Meet Your New President!
Phillip C. Scott, DO
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2013 IAFP Annual Convention Recap
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2013 IAFP Congress of Delegates
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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

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

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Indiana Academy of Family Physicians

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Your Academy produces FrontLine Physician magazine as a member service. The process is budget-neutral for the IAFP — NONE of your dues dollars are used in the printing or distribution of this publication.
Passing the … Cromach?

Has it been a year already?

It’s hard to believe that it’s been a whole year since we were welcoming Dr. Risheet Patel to the helm as president of the IAFP. After a very successful term that heralded the installation of Dr. Clif Knight as a new member of the governing board of the AAFP last fall and a very successful Annual Scientific Assembly and Congress of Delegates this summer at the Westin Indianapolis, Dr. Patel handed the cromach of the president over to me.

What’s a cromach? Generally, a cromach (or cromak) is a Scottish walking stick/shepherd’s staff. In this case, it is part of a tradition started by Dr. William Ritchie in 1981, when, as president, he presented a newly made cromach to Dr. Paul Siebenmorgen, his successor. At that time, the cromach had 31 tiny nameplates, one for each president, going back to Dr. Lester Bibler in 1948 (who apparently served two successive terms). Since then, one job of the president is to see to it that a new name plaque is added for the incoming president. As a result, the IAFP cromach now has some 66 name plaques and a history of travel and near-losses that account for a host of bumps and grooves, including evidence from when it was split in two (apparently to fit into a suitcase). Well, nowadays, especially with the Transportation Security Administration (TSA), I don’t expect that I’ll be trying to travel with the cromach much anyway.

If you missed the Annual Convention this year, you should really consider attending next year. We’ll be at the Westin Indianapolis again, with the opportunity to meet and enjoy the fellowship of the few people who know what it’s like to be a family physician in Indiana while learning from high-quality medical educators and wrestling with the issues of the day at the Congress of Delegates.

I am honored by the opportunity to serve as president this year. If you have ideas for how the Academy can serve you better, please email me at president@in-afp.org or contact the Academy office.

Cheers!

Phillip Scott, DO

Join Us for the 2013 IAFP Fall Conference!

On Friday, November 1, and Saturday, November 2, we are offering a Fall Conference comprising SAM Study Groups, practice management resources and physician leadership skills. The meeting will take place at the Sheraton at Keystone at the Crossing, Indianapolis.

**Friday, November 1 – SAM Study Groups**

Take part in enhanced SAM Study Groups on “Health Behavior” and “Caring for the Vulnerable Elderly.” At lunch, hear a presentation about effective ways to complete your MC-FP Part IV. Optional: Bring your laptop and get started on your clinical simulation with roaming faculty instruction.

**Saturday, November 2 – Practice Transformation and Leadership Skills for the New Health Care Environment**

Topics will include: “Responsible Pain Management — New Regulations Per Indiana’s Medical Licensing Board,” “PCMH/TransforMED Update,” “ICD-10 Update,” “Working at the Top of Your License Effectively and Efficiently,” “The ACO Experience,” and “Valuable Communication Skills and Leadership Styles.”

Check your mail and email for the full agenda and registration details, or visit www.in-afp.org and look under “Events.”
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IAFP Events

2013 IAFP Fall Conference
November 1-2
Indianapolis
Sheraton at Keystone at the Crossing

Board of Directors Meeting
November 3
Indianapolis
Sheraton at Keystone at the Crossing

2014 IAFP Annual Convention
July 24-27, 2014
Indianapolis
Westin

AAFP Events

AAFP Family Medicine Board Review Express™ Live Course in Indianapolis
March 13-16, 2014
Indianapolis
JW Marriott Indianapolis

Member News Update

Joseph Schuerger, MD, Selected for AAFP Award

IU Health Ball Memorial Hospital Family Medicine resident Dr. Joseph Schuerger is one of 12 recipients nationwide to receive the 2013 American Academy of Family Physicians (AAFP)/Bristol-Myers Squibb Award for Excellence in Graduate Medical Education. This prestigious award recognizes outstanding U.S. family medicine residents for their leadership, civic involvement, exemplary patient care, and an aptitude for and interest in family medicine. Of the 3,200 eligible family medicine residents, Dr. Schuerger is one of only 12 recipients of this esteemed designation and is the only recipient being honored from Indiana and this area of the lower Midwest region. Dr. Schuerger was presented this national award at a recognition breakfast at the AAFP Scientific Assembly in San Diego on September 27, 2013.

