really call it your own?

I have been a part of the Indiana Academy of Family Physicians for the last 19 years. I started involvement with the Academy when I was a medical student at Indiana University. I continued active involvement as a resident while I completed my residency at St. Francis Hospitals and Health Center. I have been closely involved in the issues we are facing every day as family physicians in Indiana and across the nation, and this enables me to represent you well in my activities as your president.

If you are feeling adventurous to do something outside your local area, get involved in a commission or committee at the IAFP. We welcome you and would love to hear from you.

Now, where is your passion? It is important that we stand together and face the issues threatening our specialty in the next several years. We need to continue as a group stressing to our legislators the need for correction in the reimbursement for cognitive skills equal to or greater than procedural skills. We need to be "valued" for the care we provide our patients. We need to be involved in the discussion and creation of a medical home and make sure the work we do for our patients is evidence-based and quality-driven. We need to be at the legislative table

to fix the problem of the uninsured in the United States. The AAFP's "Health Care for All" should be our stand. These issues are not the issues that only a few of us can champion. The American Academy of Family Physicians and the Indiana Academy of Family Physicians need YOU now.

Please consider how you can be involved. There are many opportunities to carry the "family medicine" banner. Perhaps for you, it is to do a Tar Wars® presentation at your local community school. Perhaps your opportunity is to get involved in the leadership at your local hospital. Perhaps you can mentor a medical student or a family medicine resident. If you are feeling adventurous to do something outside your local area, get involved in a commission or committee at the IAFP. We welcome you and would love to hear from you. If there is something that I can do for you or if you have any concerns, please feel free to contact me at tlovins@northsidefamilymed.com.

I look forward to the next 60 years and hope we leave a great legacy in family medicine similar to what our founding fathers have left for us.

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November 2, 2008

IAFP Board of
Directors Meeting
Indianapolis

November 14-15, 2008

Indiana Practice
Enhancement Forum
Indianapolis

January 29-February 1, 2009

IAFP Family Medicine Update
Indianapolis

July 23-26, 2009

IAFP Annual Meeting
French Lick

Indiana State Department of Health Genomics Program Newsletter

The Indiana State Department of Health Genomics Program is pleased to announce that the first edition of the newsletter, *Transcriptions*, in its revised format, is ready for distribution. The theme for the summer 2008 edition is Fetal Alcohol Spectrum Disorders. This issue can be accessed through the Genomics

Program Web site at www.in.gov/isdh/20101.htm by clicking on "For Professionals" and then selecting "Transcriptions."

If you have any questions or comments about *Transcriptions*, please contact Courtney Eddy, the genomics program director, at 317.233.9260 or ceddy@isdh.in.gov. Thank you.

Family Smoking Prevention and Tobacco Control Act, H.R. 1108, Passed by a Resounding Bipartisan Margin

Campaign for Tobacco-Free Kids reports that on July 30, the House of Representatives passed historic legislation giving the FDA authority to regulate tobacco products.

The Family Smoking Prevention and Tobacco Control Act, H.R. 1108, passed by a resounding bipartisan margin, with 326 for and

102 against this bill. Stay tuned as the bill moves on to the Senate, and congratulations to all on a truly historic victory!

Find out more at:

<http://www.tobaccofreekids.org/reports/fda/index.shtml>.

Membership Update

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.

Membership Status Totals as of July 31, 2008

Active	1,728
Supporting (non-FP)	6
Supporting CME (FP)	2
Inactive	16
Life	190
Student	133
Resident	198
Total	2,273

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.



Most Indiana hospitals simply don't have anyone like Dr. Richard Freeman and Dr. Anthony Ascioti, who specialize in non-cardiac thoracic surgery for cancer and other disorders of the lung and chest. And only one is performing minimally invasive surgeries that result in less pain, less scarring, shorter hospital stays, and easier recoveries. The one? St.Vincent. Helping our patients get better faster makes us best. *Period.*

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Diamond Anniversary Celebrated at Annual Meeting

The 60th Diamond Anniversary IAFP Annual Meeting took place in Fort Wayne, Indiana, from July 23-27. More than 100 attendees took an active role in their Academy's future at the All Member Congress of Delegates, and earned top quality evidence-based CME credits in the CME sessions. Our new president, Teresa Lovins, MD, of Columbus, was sworn in at the Annual President's Banquet, and as usual, the All Member Party was an exciting event for the whole family.

2008 IAFP AWARD WINNERS

Indiana Academy of Family Physicians 2008 IAFP Family Physician of the Year

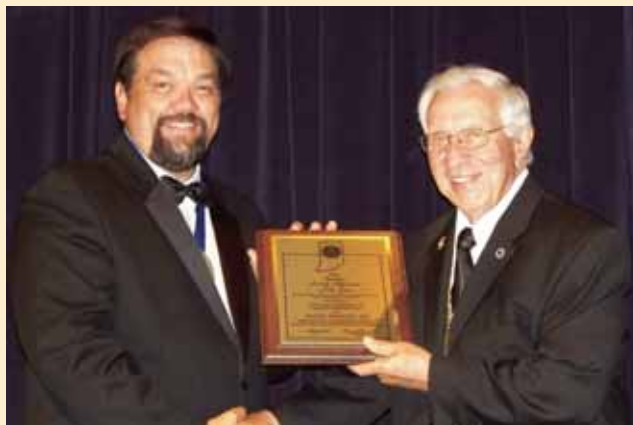


The IAFP Family Physician of the Year Award is presented annually to a member who exemplifies the tradition of the family physician and contributes to the continuing good health of the citizens of Indiana.

