Meet Your New President:

Risheet Patel, MD
PG 12

Ray Nicholson, MD,
Awarded Gordon T. Herrmann, MD,
Distinguished Service Award
PG 17

Clif Knight MD, Elected
to AAFP Board of Directors at
AAFP Congress of Delegates
PG 18
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Our Mission
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

Family Medicine: Exceptional Physicians, Exceptional Care
President’s Message

Welcome to the winter issue of the IAFP’s FrontLine Physician. The last three months have been quite eventful for me and for the Academy as a whole. In October, the AAFP held its annual Congress of Delegates in Philadelphia, where Dr. Clif Knight ran for the AAFP Board of Directors. As I’m sure many of you have heard, congratulations are in order, as Clif was elected to a full three-year term.

All of us in the Academy leadership are proud that Clif will carry on strong leadership from Indiana at the national level. Along with our many members who hold national positions, Clif will be the fourth member of the AAFP Board of Directors from the state of Indiana in the last 10 years. Our previous three members were Dr. Tom Felger (2008-2011), Dr. Jason Marker (2007-2008) and Dr. Tom Kintanar (2003-2006). We wish Clif the best of luck as he begins his time on the board.

In November, I had the chance to attend the Annual Meeting of the Illinois Academy of Family Physicians. It was a nice opportunity to network with our neighboring colleagues by attending their fall board meeting, their All Member Assembly, and their Awards Banquet. It was a great venue to share and discuss challenges and solutions common to both states. The meeting was also held in conjunction with the inaugural Family Medicine Midwest conference. This new conference brought together medical students and residency programs from 12 Midwestern states. Along with the residency fair, two days of CME tracks were offered that were geared toward students, residents and faculty members.

Finally, is anyone missing those campaign commercials? Neither am I. But, with the outcome of the November elections finalized, the future of the Affordable Care Act does have a level of certainty. Our Academy will work closely with the AAFP to provide resources to members to help them navigate the progress of the ACA. Our legislative staff is also getting ready for the 2013 Indiana General Assembly starting in January. As usual, there will be a number of healthcare-related bills, and we will work with other health care organizations in the state to represent our members. If you’d like to participate in the legislative process, feel free to contact our Academy office to find out how you can get involved.

I hope you enjoy this issue of the FrontLine Physician. As always, if you have any questions or comments, feel free to e-mail me at risheetp@yahoo.com or contact the IAFP office. From all of us here at the Academy, I wish you and your family a warm and safe holiday season and a happy new year.

Thanks,

Risheet R. Patel, MD
Mark Your Calendar

IAFP Events
2013 IAFP Trip to Ireland
Emerald Isle CME and Golf
Sunday, June 29-Saturday, July 6
Ireland

IAFP Annual Convention
Thursday, July 25-Sunday, July 28
Indianapolis

AAFP Events
September 23-25
Congress of Delegates
San Diego, California
San Diego Marriott Marquis and Marina/San
Diego Convention Center

Annual Scientific Assembly
San Diego, California: September 24-28, 2013
San Diego Convention Center

Plan Now to Serve as Physician of the Day in 2013

Interested in politics? There is a reason many of our physicians of the day serve year after year, because serving as the Physician of the Day puts you in the heart of the action at the Indiana Statehouse.

The Indiana Academy of Family Physicians and the Indiana State Medical Association will once again sponsor the Physician of the Day program at the 2013 General Assembly. Your assistance is needed! 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.

IAFP members can volunteer to spend one or more days at the Statehouse during the legislative session. As the Physician of the Day, you will provide episodic primary care services for the legislators and their staffs 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. Your day at the Statehouse will last from 8:30 a.m. to 4:30 p.m.

We are currently scheduling physician volunteers for the months of February and April 2013. The program operates Mondays through Thursdays, and, at press time, we have seven open days in February and five open days in April.