Indiana’s Isabella Runnebohm Receives Special Recognition in the 2013 Tar Wars® Poster Contest

Congratulations to Isabella Runnebohm, who was 2013’s Indiana Tar Wars® poster contest winner. Isabella and her family, along with IAFP staff member Missy Lewis, attended the annual Tar Wars® National Conference in Washington, D.C., sponsored by the American Academy of Family Physicians. This event is held each year in the summer. The Tar Wars® National Conference celebrates youth, creativity and being tobacco-free and is jam-packed with fun, excitement and learning opportunities for the entire family.

Isabella received a prize packet that included a certificate of appreciation, a ribbon, a color copy of her poster and a special gift. Her poster featured the slogan: Follow the Tobacco Free Road.

The Tar Wars® National Conference is a once-in-a-lifetime opportunity for students to receive recognition for their tobacco-free efforts, voice their opinions about tobacco use to their congressional leaders, participate in tobacco-free workshops and meet other state winners who share their tobacco-free views.
At the St. Vincent Family Medicine Residency, we have developed multiple areas of concentration. An area of concentration (AOC) is similar to a minor in college, a way to focus elective time in specific areas of interest for each resident. We currently offer our residents AOCs in: maternal-child health, sports medicine, geriatrics, hospitalist medicine and global health.

In 2009, there was interest in developing a global health curriculum. We started by introducing global health topics into our noon conference didactics series with topics such as refugee health care, TB and travel medicine. In 2011, we formally launched our AOC. One of the hallmarks of the experience is our peer-learning sessions called the “Two-Hour Dinner Hour.” These monthly sessions are held at a faculty member’s or resident’s home. The group shares a meal for the first half of the meeting and then discusses various global health topics during the second hour. To date, we’ve reviewed two books during the sessions: Haiti after the Earthquake by Paul Farmer and When Healthcare Hurts by Greg Seager. We’ve also reviewed recent journal articles and current topics, including the cholera outbreak in Haiti and the H7N9 avian flu.

To augment the longitudinal outpatient experience, we work collaboratively with a local refugee resettlement agency. Through this partnership, we have established a monthly intake clinic for newly arrived local refugees. Caring for this population exposes our residents to the medical and social issues pertinent to this courageous patient group.

Our global health AOC residents ultimately complete an international elective in Fond Parisien, Haiti. This elective is done with partners Haitian Christian Mission and FAME. We have orchestrated trips in 2012 and 2013 with multidisciplinary teams providing medical care and education. A focused pretravel course is completed by our traveling team members to best prepare them prior to service in Haiti.

Additional aspects of the AOC in Global Health include participation in our local St. Vincent Global Health Conference, attendance at a national global health conference and a quality improvement/research project aimed at improving the health of our underserved patient populations.

Our hope is that, by providing an opportunity to care for the medically underserved locally and globally during residency, our graduates will be more competent and more likely to care for this population.

Please contact me at mmhenein@stvincent.org if you would like more information on the work that we are doing or if you’d like to be involved in any of our global health activities, including our annual Global Health Conference in March 2014.
Meet Your New President!

Phillip C. Scott, DO, of Richmond, Indiana, was installed as president of the Indiana Academy of Family Physicians at the Westin Hotel, Indianapolis, Indiana, on the evening of Saturday, July 27.

Dr. Scott currently practices family medicine at Richmond Family Care Center in Richmond, where he also cares for patients at Reid Hospital and Healthcare Services. Dr. Scott also serves as the director of medical informatics and on the Governing Board at Reid. With a B.A. in chemistry from Miami University in Oxford, Ohio, Dr. Scott went on to study osteopathic medicine at Ohio University College of Osteopathic Medicine. He recently earned a graduate degree in medical informatics from Oregon Health and Science University via its online program. He and his wife, Jacqueline, live in Richmond with their three children, Andrew, Alexi and Abigail.

In addition to his upcoming term as president of the IAFP, Dr. Scott has served in several offices with the IAFP, as well as serving as a director on the Board of Directors and as the chairman of the Commission on Membership and Communications. He has been a member of the IAFP and board-certified in family medicine since 1992, and he is a Fellow of the American Academy of Family Physicians.