Dr. Daniel Walters is the picture of a family doctor in a small town.

A graduate of Wabash College and the Indiana University School of Medicine, he was a resident at Ball Memorial Hospital before settling down as a practicing physician in Seymour, Indiana. Since that time, he has served his community and his specialty in a number of ways, earning the Award of Merit from the Boy Scouts of America in 1993 and serving as president of the IAFP in 2005-06. His patients, friends and colleagues know that he will go out of his way to help anyone — or anything! He has been a champion of the IAFP Political Action Committee and the IAFP Foundation and continues to promote them both even after his term in IAFP leadership.

A member of Dr. Walters' office describes him best: "Dan is without a doubt the hardest working, most fair and unselfish individual and physician that I have had the pleasure of working with. He will sacrifice himself for others, both



Dr. Kenneth Bobb, also of Seymour, accepts Dr. Walters' award on his behalf at the IAFP Annual Meeting.

patients as well as staff. He never says 'No,' and is always attentive to anyone with even the most trivial of complaints. Dr. Dan is both a listener and a problem solver. I am happy to call him my friend, employer, physician and peer. I would change nothing about him in all of the years that I have had the pleasure of working with and for him."

The IAFP congratulates Dr. Walters for being named the 2008 IAFP Family Physician of the Year, and we thank him for the example he has set for our specialty.

Lester D. Bibler Award

The Lester D. Bibler Award is named after the first president of the IAFP (IAGP) and is presented annually to an active IAFP member who, through long-term dedication and leadership, has furthered the development of family medicine in Indiana.

Dr. Tom Kintanar has been tireless in his efforts to promote our specialty and to preserve and strengthen the family physician's scope of practice in Indiana. He has been a member of the IAFP for more than 20 years and has been active on commissions, committees and the Board of Directors for most of that time, serving as president in 1998-99. Most notably, he served on the AAFP Board of Directors from 2003-06, completing his term with a run for president-elect. He was an outstanding representative of Indiana, family medicine and the AAFP and continues to be a champion for all of us.

A mentor, preceptor, teacher, friend and colleague, Dr. Kintanar continues to touch the lives of so many other family physicians. He is an advocate for proper payment and preservation of the family physician's scope of practice on Capitol Hill and at the Indiana Statehouse. He sincerely believes in family medicine and the enormous role that it can and does play in this health care system and in the lives of



Lester D. Bibler Award Winner Tom Kintanar, MD, enjoys the PAC Donors' reception with Worthe Holt, MD, and Bernie Emkes, MD

patients. He truly represents the long-term dedication and leadership that is necessary to carry family medicine far into the future.

The IAFP congratulates Dr. Kintanar for being selected to receive the 2008 Lester D. Bibler Award, and we thank him for his service in the name of family medicine.

A. Alan Fischer Award

The A. Alan Fischer Award is presented annually to recognize persons who have made outstanding contributions to education for family practice in the undergraduate, graduate and continuing education arenas.

Dr. Maria Fletcher is currently the director for the Family Medicine Junior Clerkship at St. Vincent Hospital, an effort that she has led since 2001. A graduate of Ball State University and the Indiana University School of Medicine, Dr. Fletcher has practiced in a number of settings, including private practice. Since joining St. Vincent, she has served as the advisor for two residency classes, is the program coordinator for Reach Out and Read and has been an avid participant in our Tar Wars® program. In 2002, Dr. Fletcher received the AAFP Tar Wars® Star Award.

A colleague wrote, “Dr. Fletcher is an excellent physician and serves as an excellent role model for the residents at St. Vincent. It is not only her clinical acumen that makes her a great teacher, but it is also the manner in which she teaches and the way that she cares for those that she is teaching that makes her so good. She listens, encourages, counsels, holds accountable and leads.” Dr. Fletcher is a role model, both in practice and in the community. She volunteers for a wide array



Maria Fletcher, MD, is awarded the A. Alan Fischer Award by Windel Stracener, MD

of causes and has touched the lives of her patients, her students and her community. We expect that she will continue to do so for years to come.

The IAFP congratulates Dr. Fletcher for being selected to receive the 2008 A. Alan Fischer Award, and we thank her for educating and inspiring the newest members of our specialty.

Outstanding Resident Award

The IAFP Outstanding Resident Award is presented annually to a family medicine resident who demonstrates exceptional interest and involvement in family medicine and exemplifies the qualities of a family physician.

Michael LaGrange, MD, is a graduate of Indiana University and the IU School of Medicine and just completed his residency at St. Vincent Family Medicine Residency Program, where he was co-chief resident. “Mike earned a great reputation with his residents and colleagues in all programs at St. Vincent,” a member of the St. Vincent faculty wrote. “He [and his colleague] demonstrated great leadership skills and showed great creativity in working on complex schedules. Mike is a natural problem-solver and is a very goal-directed person. He is a go-to person who gets things done without a lot of fluff. That being said, he listens well to others and has a good sense of what needs to happen to keep individuals functioning at their highest level while keeping the ship going in the right direction.”