If you are interested in serving as the Physician of the Day, please e-mail Chris Barry (cbarry@in-afp.org), or call the IAFP office at 888.422.4237 (toll-free, in-state only) or 317.237.4237 to schedule your day. THANK YOU!
At the end of October, IAFP members from across the state gathered at the Medical Academic Center in Carmel, Indiana, to earn some live CME credits on a variety of topics. In the morning, we focused on pediatrics, with talks on pediatric esophagus, overuse injuries, sleep apnea and the autism spectrum. In the afternoon, we learned how to improve adult vaccination rates, followed by a two-part activity focusing on the care of our returning veterans. Finally, we wrapped up with information on the ordering and interpretation of anticoagulation tests and an update on Von Willebrand disease.

Thank you to all of our speakers: Sandeep Gupta, MD; Tim Von Fange, MD; Leila Akanli, MD; Julie Rusyniak, MS; Charlene Graves, MD; Rodney Deaton, MD; James Wakefield, MD; Ashwin Vasudevamurthy, MD; and Sweta Gupta, MD. Thank you to Richard Kovsky, MD, FAAFP, professor of clinical family medicine and executive director of the IN-AHEC Network, who was instrumental in developing the veterans activity.

Thanks also to our two exhibitors:

- **Travis Field, MA, MSW, LCSW**, suicide prevention coordinator of the Roudebush Veterans Medical Center — helping family physicians understand how to contact the VA for referrals (regular and in crisis mode), providing maps illustrating VA services across the state of Indiana, and links to other VA services.

- **Bob Strange, BA**, of ASPIN (Affiliated Service Providers of Indiana, Inc.). Bob is a lieutenant colonel, MS, AUS (ret.), and served in Vietnam. He now serves as project director for the Indiana Veterans Behavioral Health network and is working closely with the IN-AHEC (Indiana Area Health Education Centers) Network to help educate primary care doctors about the physical and mental health issues of our returning military veterans.

The conference was generously sponsored by Indiana Spine Group. Visit the website at [www.indianaspinegroup.com](http://www.indianaspinegroup.com). Find out more about the Medical Academic Center at [www.medicalacademiccenter.com](http://www.medicalacademiccenter.com).
Formulary Update

onglyza (saxagliptin) 5 mg tablets

kombiglyze XR (saxagliptin and metformin HCl extended-release) tablets

Available on Formulary at Indiana Medicaid

For more information about these products, visit www.onglyza-hcp.com or www.kombiglyzexr-hcp.com

Please read adjacent Brief Summary of US Full Prescribing Information for KOMBIGLYZE XR (saxagliptin and metformin HCl extended-release) (5/500•5/1000•2.5/1000 mg tablets), including Boxed WARNING about lactic acidosis.
Lactic Acidosis

Lactic acidosis is a rare but serious complication that can occur in patients taking metformin. The risk increases with conditions such as sepsis, dehydration, excess alcohol intake, hepatic impairment, renal impairment, and acute or chronic heart failure. The onset of lactic acidosis is often subtle, accompanied by nonspecific symptoms such as nausea, vomiting, diarrhea, confusion, dyspnea, and hyperventilation. Laboratory abnormalities include lactic acidosis, elevated serum creatinine, and a high anion gap metabolic acidosis. If acidosis is suspected, KOMBIKLX XR (saxagliptin and metformin HCl extended-release) tablets should be discontinued immediately and general supportive measures promptly instituted.

ADVERSE REACTIONS

Clinical Trials Experience: Because clinical trials are conducted under highly controlled conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

Monotherapy and Add-On Combination Therapy

Monotherapy with saxagliptin or metformin hydrochloride extended-release tablets is associated with a low incidence of adverse events. The most common adverse events associated with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg were nausea, vomiting, and diarrhea. The incidence of adverse events with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg was similar to placebo in patients with type 2 diabetes.

In patients treated with saxagliptin 2.5 mg or saxagliptin 5 mg, the most common adverse events were nausea (3% to 4%) and gastrointestinal symptoms (2% to 3%). The most common adverse events in patients treated with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg were nausea, vomiting, and diarrhea. The incidence of adverse events with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg was similar to placebo in patients with type 2 diabetes.