It’s Not Too Early to Plan Your Physician of the Day Shift

Plan your POD shift now and have your choice of dates! In 2014, your Academy is responsible for providing episodic primary care services for Indiana’s legislators and their staff members during the time the state legislature is in session. On days when the full House and Senate are in session, the physician of the day is introduced on the floor of both houses. This interesting and fun program allows you to observe the legislative process firsthand, meet with your state legislators and leave a great impression about family medicine on the General Assembly. Your day at the Statehouse will last from 8:30 a.m. to 4:30 p.m.

IAFP members can volunteer to spend one or more days at the Statehouse during the legislative session. We are currently scheduling physician volunteers for the months of January and March 2014. The program operates Mondays through Thursdays.

If you are interested in serving as the physician of the day, please contact Chris Barry at the IAFP office at 888.422.4237 (toll-free, in-state only) or 317.237.4237. You can also email him at cbarry@in-afp.org.

THANK YOU!
The IAFP Congress of Delegates (“Congress”) met on July 26 and 27 in conjunction with the IAFP Annual Convention. The Congress is open to all members, and this year, it heard a total of 11 resolutions.

You will recall that last year’s Congress passed a resolution to streamline the IAFP’s Board structure. The IAFP’s Bylaws Committee spent the last 11 months working on converting the resolution into a bylaws amendment. This amendment — the Revised IAFP Bylaws for 2013 COD — was adopted by the Board during a Special Session on July 26, and the amended bylaws were immediately implemented.

Thank you to our new board members:
**Director:** Scott Renshaw, MD (Indianapolis)
**Director:** Andrew Shull, MD (Granger)
**Director:** Jon Hart, MD (Bloomington)
**Director:** William Tortoriello, MD (Evansville)
**Director:** Douglas Morrell, MD (Rushville)
**Director & Vice Speaker:** Christopher Doehring, MD (Indianapolis)
**Resident Region Director:** Nate Stewart, MD (Indianapolis)
**Resident Region Alternate Director:** Allison Klapetzky, MD (Indianapolis)
**Student Region Director:** Juan Carlos Venis, MS4 (Indianapolis)
**Student Region Alternate Director:** Joanna Campodonico, MS4 (Indianapolis)
**AAFP Delegate:** Windel Stracener, MD (Richmond)
**AAFP Delegate:** Richard Feldman, MD (Indianapolis)

All items passed by the IAFP Congress are referred to as mandates. A full list of IAFP mandates is included in this article. During the next year, the IAFP commissions and committees will take action on the mandates, including forwarding resolutions onto the AAFP Congress of Delegates in San Diego, California, in September.

For a full accounting of the 2013 Congress, visit www.in-afp.org/allmembercongressofdelegatessummary, and click on “2013 Congress of Delegates Transactions.”

**IAFP 2013 Mandates**

**Item #1: Drug Diversion Policy**
Assigned to: Commission on Education

RESOLVED, that the IAFP adopt policy that encourages physicians to require patients improve their unhealthy lifestyle (quit smoking and/or improve uncontrolled diabetes) before prescribing schedule 2 and 3 medications on a long-term basis.

**Item #2: Soda Resolution**
Assigned to: Staff

RESOLVED, that the IAFP encourage hospitals to limit the sale of sugar-sweetened beverages as defined by the CDC from their cafeterias and vending machines.

**Item #3: Recognition of Dr. D. Craig Brater**
Assigned to: Staff, President

RESOLVED, that the Indiana Academy of Family Physicians recognize Dr. D. Craig Brater by issuing him a letter of appreciation for being a champion for family medicine in Indiana.

**Item #4: Physician Burnout**
Assigned to: AAFP Delegation

RESOLVED, the IAFP will encourage AAFP to intensify efforts to recognize and intervene in order to minimize the impact of physician burnout on American physicians.

**Item #5: Identification of Care Givers**
Assigned to: Commission on Legislation and Governmental Affairs, Board of Directors

RECOMMENDATION: The reference committee recommends that Resolution No. 13-06 be referred to the Board of Directors for further evaluation of best practices.