Dr. LaGrange hopes to continue his family medicine career in a small town, integrating sports medicine into his practice just as he has done so well while at St. Vincent.



Windel Stracener, MD, awards Michael LaGrange, MD, the Outstanding Resident Award.

The IAFP congratulates Dr. LaGrange for being named the 2008 Outstanding Resident and wishes him much luck in the future.

SPONSORSHIPS

The Indiana Academy of Family Physicians would like to give special recognition to the following supporters. The companies listed below have supported special events and/or provided educational grants toward the 2008 IAFP Annual Meeting.

2008 Annual Scientific Assembly Educational Grants and In-Kind Support

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Joy Newby
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Cephalon
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Outcomes Management Educational Workshops
Sanofi Pasteur
St. Francis Heart Center
Tulane University Health Sciences Center

The Indiana Academy of Family Physicians wishes to give special recognition to the following companies/organizations as sponsors for special events at this year's Annual Meeting:

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Summit Medical Technologies
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FUN TIMES AT ANNUAL MEETING



The Marlins entertained IAFP members at the All Member Party Diamond Disco.



Clif Knight, MD, Cynthia Nicholson, Ray Nicholson, MD; and Don Lovins enjoy the IAFP's Annual Golf Tournament.



Windel Stracener, MD; Kevin Speer, IAFP EVP; and Clif Knight, MD, enjoy the Board of Directors dinner.

2008 ANNUAL MEETING PRIZE WINNERS

Congratulations to the following IAFP members, who were winners at the 60th Anniversary Annual Meeting Exhibit Hall Grand Prize Drawing in Fort Wayne, Indiana.

GPS system: Tom Kintanar, MD
Potted plant and movie four-pack
(donated by ProAssurance): John Wallace, MD
Two Colts tickets: Ken Elek, MD
Wii game system: Nicholas Rico, MD
Gourmet Italian basket: Debbie Allen, MD
\$50 BP gas card: Rhonda Sharpe, MD

Remote control helicopter (donated by
Centers for Pain Relief): Andy Shull, MD
Remote control helicopter (donated by
Centers for Pain Relief): J. Phillip Jackson, MD
Digital picture frame (donated by
Medical Protective): Larry Sutton, DO
Book (donated by Steven Masley, MD): John Linson, MD
\$50 BP gas card: Tom Lahr, MD

Foundation Update



Student Survival Skills Day

Seven residency programs assisted the Foundation in hosting new third-year medical students for Student Survival Skills Day on June 14. Resident Alternate Director Chris Cuevas, MD (St. Vincent), welcomed the students and shared information about the IAFP, getting involved in the Academy and what to expect as the students become “MSIIs.” Tom Kintanar, MD, shared his experiences as a family doctor with the 86 students in attendance. Lunch was

provided, and all students went home with a copy of *Tarascon Pocket Pharmacopoeia*, compliments of the Foundation. A special thanks goes out to the seven programs that participated: Dr. Scott Renshaw, for his help in organizing; Drs. Cuevas and Kintanar, for speaking; St. Vincent Health, for providing meeting space; and to the AAFP Foundation Family Medicine Philanthropic Consortium, for a grant to help pay for the event!

Tar Wars®

Donald Bough, a fifth-grade student at Loogootee Elementary East in Loogootee, Indiana, had an exciting summer vacation! On Sunday, June 22, Donald was honored as he threw out the first pitch before the Indianapolis Indians baseball game in Indianapolis. Friends, family, classmates and tobacco-free advocates cheered Donald on as the IAFPF hosted the Annual Tar Wars® Celebration at Victory Field.

In July, Donald and his parents traveled to Washington, D.C., for the Tar Wars® National Conference. The big surprise of the trip was Donald's sixth-place finish in the National Poster Contest! The Boughs celebrated this exciting recognition with Sen. Evan Bayh the following day.



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MD _____

The simplest advice is often the best advice – that’s why it’s still the best advice for your patients two years and older to eat more fruits, vegetables, whole grains, and low-fat and fat-free milk and milk products to get the nutrients that are often lacking in their diets.

So forget the here-today, gone-tomorrow trends that only seem to complicate and confuse matters – give your patients time-tested advice. Follow the steps outlined in the 2005 Dietary Guidelines for Americans and emphasize increased consumption of the four “Food Groups to Encourage.”¹ You’ll help your patients get the key nutrients they need for a lifetime of good health.

Together with suggesting regular physical activity, that’s a prescription for success.

For more information on the USDA 2005 Dietary Guidelines and the health benefits of dairy foods, visit www.nationaldairycouncil.org.

¹U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2005. 6th Edition. Washington, D.C.: U.S. Government Printing Office, January 2005. www.healthierus.gov/dietaryguidelines.com



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Indiana PEF • November 14-15, 2008, Indianapolis, Indiana
Registration Cutoff: October 3, 2008

Upgrade, enhance and revitalize your practice at the Indiana Practice Enhancement Forum in Indianapolis, November 14-15. The Practice Enhancement Forum provides family medicine teams with practical tools, skills and knowledge to begin implementing the Chronic Care Model into their practice.