Table 1: Adverse Reactions (Regardless of Investigation)

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>saxagliptin 2.5 mg</th>
<th>saxagliptin 5 mg</th>
<th>saxagliptin plus metformin 500 mg to 2,000 mg</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>3%</td>
<td>4%</td>
<td>2% to 3%</td>
<td>2%</td>
</tr>
<tr>
<td>Vomiting</td>
<td>3%</td>
<td>4%</td>
<td>2% to 3%</td>
<td>3%</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3%</td>
<td>4%</td>
<td>2% to 3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

In patients treated with saxagliptin 2.5 mg, saxagliptin 5 mg, or saxagliptin plus metformin 500 mg to 2,000 mg, the incidence of adverse events was similar to placebo. The incidence of adverse events in patients treated with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg was similar to placebo in patients with type 2 diabetes.

In the add-on to insulin treatment trial with metformin immediate-release, the incidence of adverse events, including nausea, vomiting, and diarrhea, was similar to placebo. The incidence of adverse events in patients treated with saxagliptin 2.5 mg, saxagliptin 5 mg, and saxagliptin plus metformin 500 mg to 2,000 mg was similar to placebo in patients with type 2 diabetes.

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Concomitant Medications

Concomitant medications that can affect the disposition of saxagliptin, including valproic acid, probenecid, or a sulfonylurea, should be avoided. The use of these medications should be discontinued if saxagliptin is added to treatment with these medications. Saxagliptin should not be used concomitantly with thiazolidinediones or pioglitazone.

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Recent studies have found that in any treatment group in both studies, the saquinavir add-on to nelfinavir immediate-release trial, the incidence of diarrhea was 8.9%, 5.8%, and 5.3%, respectively. In the saquinavir group, the incidence of rash was 6.8% in the saquinavir 5 mg group, nelfinavir immediate-release group, and 7.3% in the nelfinavir immediate-release group. Possible secondary causes of diarrhea include: appetite changes, gastrointestinal symptoms, and abdominal pain. [See Warnings, Warnings, and Precautions, and Clinical Pharmacology (13.1, 13.5, 13.10) in Full Prescribing Information].

Hypoglycemia

In the saquinavir clinical trial, severe reactions of hypoglycemia were reported. In one case, a severe hypoglycemic reaction was not required or was normal in some patients. Therefore, it is not possible to conclude whether hypoglycemia is a rare event. The incidence of reported hypoglycemia for saquinavir 2.5 mg and saquinavir 5 mg versus placebo was not determined. For the saquinavir 1.25 mg group, the incidence of reported hypoglycemia was 3.5%, 3.5%, and 3.0%, respectively. When saquinavir and nelfinavir immediate-release were coadministered in treatment-naive patients, the incidence of hypoglycemia was 3.4% in the saquinavir 5 mg + nelfinavir immediate-release group and 4.2% in the nelfinavir immediate-release group.

In the double-blind, randomized, controlled trial comparing add-on therapy with saquinavir 5 mg to placebo in patients inadequately controlled on nelfinavir alone, the incidence of hypoglycemia was 11.5%. The incidence of hypoglycemia in patients inadequately controlled on nelfinavir alone was 7.4%.

Hypersensitivity Reactions

Saquinavir — Hypersensitivity-related events, including urticaria and facial edema, have been reported at a frequency of 1.5%, 1.1%, and 1.3% in patients taking saquinavir 5 mg, 2.5 mg, and placebo, respectively. The incidence of these events in patients who were receiving saquinavir with the coadministered drugs was 5.0%, 3.1%, and 2.7%, respectively. The incidence of angioedema was 0.5% in patients taking saquinavir 5 mg, 2.5 mg, and placebo, respectively.

Use with Other Drugs

Medications that affect potassium levels should not be coadministered with saquinavir. [See Warnings and Precautions, and Clinical Pharmacology (13.5, 13.10) in Full Prescribing Information].

Saquinavir — Coadministration of saquinavir, nelfinavir, and ritonavir may result in life-threatening events. These medications affect potassium concentrations, which can cause hyperkalemia, hyperkalemic metabolic acidosis, and arrhythmias, including torsades de pointes. Monitor serum potassium levels closely in patients receiving saquinavir and cautions that the use of these medications can result in life-threatening hyperkalemia.