**Item #6: Hand Cleansing**
Assigned to: Commission on Legislation and Governmental Affairs, Commission on Membership and Communication

RESOLVED, that the IAFP, with other health and hospital groups, continue to actively promote the importance of proper hand cleansing for all health care providers in order to reduce hospital-associated infections and deaths.
**Item #7: Reauthorization of National Conference of Special Constituencies Delegate Seats**
Assigned to: AAFP Delegation

RESOLVED, that the Indiana Academy of Family Physicians support that the six delegate and six alternate delegate seats to the AAFP Congress of Delegates held by members of the Board-approved constituency groups remain in place under the same rules that currently exist in Article 7, Section 2 of the AAFP Bylaws with no specific end date, and be it further

RESOLVED, that this resolution be referred to the AAFP Congress of Delegates.

**Item #8: Indiana Schools Voluntary Access to Auto-Injectable Epinephrine Act**
Assigned to: Commission on Legislation and Governmental Affairs

RESOLVED, that IAFP support legislation to:
1. Allow schools to stock unassigned auto-injectable epinephrine for use in cases of life-threatening allergic reactions before, during and after school.
2. Allow school nurses (as defined by IC 20-34-5-9) or trained unlicensed school personnel (who have volunteered to be trained to recognize anaphylaxis and administer epinephrine) to administer stock auto-injectable epinephrine to students, staff or visitors with known history of allergy who demonstrate signs and symptoms of life-threatening anaphylaxis if their own prescribed epinephrine is not available.
3. Allow school nurses to administer stock auto-injectable epinephrine to students, staff or visitors without a known history of allergy who demonstrate signs and symptoms of life-threatening anaphylaxis.
4. Allow school staff to volunteer to be trained to recognize anaphylaxis and to administer stock auto-injectable epinephrine to students, staff, or visitors without a known history of allergy who demonstrate signs and symptoms of anaphylaxis. Such training will be developed by physicians and offered to staff volunteers independent of the school nurses’ role.
5. School nurses and trained unlicensed personnel may administer epinephrine in good faith for suspected life-threatening allergic reactions and shall be immune from liability except in cases of willful or wanton misconduct.
6. Allow any licensed practitioner in the State of Indiana to prescribe stock auto-injectable epinephrine for a school district. Such licensed practitioner shall be immune from civil liability for any act or omission related to administration of such epinephrine except in cases where the physician has engaged in willful or wanton misconduct.

**Item #9: Forfeiture of Medicaid Benefits to Juveniles**
Assigned to: Commission on Legislation and Governmental Affairs, Commission on Health Care Services, AAFP Delegation

RESOLVED, that the Indiana Academy of Family Physicians advocate for the continuation of Medicaid coverage when juveniles are incarcerated, thereby securing their health status and ability to access care, and be it further

RESOLVED, that the IAFP collaborate via their Commission on Legislation to dialogue with the proper stakeholders at the legislative level in order to effect change on behalf of our adolescents, and be it further

RESOLVED, that the IAFP send the sentiment of this Resolution to the AAFP COD in order to effect change within the federal Medicaid system to assist other states whose adolescents may be similarly affected.

**Item #10: The IAFP should support legislation to help reduce the risks of indoor tanning in all age groups**
Assigned to: Commission on Legislation and Governmental Affairs

RECOMMENDATION: The reference committee recommends that the first recommendation of the President be adopted

**Item #11: IAFP should support Family Medicine Midwest and allow our Board of Directors to decide on the appropriate level of contribution be it financial or other**
Assigned to: Board of Directors

RECOMMENDATION: The reference committee recommends that the third recommendation of the President be adopted.
Protecting Hoosier children from vaccine preventable diseases is one of the Indiana State Department of Health’s (ISDH) top priorities for the future and promises to yield great returns for the health of our citizens, according to a June 2013 letter sent to Indiana’s medical providers by Dave McCormick, director of ISDH’s Immunization Division.

On May 7, 2013, Gov. Mike Pence signed Senate Bill 415 mandating that, on July 1, 2015, a provider who is licensed under Indiana Code 25 and who is authorized within the provider’s scope of practice to administer immunizations shall electronically provide immunization data to the immunization data registry for all immunizations administered to individuals who are less than 19 years of age. This important legislative mandate will move Indiana closer to the Healthy People 2020 goal of properly immunizing children by creating a comprehensive immunization record of all administered vaccines.