Upon completion of the PEF, your family medicine team will be able to:

- Assess your practice for improvement efforts
- Motivate your office team to deliver optimal patient care
- Understand how to implement and sustain improvement
- Be a champion for change in your practice

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Take THREE people who are experts in your current practice routine. Enjoy TWO days of expert advice personalized to your needs. Achieve the efficiency to create ONE cohesive family practice.

Be a Champion for Change in Your Practice

Step One

Identify your team of three. The first step is to identify your core team members and get them on board. Your team of three must include:

- A family physician
- A back-office person: nurse, medical assistant or physician assistant
- A front-office person: practice manager, receptionist or billing/coding specialist

You'll need a sponsor (typically the physician) who will provide leadership for the team and the authority to allocate resources toward your team's project. The other two team members contribute knowledge and expertise about how your practice currently delivers care and provides support for practice transformation. All three are key individuals and need to contribute ideas and energy to the project.

Step Two

Learn through evaluation and expertise. Pre-work: Approximately four weeks before the Forum, your team will receive a set

of pre-course homework. The pre-work will prepare you for the onsite discussion and exercises, enhance your learning experience and provide a foundation for the post-course improvement project. Your pre-work will include:

- An online practice assessment and chart review via the AAFP's METRIC program
- A video introduction to the chronic care model
- Select readings from *The Improvement Guide: A Practical Approach to Improving Organizational Performance and the Family Practice Management Practice Improvement Anthology*

Next, your team will participate in a two-day course, featuring experiential learning, facilitated group discussion and exercises designed to jump-start your team in practice improvement and office redesign. During the two-day meeting, your team will:

- Learn about the Chronic Care Model and how to enhance your care for patients with chronic illness
- Discover how to organize your team to provide optimal patient care
- Develop leadership and change management and performance-measurement skills
- Work hand-in-hand with your QI mentor to outline your practice improvement goals and develop a strategy for implementation

Step Three

Implement and connect. After the Forum, you will implement your improvement project and complete your METRIC module. The METRIC program aids the development of an action plan for improvement and then walks you through an online practice re-assessment and chart review following a three- to six-month action/implementation period. Throughout the process, you'll benefit from the attention of your local QI mentor via phone, e-mail or personal visits.

Find registration forms here:

<http://www.aafp.org/online/en/home/practicemgt/quality/cme/pef/costs.html>



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The program is free to your practice, and enrollment is completely voluntary. The Indiana Academy of Family Physicians is partnering with Atlantic Health Partners because Atlantic can save family physicians money, advocate for fair payment and support family medicine.



Contact Jeff Winokur at 800.741.2044 or jwinokur@atlantichhealthpartners.com for more information and to register.

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PHYSICIAN OF THE DAY

The IAFP Needs Your Help!

Plan Now to Serve in February and April 2009

The Indiana Academy of Family Physicians and the Indiana State Medical Association will once again sponsor the Physician of the Day program at the 2009 General Assembly. Your assistance is needed! In this long session, it is most important that family medicine make an impression on our legislators. This important program allows you to observe the legislative process firsthand and to meet with your area representatives.

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

Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of February and April. If you are interested in serving as the Physician of the Day, please e-mail Chris Barry (cbarry@in-afp.org) or feel free to call the IAFP office at 888.422.4237 (toll-free, in-state only) or 317.237.4237 to schedule your Physician of the Day shift. Alternatively, you can complete and mail or fax the form below. Thank you in advance for your assistance with this important program. Please note: Only the shaded dates are available. Physician of the Day does not operate Friday-Sunday.

February 2009

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

April 2009

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Please fill out and mail to: IAFP, 55 Monument Circle, Suite 400, Indianapolis, IN 46204, or fax to 317.237.4006.

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TransforMED Success in Fishers

Olio Road Family Care, which opened in 2004, recently completed their two-year participation in the TransforMED national demonstration project. Olio Road Family Care in Fishers is one of only 36 practices across the country chosen to be a TransforMED pilot practice and is the only practice to be chosen from Indiana.

When opening the practice, Dana Caylor, MD, and Patrick Rankin, MD, used the AAFP Future of Family Medicine project as a guide. Both wanted to combine a patient-centered practice, like that of their previous practices, with new technologies.

TransforMED grew out of a proposal by the Future of Family Medicine Project, so applying to be a TransforMED demonstration project pilot practice fit with the goals of Olio Road Family Care.

“Due to our reliance on the FFM-project to design our practice, it seemed like a natural progression to apply for the TransforMED study,” said Patrick Rankin, MD.

Having designed the practice around the Future of Family Medicine project, many of the TransforMED reforms were already in place at Olio Road Family Care. From the beginning, Olio Road had an EMR, offered advanced access to patients and was utilizing a team approach to care.

“We incorporated the entire staff as part of the clinical team,” Dr. Rankin said. “Each employee was recruited and trained to improve the quality of patient care. We worked with each member to see themselves as having a role in improving patient care ... for instance, scheduling incorporated reminding parents to bring their children’s immunization records.”

The groundwork in place proved to be helpful when Olio Road Family Care became a pilot practice. As one of the 18 self-directed practices, Olio Road Family Care was not given outside resources or direct guidance from TransforMED.