In the event of an overdose, appropriate supportive treatment should be initiated as dictated by the patient's clinical status. Saquinavir is also not metabolized in the liver and is rapidly eliminated with no accumulation in plasma. Therefore, there are no special recommendations for overdose treatment.
Meet Your New President:  
Risheet Patel, MD

Your new IAFP president, Dr. Risheet Patel, was installed at the IAFP’s Annual Awards Banquet and Installation of Officers during our Annual Convention this summer.

Dr. Patel is currently a full-time family physician with Olio Road Family Care in Fishers, Indiana. As an original TransforMed practice, Olio Road Family Care has consistently been on the forefront of practice change, including implementation of an EHR, open-access scheduling, online services and transforming into a Patient-Centered Medical Home. He is also currently working with Community Health Network to implement a new networkwide EHR. As well as serving as president of the Academy, Dr. Patel also serves as vice chairman of the IAFP Commission on Education and is instrumental in the planning of our educational offerings, as well as having presented several CME activities himself in the past.

Dr. Patel was born and raised in Indianapolis. He attended Union College for his undergraduate education, which is right outside of Albany, New York. He then received his medical degree from Albany Medical College. Dr. Patel returned to Indianapolis for his residency training with Community Health Network and has since been practicing in Fishers.

Outside of work, Dr. Patel enjoys sports of all varieties. He is an avid basketball and football fan. He enjoys running and playing sports as well. He enjoys music and going to concerts, traveling, and outdoor activities such as hiking and camping with his dog, Hugo.
ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.

2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.

3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.

4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.

5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.
Greetings and happy fall. It has been another busy season here in the Department of Family Medicine at the Indiana University School of Medicine. Our department faculty has been highly involved in the school’s curricular reform and has played a leadership role in the reform process. We are nearing the implementation phase, which will undoubtedly create more family medicine opportunities for educational change management with an emphasis on early primary care exposure and longitudinal primary care mentoring. Dr. Scott Renshaw and the entire predoctoral team have not only continued to be innovative in the current family medicine clerkship training but have also have become highly engaged in our educational research initiative. Dr. Deanna Willis has been promoted to vice chair for the Department of Family Medicine and is leading the educational research mission within the department. You may ask why education research as opposed to clinical services research. The answer is this: We as a department see a great opportunity to advance family medicine training not only in the state of Indiana but throughout the country. It is no secret that there is currently a shortage of primary care providers, which will increase dramatically during the course of the next eight years. Family medicine is and will continue to be the specialty best positioned to provide care for the entire population. The department will be well represented at the 2013 Society of Teachers of Family Medicine Conference in Baltimore, Maryland. The following are presentations that have already been accepted for that meeting.

1. Using Motivational Interviewing to Improve Patient Activation for Efficient and Cost Effective Outcomes (Pais)
2. HRSA-funded online faculty development modules (Dankoski)
3. Seminar: Extending the Reach: Best Practices for Recruiting, Developing and Retaining Volunteer Community Faculty (Renshaw, Custer, Burba, Cooper)
5. Lecture-Discussion: The Art of Giving Feedback (Holley, Renshaw, Custer, Burba)
7. Works In-Progress: How Does Curriculum Integration of FM-Cases Affect Performance on a Nationally Validated Exam (Renshaw, additional medical schools’ faculty members)
8. Completed Projects and Research: The relationship of Evidence Based Care Adherence and Resource Utilization in an OSCE (Willis, Renshaw, Saywell, Carolyn Hayes-UME, Kiovsky)

As you can see, there are a number of exciting programs and opportunities evolving here in the Department of Family Medicine. Please feel free to contact me, Dr. Renshaw or Dr. Willis with any questions regarding these ongoing initiatives and to find out how you can be more involved.

Thanks and Happy Holidays,

Kevin B. Gebke, MD

Saint Joseph Regional Medical Center
Family Medicine Residency
Mishawaka, Indiana

Family medicine training remains strong in northern Indiana. The SJRMC Family Medicine Residency (9/9/9) matched this past March with nine residents from seven different medical schools.

The residency as a whole was awarded NCQA recognition in diabetes care — a first in the state of Indiana. This work also gained first prize in the annual Quality Summit at SJRMC and provided the opportunity to share our work at the Trinity (national) Quality Summit in Chicago.