ISDH is committed to assisting each medical provider with complying with this reporting requirement. At this time, the reporting requirement coincides with the Meaningful Use Stage 3 incentive prerequisite of having a bidirectional interface with the state immunization registry. This creates a unique opportunity for ISDH to work with medical providers to build and test electronic interfaces with CHIRP to meet the Meaningful Use requirements and provide useful information to the Indiana immunization registry.

To assist with this process, ISDH will be hosting a monthly webinar on the third Tuesday of each month at 11 a.m. Eastern time. This webinar will create a forum for providers to ask questions, seek assistance and make suggestions for enhancements to the system. Also, ISDH will be reserving a portion of each monthly CHIRP User Group Meeting for assisting providers with questions and concerns about the registry.

Please feel free to contact ISDH at 317.233.8828 or 800.701.0704 to begin using CHIRP. For your convenience, below are the dates, times and locations of the CHIRP User Group Meetings for the remainder of 2013 and for 2014.

**2013 and 2014 User Group Dates**
*Times at each site are 9:30 a.m. to noon and 1 to 3:30 p.m.*

- October 17, 2013  
  **Lake County Health Department**  
  2293 North Main Street, Crown Point, Indiana

- November 21, 2013  
  **Wells County Health Department**  
  223 West Washington Street, Bluffton, Indiana

- December 19, 2013  
  **Marion County Health Department**  
  4012 North Rural Street, Indianapolis, Indiana

- January 16, 2014  
  **Ripley County Health Department**  
  102 West First North Street, Versailles, Indiana

- February 20, 2014  
  **St. Joseph County Health Department**  
  227 West Jefferson Boulevard, South Bend, Indiana

- March 13, 2014  
  **Tippecanoe County Health Department**  
  629 North Sixth Street, Lafayette, Indiana

- April 17, 2014  
  **Floyd County Health Department**  
  1917 Bono Road, New Albany, Indiana

- May 15, 2014  
  **Hendricks County Health Department**  
  355 South Washington Street, Danville, Indiana
and Hoosiers (CHIRP)

June 19, 2014
**Hamilton County Health Department**
10830 Foundation Drive, Fishers, Indiana

July 17, 2014
**Allen County Health Department**
4813 New Haven Avenue, Fort Wayne, Indiana

August 21, 2014
**Howard County Health Department**
120 East Mulberry, Kokomo, Indiana

September 18, 2014
**Elkhart County Health Department**
608 Oakland Avenue, Elkhart, Indiana

October 16, 2014
**Washington County Health Department**
806 Martinsburg Road, Salem, Indiana

November 2014
**TBA**

December 18, 2014
**Indiana State Department of Health**
2 North Meridian Street, Indianapolis, Indiana
IAFP members from across the state gathered in Indianapolis in July to attend the 2013 IAFP Annual Convention. It was the second year in a row we had met in downtown Indy. Attendees and their families enjoyed meeting in Indianapolis’ thriving downtown area, with easy access to local attractions, museums, shopping and dining.

More than 25 Prescribed AAFP CME credits were available. Clinical topics and practice management sessions were included on the program, and all CME plans were based on previous attendee evaluations and IAFP-member CME Needs Assessments. This year, we offered sessions that featured multiple CME activities focused on particular topics — e.g., opioid abuse and prescribing, men’s and women’s health, and GI.

We also featured an MC-FP SAM Study Group on Hospital Medicine. Our facilitator, William Tortoriello, MD, led participants through each of the 60 questions in the ABFM’s Self-Assessment Module and oversaw interactive discussion among participants.

Our Town Hall Dinner is a valuable opportunity to hear new policy topics from the thought-leaders of Indiana and the nation. This year, we welcomed Indiana’s Attorney General Greg Zoeller, JD, who explained why the fight against prescription drug abuse was of such importance to his office. Many members attended the All-Member Congress of Delegates to have their vote and voice in IAFP business matters.

Our Annual President’s Banquet and Installation of Officers, followed by the All-Member Family Party, was an exciting event for the whole family. An elegant dinner was held to honor our outgoing president and the award winners. Later in the evening, children joined their parents for a dessert buffet and dancing, with entertainment by The Marlins.

AAFP Degree of Fellow
The Degree of Fellow was established in 1971 by the AAFP Congress of Delegates as a way to recognize AAFP members who have distinguished themselves among their colleagues and in their communities by their service to family medicine, the advancement of health care to the American people, and professional development through medical education and research.