Even with portions of the TransforMED model in place, Olio Road Family Care had plenty of changes to make, not all of them easy.



“The hardest thing we have tackled were group visits,” Risheet Patel, MD, of Olio Road Family Care said. “We worked on it over the past year and had our first group visit earlier this year. It is difficult because it is a huge paradigm shift in the way care is delivered for both the patient and physician.”

Implementing innovations to the practice involved the education of patients, who in turn reacted well to the changes.

“We spent a lot of time explaining how advanced access scheduling worked, what are group visits, how do you use our Web site,” Dr. Patel said. “But once patients start understanding how these things work and the advantages that they bring, they are amazed.”

With the TransforMED demonstration project over, Olio Road Family Care has no plans to discontinue the innovations put in place while the practice was part of the TransforMED demonstration project.

“We will continue to improve what was started and believe that TransforMED is just a starting point,” Dr. Rankin said. “The lessons we are learning show that this has been a model that is beneficial for patients, physicians and staff.”

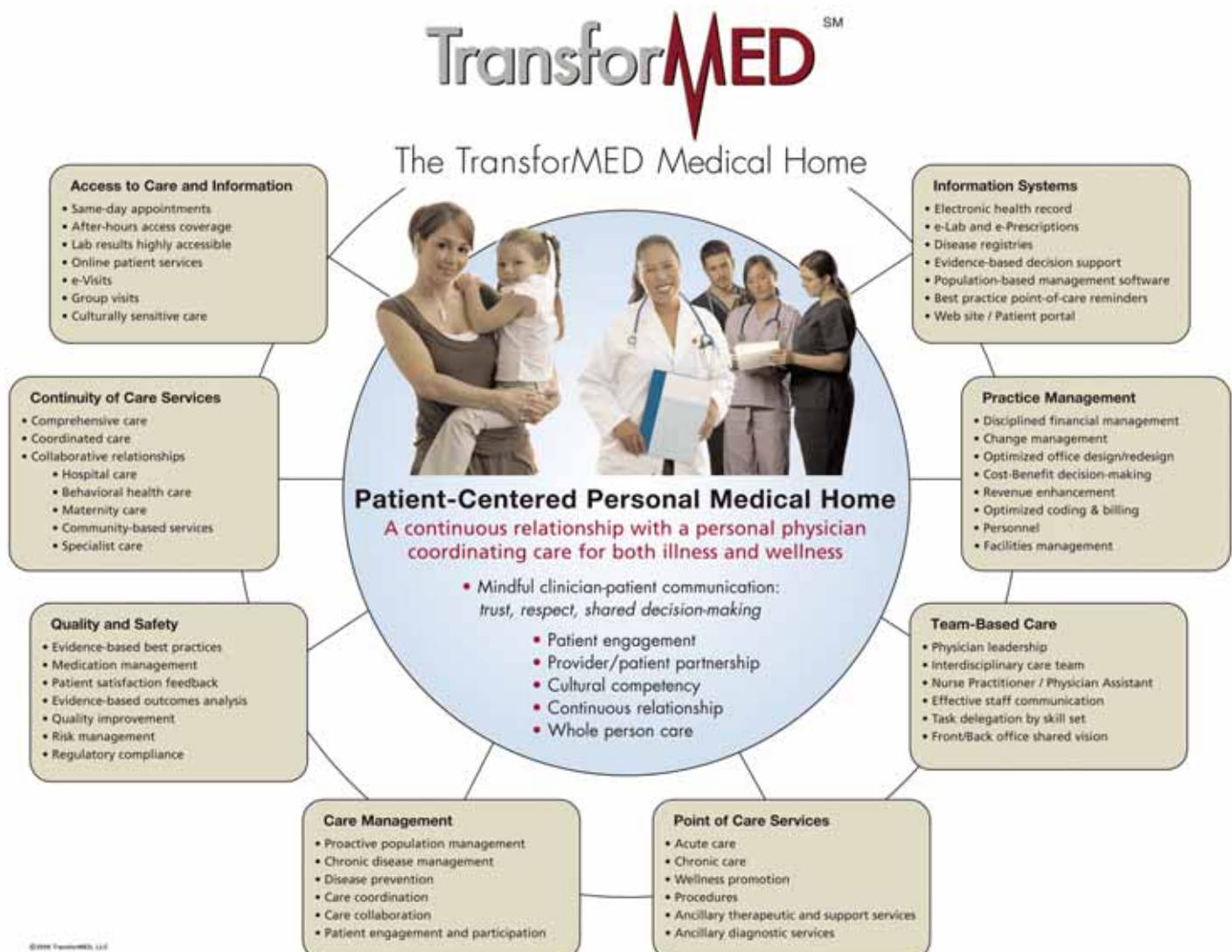
How has the model improved Dr. Rankin’s life as a practicing physician? “This certainly is one of medicine’s paradoxes,” Dr. Rankin said. “Increasing patient access has eased my work and made the practice of medicine more enjoyable.”

About TransforMED

TransforMED’s mission is to assist in the implementation of practice redesigns to improve patient care and strengthen the future of primary care.

Their model for practice redesign features eight core elements: Patient-centered care; whole-person orientation; a team approach to care; the elimination of barriers to access; advanced information systems; redesigned, more functional offices; focus on quality and safety; and sustainable reimbursement.