Scholarly activity has included multiple publications in FPIN (Family Physicians Inquiries Network), national presentations by our sports medicine director (Steve Simons, MD) and authorship by faculty members Julia Fashner, MD, and Kevin Ericson, MD, along with Sarah Werner, DO (resident), the cover article for the July 15, 2012, issue of American Family Physician.

The family medicine residents not only learn inpatient medicine at a state-of-the-art facility (SJRMC-Mishawaka, which was recently named one of the most wired hospitals in the United States) but also obtain their outpatient training in our new 20,000-square-foot FMC. This past June, the family medicine residency, along with
MU-COM is moving forward successfully 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 is now about 60 percent completed. Our outside brickwork and inside drywalling is almost completed on the medical-school side and is progressing to close up the building for winter construction on the nursing-school side; inside structure for glass features has been installed. Work has started to prepare the building for high-technology wiring and systems installations later this winter and spring. We anticipate moving in around mid-July.

We are continuing our recruiting and hiring of faculty members both from biomedical science disciplines and for clinical positions (part-time and full-time). To date, we are about two-thirds complete in hiring faculty members, with final contracts in progress for OMM, family medicine, microbiology/immunology and anatomy, among others. Bryan Larsen, PhD, associate dean for biomedical sciences, is also recruiting other PhD faculty members in anatomy, physiology, pharmacology, cell and molecular biology, microbiology and immunology, and biochemistry. Charles E. Henley, DO, MPH, is also searching for a chair for primary care (a general internist, a pediatrician or a family physician) who is AOA board-certified.

MU-COM has had more than 2,500 applications to date. We have already completed about 125 of about 600 planned interviews, with about 70 offers made to outstanding candidates to date. Our community physicians have been instrumental in helping us in interviews and on our admissions committee, serving as “pioneers” in assisting Marian select our first class. The Multi Mini Interview plan (MMI), using noncognitive assessment stations to supplement GPA, MCAT and application data, has worked very well. Our clinical education network continues to grow for both clerkship rotations and for planning future graduate medical education slots. Dr. Henley has reported strong enthusiasm from many different hospitals to teach MU-COM students, with more than 4,000 community physicians expressing an interest in taking students. We now have more than 25 formal hospital affiliations across the state either complete or in progress. Our first clinical faculty appointments have already started for community preceptors.

The recent combined announcement from the ACGME and the AOA to have all residencies and fellowships accredited under the ACGME by 2015 will mean some new procedures in both DO and MD training programs. These changes will need work on issues such as devising a single match system, developing a unified set of institutional standards for everyone, defining how to work with both specialty board bodies, creating inclusion criteria for osteopathic-specific specialty programs and even possibly accepting MD graduates into osteopathic programs. All will require creative policymaking and the time to work through planning and implementation of appropriate steps. More information will become available at the beginning of 2013, when the initial committee work will produce details.

This fall at MU-COM will see a continuing focus on refining the case-based and competency-based curriculum, assigning local physician experts in preparation for teaching our new students, fine-tuning classroom and lab spaces, and orientation and first-term assignments for the new medical students who will come to Marian University. We will have an accepted student open house in March and a ribbon-cutting ceremony probably in July or August. We will publish the date when it is selected.

In our new curriculum and rotation requirements, we are placing an emphasis on primary care education and experiences. We plan a rural medicine rotation, a two-month community hospital experience, and significant instruction in wellness and prevention. As a family physician, I know the importance of these topics for all physicians. We plan to work closely with the FM residencies and family doctors in the state in ensuring a quality exposure to good family physician role models for our students.

With your help, we hope to build a strong foundation from which to provide exceptional medical education experiences and expand the presence of our new medical school in Indiana in the years to come.
Opportunities Abound With EmCare® Emergency Medicine

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Raymond W. Nicholson Jr. remembers the first time he was the recipient of an award. A student of Bosse High School, Ray recalls receiving the J.C. Duncan award presented by the Junior Chamber of Commerce. He was completely surprised by that event and recalls the pride in his mom’s and dad’s eyes. That was more than 60 years ago. Since then, “Dr. Nick,” as he likes to be addressed, continues to accrue awards from national, state and local organizations for his selfless giving of his time, knowledge and resources over the years. As you might expect from someone who naturally shares with others, Dr. Nicholson has amassed countless service awards from the many arts, education and medical organizations he has supported and continues to support.