Award Winners
Congratulations to this year’s award winners:
Family Physician of the Year Award: Cynthia Heckman-Davis, MD, FAAFP
A. Alan Fischer Award: Scott Renshaw, MD, FAAFP
Lester D. Bibler Award: Richard Feldman, MD, FAAFP
Outstanding Resident Award: David Wyncott, MD
Distinguished Public Service Award: Javier Sevilla, MD
Certificate of Commendation: Terrell Zollinger, MSPH, DrPH

The AAFP Degree of Fellow was conferred upon the following members during the Congress of Delegates on Saturday, July 27:
• Brian H. Black, DO
• Shawn E. Kidder, DO
• Richard A. Riedford, MD
• J. Andrew Shull, MD
• David E. Schultz, MD
• Dirk Smith, MD

Students enjoyed a special workshop on endometrial biopsy, presented by Cathy Bryant, MD. Immediately following the close of the Scientific Assembly, we held a picnic at Victory Field, where we cheered on the Indianapolis Indians.

Our Exhibit Show offered an opportunity to learn about the newest clinical advances and practice-management tips and services. A huge thank-you to the following companies who were in attendance:
AbbVie
Alzheimer’s Association Greater Indiana
The AAFP Degree of Fellow was awarded to six family physicians at this year’s Awards Banquet.

American Health Network
Anthem Blue Cross Blue Shield
Astellas Pharma US, Inc.
Auxilium
Boehringer
Bristol Meyers
Community Health Network
Corizon
CPP Buying Group
Decatur Vein Clinic
Eagle Hospital Physicians
Elite Seat
EmCare, Inc.
Fritsch Otology
Grifols
Hall, Render, Killian, Heath & Lyman, Inc.
Health Care Education and Training, Inc.
Health Care Excel
Health Diagnostic Laboratory, Inc.
Humana Clinical Resources
Ideal Protein
Indiana Spine Group
Indiana University Health
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Mid-America Pathology Services, Maps
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Reckitt Benckiser Pharmaceuticals

The Exhibit Show offers a chance to meet with a large variety of health care-related company representatives.
Sanofi Pasteur
South Bend Medical Foundation
St. Vincent Medical Group
Success EHS
Takeda
Transdermal Therapeutics
US Army Indianapolis Healthcare Recruiting

Thank you to our CME moderators:
• Amy LaHood, MD
• Fred Ridge, MD
• Risheet Patel, MD
• Teresa Lovins, MD
• Tom Kintanar, MD
• David Schultz, MD

Thank you also to Risheet Patel, MD, and Ken Elek, MD, who opened the program for us.

The Indiana Academy of Family Physicians gratefully acknowledges the following companies/organizations for providing educational support and/or grants for the 2013 IAFP Annual Convention:
Allergan via Primary Care Network
American Board of Family Medicine
Amgen and Eli Lilly via The France Foundation
Amylin via Primary Care Education Consortium
AstraZeneca
Gilead via California Academy of Family Physicians
Hall, Render, Killian, Heath & Lyman, Inc.
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Newby Consulting, Inc.
St. Vincent Health

Thank you to the following companies who supported our Annual Convention through sponsorships of materials and/or special events:
Atlantic Health Partners
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Sikich, LLP
The Indiana State Department of Health (ISDH) announces the release of the Indiana Physician Orders for Scope of Treatment (POST) form. The ISDH has also published an Advanced Directives Resource Center website that will provide links to all state advance directive forms as well as the ISDH Advance Directive Brochure and other related information.

In its 2013 Session, the Indiana General Assembly passed House Enrolled Act 1182. The legislation required the ISDH to develop a POST form and place the form on the ISDH website. To fulfill the requirement, the ISDH created an Advance Directive Resource Center website. The site is located at www.in.gov/isdh/25880.htm.

The Center contains links to the following forms:
- State Form 55315: Life Prolonging Procedures Declaration
- State Form 55316: Living Will Declaration
- State Form 49559: Out-of-Hospital Do Not Resuscitate Declaration and Order
- State Form 55317: Physician Order for Scope of Treatment (POST)

This “once-in-a-lifetime trip” to Ireland is one of a series of unusual destinations we have visited with family medicine colleagues, friends and family members. If there is a must-see destination you’d like us to consider in the future, let us know! Email iafp@in-afp.org.