TransforMED is a limited liability corporation owned by the American Academy of Family Physicians. A final report on the National Demonstration project will be available in 2009. For more information on TransforMED, visit <http://tmed.biz/>.



IAFP Begins Immediate Action on 2008 Congress of Delegates Mandates

If you are interested in IAFP policy formation, please join us for next year's All Member Congress of Delegates in French Lick, Indiana.

In July, Richard Feldman, MD, of Indianapolis submitted a resolution to the IAFP All Member Congress of Delegates requesting that the IAFP support FDA regulation of tobacco products. Upon the resolution's approval by the 2008 All Member Congress of Delegates in Fort Wayne, the IAFP staff immediately began working toward the resolution's goals.

On July 29, the IAFP staff contacted Indiana representatives in the U.S. Congress about voting in favor of H.R. 1108, which would grant the FDA jurisdiction over the labeling, sale and marketing of tobacco products. The following day, H.R. 1108 passed the House. Now the bill moves onto the Senate, where both Sen. Evan Bayh and Sen. Richard Lugar are sponsors of the bill and are expected to vote favorably when it comes to the floor.

The FDA regulation of tobacco products is just the beginning of the mandates set by the 2008 Congress of Delegates. This year's Congress of Delegates set forth a total of 24 mandates for the IAFP staff and commissions to work on completing. These mandates are divided easily into two categories — internal IAFP changes and IAFP policy goals.

Internal IAFP Changes

New IAFP President Teresa Lovins, MD, of Columbus, made several recommendations in her report to the Congress. These included studying the impact of changing the Annual Meeting and its current CME format, empowering IAFP officers to attend more Region Meetings and Leadership Conferences, electing Board members through nontraditional means and creating criteria for selection of IAFP members running for AAFP offices. Clif Knight, MD, of Indianapolis, in his report for the Commission on Education, also recommended that the IAFP look into the membership's needs for CME activities and that the IAFP consider discontinuing the annual Family Medicine Update.

IAFP Policy Goals

Besides FDA regulation of tobacco, this year's Congress of Delegates considered a range of policy goals to work toward, from topics like insurance to vaccinations. The Academy staff and the Commission on Legislation are tasked with:

- Addressing the primary care shortage by engaging in discussions with medical schools and legislators on the shortage of primary care physicians and the funding and expansion necessary to end the shortage
- Educating legislators on the need for a second varicella vaccination school requirement at 4 to 6 years of age
- Working to curb prescription medicine abuse by collaborating with other agencies to educate the general population about prescription medicine abuse and educating the IAFP membership on the magnitude of prescription medicine abuse and how to reduce abuse by patients
- Seeking legislative proposals with other primary care medical associations, nurse practitioners and physician assistant professional organizations with the goal of addressing the issue of retail clinics
- Collaborating with the AAFP and ISMA in an effort to define pre-certification of medical services and prior authorization of pharmacy services as mandated services in statute or regulation and requiring insurance plans to pay for the time spent on these services
- Discouraging any EHR mandate from the legislature that does not contain funding for maintaining or purchasing an EHR
- Speaking with the Indiana Department of Education about improving Indiana's Health and Wellness Academic Standards for grades nine through 12 to ensure student understanding of optimal diet and exercise for a healthy life
- Seeking and supporting comprehensive smokefree air legislation requiring all indoor workplaces to be 100 percent smoke free

All the resolutions and officer recommendations that are summarized here were submitted to the IAFP and voted on in the All Member Congress of Delegates (COD) during the 2008 Annual Meeting. If you are interested in IAFP policy formation, please join us for next year's All Member Congress of Delegates in French Lick, Indiana.

The IAFP will continue to update you on the status of all the resolutions and recommendations approved by the 2008 All Member Congress of Delegates. If you have questions or would like further information, please contact Meredith Edwards by phone at 317.237.4237, or by e-mail at medwards@in-afp.org.