Among them is the Indiana University School of Medicine. A graduate of Indiana University, Dr. Nicholson completed his undergraduate, graduate and residency training with the IU School of Medicine in Indianapolis. He was a captain in the U.S. Army, where he served as a pediatrician. He entered private practice in family medicine in 1958 and became director of the St. Mary’s Family Practice Residency Program in 1970, where he served until 2001. He served as director emeritus from 2001 to 2007. In May 2000, the St. Mary’s Family Practice Center was named after him.

Dr. Nicholson has been a volunteer clinical faculty member of the IU School of Medicine, both Evansville and Indianapolis, for more than 50 years. When asked recently why he enjoys teaching, he replied, “I’ve always been involved in teaching. I don’t know why, but some of the most important influences in my life were teachers.” In addition, he has been a member of the Community Advisory Council to the school since its opening in Evansville 40 years ago.

Dr. Nick also believes in assisting young medical students through scholarship support. In 1996, Dr. Nicholson’s children, Diane and David, created a student endowment in honor of their late mother, Joyce Nicholson. Since that time, 16 local medical students have been recipients of this scholarship.

Despite all of the public accolades that Dr. Nicholson has received, he still considers the greatest joys in life to be the births of his two children, David and Diane. Dr. Nicholson is also blessed with the presence of his wife, Cynthia, who shares his passion for philanthropy in all areas of life. We are deeply grateful for the lifetime of service Dr. Nicholson has given and proud to designate him as a 2012 recipient of the IU School of Medicine – Evansville Gordon T. Herrmann Distinguished Service Award.

Ray Nicholson, MD,
Awarded Gordon T. Herrmann, MD, Distinguished Service Award
at IUSM Evansville Ruby Ball

IAFP Past President and longtime friend of the Academy Raymond “Nick” Nicholson, MD, was honored at the recent Ruby Ball in Evansville. Dr. Nick was awarded the Gordon T. Herrmann, MD, Distinguished Service Award. The Ruby Ball was a 40th-anniversary celebration commemorating the longstanding dedication of the physicians, community leaders, faculty members and staff members of the Indiana University School of Medicine Evansville. The following appeared in the Ruby Ball attendee handbook:
The IAFP is thrilled to announce the successful campaign of Clif Knight, MD, for the AAFP Board of Directors. Dr. Knight, an IAFP past president, past member of the AAFP Commission on Membership and Member Services and current chief medical officer of Community Health Network, was elected by the AAFP Congress of Delegates on October 17, 2012.

Dr. Knight will serve a three-year term on the board. Also elected to serve three-year terms were Dr. Carlos Gonzalas of Arizona and Dr. Lloyd Van Winkle of Texas. Dr. Rebecca Jaffe of Delaware was elected to fill a vacancy on the board and will serve a two-year term. Dr. Reid Blackwelder of Tennessee was elected to the position of AAFP president-elect. He will assume the presidency at the AAFP Congress in 2013.

The IAFP leadership and staff are proud of Dr. Knight and his lengthy service to the Academy that has culminated in this accomplishment. Thank you to all the IAFP members who came to Philadelphia to support Dr. Knight’s campaign.

Besides electing the officers and board of the AAFP, the AAFP Congress of Delegates hears resolutions sent to the Congress from chapters. The AAFP Congress is comprised of two delegates from each chapter of the AAFP.

Indiana was represented by Dr. Clif Knight and Dr. Richard Feldman as delegates and Dr. David Pepple and Dr. Windel Stracener as alternate delegates. With Dr. Knight’s new position on the AAFP Board, Teresa Lovins, MD, of Columbus, was elected as an AAFP alternate delegate at the October 28 IAFP Board of Directors meeting, and Windel Stracener, MD, was elected as delegate.

Below are the results of a few key resolutions. To see the full actions and determinations of the AAFP Congress of Delegates, visit aafp.org/congress.