Almost 30 IAFP members and their families traveled to Ireland at the end of June for a thrilling trip around the Emerald Isle. Not only did our group see the sights and experience the culture of Ireland, but they also had time to play golf and earn CME credit.

The website also contains an updated ISDH Advance Directive Brochure, links to relevant state laws and regulations, and links to a few related websites.

Forms.IN.gov provides citizens and employees of the state of Indiana a common access point to state forms. Managed by the Indiana Commission on Public Records, the catalog contains electronic versions of relevant and current forms, allowing citizens to more easily conduct business with the state of Indiana. The above forms may also be found through the state forms website at http://www.in.gov/icpr/2362.htm.

Official New POST Form Now Online

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Indiana CERT Examples

The Centers for Medicare & Medicaid Services (CMS) developed the Comprehensive Error Rate Testing (CERT) program to improve the processing and medical decision-making involved with payment of Medicare claims. Under the CERT program, a random sample of claims is selected from each Medicare contractor, and medical records are requested from the providers who submitted the claims. These records are then reviewed to determine if the claim was submitted and paid appropriately.

Each practice should have at least two employees sufficiently trained to know how to respond to CERT requests as well as requests for medical records by any Medicare or Medicaid contractor, commercial payers, the Zone Program Integrity Contractor (ZPIC), the Office of the Inspector General, etc. Simply not sending the appropriate information can result in a refund demand. Not knowing how to review documentation to ensure the physician’s signature is present and not knowing what to do when the document is not signed will result in a refund demand.

We find the vast majority of the documentation deficiencies are simply due to:
- Not responding to the request for medical records (typically one claim)
- Not sending all related documentation supporting the codes submitted on the claim
- Not reviewing the information verifying proper signatures are in place

This is the first in a series of articles that will address some of the problems found during the CERT contractor’s analysis of Indiana claims. These scenarios may reflect the services you provide. The information included below will allow you to perform a self-audit to ensure your documentation and coding does not include these deficiencies.

Missing Signatures
The physician billed CPT 99215-25. The documentation received was missing a valid provider signature to support the office encounter. The CERT received typed office-visit notes with an unacceptable co-signature by an unknown person. The CERT requested additional information and received a duplicate invalid co-signed note. The CERT did not receive any response to its request for a physician signature attestation statement.

The physician billed CPT 99222 and 99233. The documentation received was missing the signature of the physician who provided the inpatient services for billed dates. The submitted notes for the requested dates of service were not signed and did not include a history or a physical exam. The CERT requested valid signed progress notes and received two notes stating, “Not a patient at this facility” with another note stating, “Patient was hospitalized on 11/23/11-11/30/11, attached are the records.” The CERT received duplicate records and no attestation statements. Then the CERT received a note stating, “OK send refund request.”

Signature Guidelines
WPS admonition: “Per the Program Integrity Manual, if there is no signature of the person providing the service, the documentation is not considered in the review process.”

Medicare Program Integrity Manual, Chapter 3, §3.3.2.4 — Signature Requirements: This section is applicable for MACs [Medicare administrative contractor], CERT and ZPICs. This section does not apply to recovery auditors.

For medical review purposes, Medicare requires that services provided/ordered be authenticated by the author. The method used shall be a handwritten or electronic signature. Stamped signatures are not acceptable.

If MAC and CERT reviewers find reasons for denial unrelated to signature requirements, the reviewer need not proceed to signature authentication. If the criteria in the relevant Medicare policy cannot be met but for a key piece of medical documentation that contains a missing or illegible signature, the reviewer shall proceed to the signature assessment.

Providers should not add late signatures to the medical record (beyond the short delay that occurs during the transcription process) but instead should make use of the signature-authentication process. The signature-authentication process described below should also be used for illegible signatures.

Handwritten Signature
A handwritten signature is a mark or sign by an individual on a document signifying knowledge, approval, acceptance or obligation.
- If the signature is illegible, MACs, ZPICs and CERT shall consider evidence in a signature log or attestation statement to determine the identity of the author of a medical-record entry
- If the signature is missing from an order, MACs and CERT shall disregard the order during the review of the claim (e.g., the reviewer will proceed as if the order was not received)
- If the signature is missing from any other medical documentation (other than an order), MACs and CERT shall accept a signature attestation from the author of the medical-record entry

To read the entire article, visit our website at www.in-afp.org.
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