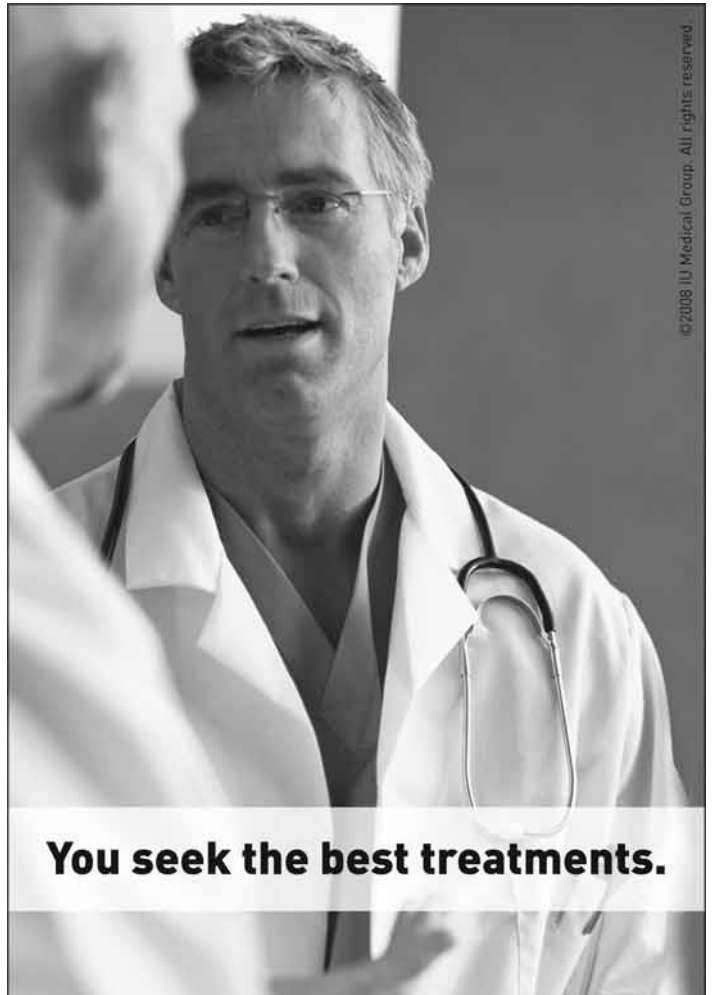
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Many issues that family physicians care about promoting are advanced with the help of a strong IAFP PAC. Family physicians must be at the table when reforms in the health care system are proposed. We expect to see a push in the legislature for Medicaid expansion and Medical malpractice reform during the next year's long session. The IAFP PAC will also promote and support all public health initiatives, including childhood immunizations, tobacco prevention and cessation programming and obesity. A strong PAC will allow family physicians to build relationships and allow us to be at the table when these important issues are hammered out. The IAFP sincerely thanks the following members for their contributions:

Larry Allen, MD
Bruce Burton, MD
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Ken Elek, MD
Bernie Emkes, MD
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Tom Felger, MD
Deeda Ferree
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Add Your Name to the List!

The IAFP PAC needs your help! In the last election, record amounts were spent in Indiana state campaigns, and this year, we expect campaign prices to soar even higher. It is essential to have a strong IAFP PAC so that issues in which family physicians care deeply about are promoted.

If you have not given to the IAFP PAC this year, please consider doing so. The Indiana General Assembly can affect your practice. Financial participation in the political process is another step the IAFP must take in order to build strong relationships with the legislature. Donate today!

For questions about the PAC or other legislative activities, please contact Meredith Edwards or Doug Kinser at 317.237.4237.

INDIANA TOBACCO QUITLINE

1-800-QUIT-NOW

WE'LL SHOW YOU HOW

The Indiana Tobacco Quitline is a telephone-based cessation service designed to help all Indiana tobacco users. It is a free resource that physicians can use to refer patients to use. Currently, two weeks of free nicotine replacement therapy is available to smokers who are ready to quit.

The Indiana Tobacco Quitline assists:

- Tobacco users, in any stage of readiness to quit
- Pregnant smokers
- Smokeless tobacco users
- Former smokers who want relapse prevention support
- Friends and relatives of tobacco users who want to offer support

When your patient calls the Quitline, a trained Quit Coach will provide:

- An assessment of readiness to quit
- A customized quit plan
- Motivation and problem-solving advice

- Up-to-date information about nicotine replacement therapy
- A Quit Kit, including materials in English or Spanish, tailored for your patient's needs
- Referral to cessation services offered by local resources or by health plans

Quitline staff members are skilled in working with people who use all forms of tobacco products, including smokeless tobacco, pipes and cigars. Trained Quit Coaches provide customized quitting plans, skills training, problem solving and support. Coaches will focus on relapse prevention for those who have already quit. They also provide information to relatives and friends of smokers, and referrals to community-based organizations or the caller's own health plan for additional cessation resources. Quit Kit materials are customized according to the needs of the caller, which include stage-ready cessation guides and information on the use of pharmacological therapies. Customized information is also available for pregnant women.

The form is titled "Indiana Tobacco Quitline FAX Referral Form" with the fax number "1-800-483-3114". It includes sections for "Provider Information" (Clinic Name, Health Care Provider, Contact Name, Fax, Phone), "Patient Information" (Name, Address, City, State, Zip, Primary Phone, Secondary Phone, Language Preference, Tobacco Type), and "Consent" (checkboxes for consent and permission to fax). It also has a "Patient Signature" line and a "Date" field. At the bottom, there is a note about the 800-QUIT-NOW line and a disclaimer.

The Quitline offers a Fax Referral Program designed to assist you in supporting smoking cessation among your patients. Referring to the Quitline and incorporating the Fax Referral Program into your practice is easy. Just follow these steps:

1. ASK tobacco use status and document.
2. ADVISE your patient to quit and assess readiness to quit within the next 30 days and interest in receiving phone counseling.
3. REFER to the Indiana Tobacco Quitline! If your patient is ready to quit, fill out the Fax Referral form along with your patient and have them sign for consent, as required by HIPAA.
 - Please include your name and fax number in the provider section.
 - Have your patient initial and sign the fax referral form in the patient section.
 - Assist your patient in selecting the best timeframe for the Quitline to call.
4. Prescribe pharmacotherapy, if appropriate.

We'll take it from there — it's that simple! The Indiana Tobacco Quitline will fax a report back to your office to be placed in your patient's file. The report will tell you whether or not the patient was reached, enrolled in services and planned to quit.