**Updates to AAFP Bylaws**

The 2012 AAFP Congress of Delegates passed multiple updates and revisions to the AAFP Bylaws. The bylaws have never undergone a full update since 1948, so much of the changes were to modernize the language and reduce extraneous information, all while maintaining the same core principles. In 2009, the AAFP Board of Directors appointed a task force to review the AAFP Bylaws. The first of the bylaws were released in January 2011 and were made available for comment by members and chapters. Comments were taken into account, and the final draft was prepared in June 2012. The AAFP Congress of Delegates made some minor clarifying amendments to the definition of a “state” in the bylaws and then proceeded to accept the new bylaws.

**Resolution #308 – Telemedicine**

The AAFP Board of Directors has been tasked with creating policy guidelines for telemedicine that balance the needs of rural communities without fragmenting existing physician/patient relationships.

**Resolution #502 – Patient-Centered Medical Home Certification**

The AAFP has been asked to advocate for the usage of other certifying agencies besides NCQA for federal and state PCMH pilot programs. The AAFP will also be investigating creating its own certifying process and report back in 2013.

**Resolution #504 – Critical Access Hospitals**

Resolution #504 mandates the AAFP to lobby for the preservation of the Critical Access Hospital program.

**Resolution #509 – Survival of Independent Practices**

Compared to large hospital systems and physician groups, independent practices have a disadvantage when negotiating with health insurers. As a result of resolution #509, the AAFP Board of Directors will research the feasibility of legislation to allow primary care physicians to collectively negotiate with immunity from antitrust statutes. The board has been asked to report back to the 2013 Congress with a plan for action.

**Resolution #510 – Same-Gender Marriage**

The AAFP Congress of Delegates voted to approve a policy statement on civil marriage, following other organizations like the AMA and the American Psychiatric Association.
IAFP Adopts Apple Use

Improves Efficiency and Lowers IT Costs

by Chris Barry

If you’ve attended an IAFP event recently, you may have noticed that Academy staff are now exclusively using Apple computers. Comparing the initial purchase cost of Apple versus Windows PCs, you may wonder why we chose to go with Apple. While it is true that the initial cost of Macs is higher, we have been able to greatly reduce our dependence on IT support staff at IAFP headquarters due to the vastly increased reliability of our hardware. When using PCs, we were contracted with an IT company that, often, helped us to troubleshoot problems, maintain updates and upgrade machines. Now we often go for months at a time without any IT support whatsoever, greatly reducing our costs.

Similarly, at live meetings, we are able to reduce the costs incurred from on-site IT support due to the increased reliability and ease of use of the Apple hardware. We have also been able to completely eliminate the use of costly servers to store our information by switching to Google Drive to store our files and Google Mail to handle our e-mail accounts. Google Drive is a Web-based office suite and data-storage service that allows the IAFP staff to create and edit documents online while collaborating in real-time with colleagues. This method of online file storage is commonly referred to as “the cloud” and allows us to work on documents, spreadsheets and slideshows from any location at any time. As one of the first chapters of the AAFP to adopt this technology, we have been ahead of the curve when it comes to finding new ways to improve office efficiency and better serve our members’ needs.

If you have any questions about our technology, or if you think that moving to a Web-based platform in your office might be beneficial to you, please contact us! We’d love to share our experiences and insight from our move to Web-based computing.
Are You Eligible for the AAFP Degree of Fellow?

Have you been an AAFP member for six years? Have you served as Physician of the Day? Do you work in an underserved area? Have you served on a board of directors — ours or one in your community? Are you a volunteer teacher, preceptor or speaker at an IAFP meeting? If so, you are probably eligible for the 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.

The Degree of Fellow will be conferred during the President’s Banquet at the 2013 IAFP Annual Convention, on Saturday evening, July 27, in Indianapolis. Those wishing to receive their Degree of Fellow at that time should have their application submitted to the AAFP no later than Friday, May 24, 2013.

To be awarded the Degree of Fellow, one must have been an AAFP member (Resident and/or Active) for six years and must accrue 100 points from any of the sections as described below.

Lifelong Learning (65 points possible)
Board certification and recertification; certificates of added qualifications; additional degrees and fellowships; CME meetings and activities; and current certifications

Practice/Quality Improvement (80 points possible)
Practice in underserved areas; military deployment; services provided outside regular office practice; obstetrical care and special procedures; performance improvement activities in office; service as medical chief of staff or department chair; service on board or committee of hospital, system, HMO, etc.; leadership positions held in practice; TransforMED or Patient-Centered Medical Home participation, incorporation of METRIC into practice or program

Volunteer Teaching (114 points possible)
Lecturing at AAFP and state chapter meetings, as well as meetings such as RAP, STFM, AFMRD, ADFM and NAPCRG; volunteer teaching at a FM residency program; volunteer precepting or mentoring for medical students and/or residents; teaching METRIC in a residency program; volunteer lectures for students and/or residents; service as chair of or advisor to a chapter student interest committee or student interest group; instruction of a national certification program (e.g., ALSO, ATLS, PALS, ACLS)

Public Service (82 points possible)
Charitable medical services and humanitarian missions; government/community services in an elected or appointed office; public relations activities that explain the specialty; health education outside of the office; community nonprofit awards; leadership in community, voluntary or religious organizations; volunteer medical services

Publishing and Research (95 points possible)
Published research or articles and non-published research presented at an AAFP-sponsored function; service on an editorial board; contributions to chapters of a medical book; participation in research, practice-based or as part of a group

Service to the Specialty (93 points possible)
Serving as a legislative Key Contact; presenting legislative testimony; participation as Physician of the Day; service as committee chair, officer or delegate/alternate in another medical organization; service as IAFP or AAFP president or officer, board member, commission chair or committee member; service as board member of IAFP PAC or Foundation Board of Trustees; family medicine awards given by IAFP or another FM organization; participation in AAFP non-clinical education; Speak Out participation

Call for Nominations for 2013 IAFP Officers

At least 90 days prior to the IAFP Annual Assembly each year, the Nominating Committee shall announce nominations as required by the Bylaws. These nominations shall be formally presented at the first meeting of the Congress of Delegates, which this year will be July 26 and 27 in Indianapolis. At the time of the meeting, additional nominations from the floor may be made. The said election of officers shall be the first order of business at the second session of the Congress of Delegates on July 27.

Offices to be filled for 2013-2014 are: president-elect, second vice president, speaker of the Congress of Delegates, vice speaker of the Congress of Delegates, one AAFP delegate (two-year term) and AAFP alternate delegate (two-year term).

The Nominating Committee’s objective is to select the most knowledgeable and capable candidates available. The committee is also responsible for determining the availability of those candidates to serve, should they be selected.

If you are an Active member of the IAFP and are interested in submitting your name as a candidate, you must submit a letter of intent, a glossy black-and-white photo and a curriculum vitae. The deadline for nominations for 2013 IAFP officers is Friday, March 1, 2013. If you have questions, please contact Kevin Speer or Deeda Ferree at 317.237.4237.

“Saint Joseph Regional Medical Center Family Medicine Residency,” continued from page 14

the Family Medicine Center, moved into its new (and expanded) FMC. This move allows residents to be physically, electronically and culturally joined to the care given at the inpatient sponsoring institution.

Our program director, Martin Wieschhaus, MD, completed a four-year term as a board member with the Association of Family Medicine Residency Directors (AFMRD) this past June. He was involved in the initial work on the soon-to-be-released Residency Program Index (RPI), as well as initial work on a national curriculum for family medicine training.
In an effort to recognize the achievements and dedication of our members, the IAFP Board of Directors invites members to honor their peers with the following awards each year:

**Family Physician of the Year Award**

Lester D. Bibler Award (for long-term service and leadership)

A. Alan Fischer Award (for outstanding contributions to family medicine education)

The IAFP Commission on Membership and Communication will review all entries and present its recommendation to the IAFP Board of Directors for approval at the spring board meeting. Recipients will be recognized on Saturday night, July 27, at the IAFP Awards Banquet and Installation of Officers during the IAFP Annual Convention in Indianapolis.

Nomination forms are available on our website (www.in-afp.org). Nominations will be accepted from January 15-March 15, 2013. A complete list of past award winners is also available on the website. Thank you for serving as an advocate for your specialty by nominating a family physician today!
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