Don't forget the fax!

Get Ready for the 2009 ICD-9 Coding Changes

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

Can it be that time already? *ICD-9* 2009 updates are effective with dates of service October 1, 2008, and after. Better start thinking about how these changes will affect your practice. There are 365 new codes, 60 code description changes and 25 invalid codes! Be sure you have ordered a copy of the 2009 *ICD-9* manual. A complete listing of the 2009 changes can be found at the IAFP Web site. Visit www.in-afp.org and look under **Professional Development for Coding and Billing Information**. This page contains a wealth of coding and billing updates from Joy Newby.

Examples of **new codes** affecting primary care physicians:

MRSA

038.12 Methicillin resistant *Staphylococcus aureus* septicemia

041.12 Methicillin resistant *Staphylococcus aureus* in conditions classified elsewhere and of unspecified site

482.42 Methicillin resistant pneumonia due to *Staphylococcus aureus*

Wart

078.12 Plantar wart

Secondary Diabetes Mellitus

249.00 Secondary diabetes mellitus without mention of complication, not stated as uncontrolled, or unspecified

249.01 Secondary diabetes mellitus without mention of complication, uncontrolled

249.10 Secondary diabetes mellitus with ketoacidosis, not stated as uncontrolled, or unspecified

249.11 Secondary diabetes mellitus with ketoacidosis, uncontrolled

249.20 Secondary diabetes mellitus with hyperosmolarity, not stated as uncontrolled, or unspecified

249.21 Secondary diabetes mellitus with hyperosmolarity, uncontrolled

249.30 Secondary diabetes mellitus with other coma, not stated as uncontrolled, or unspecified

249.31 Secondary diabetes mellitus with other coma, uncontrolled

249.40 Secondary diabetes mellitus with renal manifestations, not stated as uncontrolled, or unspecified

249.41 Secondary diabetes mellitus with renal manifestations, uncontrolled

249.50 Secondary diabetes mellitus with ophthalmic manifestations, not stated as uncontrolled, or unspecified

249.51 Secondary diabetes mellitus with ophthalmic manifestations, uncontrolled

249.60 Secondary diabetes mellitus with neurological manifestations, not stated as uncontrolled, or unspecified

249.61 Secondary diabetes mellitus with neurological manifestations, uncontrolled

249.70 Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled, or unspecified

249.71 Secondary diabetes mellitus with peripheral circulatory disorders, uncontrolled

249.80 Secondary diabetes mellitus with other specified manifestations, not stated as uncontrolled, or unspecified

249.81 Secondary diabetes mellitus with other specified manifestations, uncontrolled

249.90 Secondary diabetes mellitus with unspecified complication, not stated as uncontrolled, or unspecified

249.91 Secondary diabetes mellitus with unspecified complication, uncontrolled

Pressure Ulcer

707.20 Pressure ulcer, unspecified stage

707.21 Pressure ulcer, stage I

707.22 Pressure ulcer, stage II

707.23 Pressure ulcer, stage III

707.24 Pressure ulcer, stage IV

707.25 Pressure ulcer, unstageable

Fever

780.60 Fever, unspecified

780.61 Fever presenting with conditions classified elsewhere

780.62 Postprocedural fever

780.63 Postvaccination fever

780.64 Chills (without fever)

780.65 Hypothermia not associated with low environmental temperature

Examples of **revised codes** affecting primary care physicians:

MRSA

038.11 Methicillin susceptible
Staphylococcus aureus septicemia

041.11 Methicillin susceptible
Staphylococcus aureus in conditions
classified elsewhere and of unspecified site

482.41 Methicillin susceptible pneumonia
due to Staphylococcus aureus

Migraine

346.00 Migraine with aura, without mention
of intractable migraine without mention of
status migrainosus

346.01 Migraine with aura, with intractable
migraine, so stated, without mention of
status migrainosus

346.10 Migraine without aura, without
mention of intractable migraine without
mention of status migrainosus

346.11 Migraine without aura, with
intractable migraine, so stated, without
mention of status migrainosus

346.20 Variants of migraine, not
elsewhere classified, without mention of
intractable migraine without mention of
status migrainosus

346.21 Variants of migraine, not
elsewhere classified, with intractable
migraine, so stated, without mention of
status migrainosus

346.80 Other forms of migraine, without
mention of intractable migraine without
mention of status migrainosus

346.81 Other forms of migraine, with
intractable migraine, so stated, without
mention of status migrainosus

Pressure Ulcer

707.00 Pressure ulcer, unspecified site

707.01 Pressure ulcer, elbow

707.02 Pressure ulcer, upper back

707.03 Pressure ulcer, lower back

707.04 Pressure ulcer, hip

707.05 Pressure ulcer, buttock

707.06 Pressure ulcer, ankle

707.07 Pressure ulcer, heel

707.09 Pressure ulcer, other site

Examples of **invalid codes** affecting primary care:

Hematuria

599.7 Hematuria

Fever

780.6 Fever

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FOUNDER’S CLUB MEMBERS

Founder’s Club members have committed to giving \$2,500 to the IAFP Foundation over 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.

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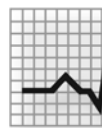
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