

# FRONTLINE

P H Y S I C I A N

A Publication of the Indiana Academy of Family Physicians • Spring 2006

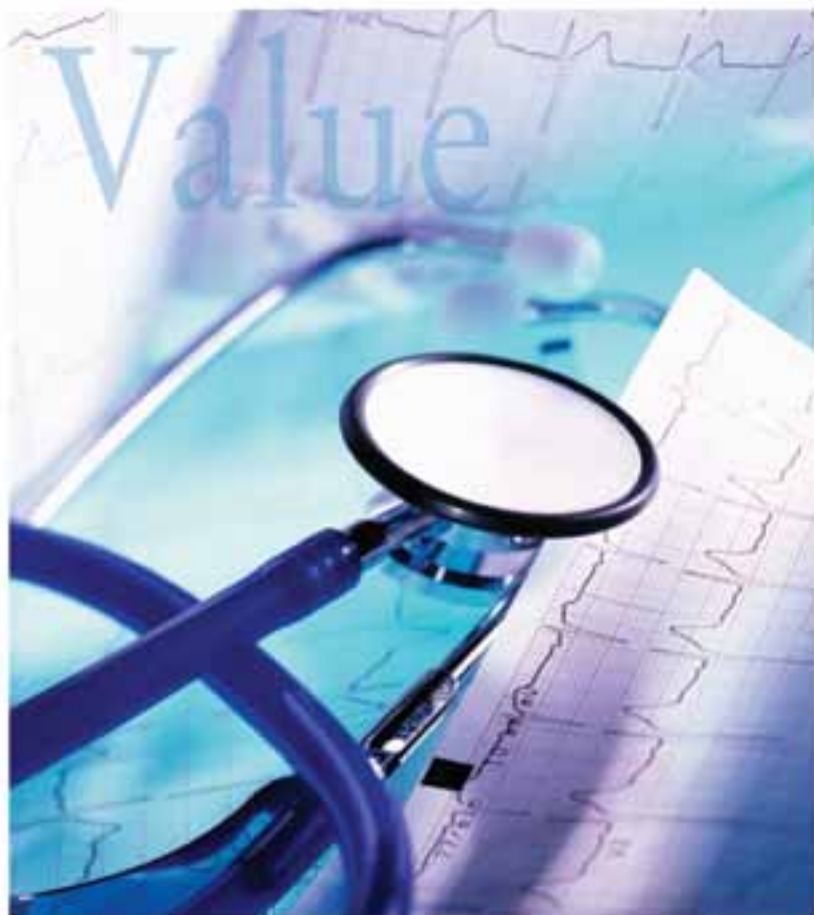
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# FRONTLINE

PHYSICIAN

Volume 7 • Issue 1

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

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



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## PRESIDENT'S MESSAGE

Daniel A. Walters, MD

I cannot believe it is 2006 already. Time seems to go so fast these days and I continue to enjoy my time as president of the IAFP. I have been to the Statehouse three times to represent the IAFP as Physician of the Day. This is an enjoyable experience that I would recommend to everyone. It is a good chance for us to interact with legislators and their staff and show them first hand the value of family physicians.

Our Family Medicine Update was held January 19-22 at the Marriott North in Indianapolis and was a great success again this year with approximately 80 attendees. The attendees gave excellent evaluations of the speakers and were pleased with the educational content and conference facilities. We will plan to continue this annual event and encourage all to attend next year.

Our Annual Scientific Assembly is just around the corner, scheduled for July 26-30, 2006. For greater than 20 years, our meeting has been in French Lick, Indiana. Due to construction of a casino and renovation of the hotel, we will be moving this year to the Grand Wayne Convention Center in Fort Wayne, Indiana. The hotel and convention facilities

are top-notch. This is a great opportunity for those of you who have been avoiding French Lick, to get back to our Annual Scientific Assembly. The response in number of attendees will have a direct impact on where future meetings are held. I thus strongly encourage you to attend and make this the biggest and best annual meeting ever. Look for registration on the IAFP Web site or in the mail.

I have mentioned in my last "President's Message" the importance of supporting the IAFP Foundation and IAFP-PAC. To further encourage member support, I challenge all members by pledging to match new donations dollar for dollar, up to a total of \$1,000.00 for the IAFP Foundation and a total of \$1,000.00 to the IAFP-PAC. This means your \$25.00 donation is now worth \$50.00 to the IAFP. Please mail your checks today to help support these two worthy causes. Make checks payable to IAFP Foundation and IAFP-PAC. Only the IAFP Foundation donations are tax deductible.

I thank you for your support and look forward to meeting you all in Fort Wayne.

---

## Get Involved with Your Organization Through These IAFP Activities

### **Write an Article for *FrontLine Physician***

Have a special interest or view? Articles sent by Academy members will be considered for publication as "Guest Editorials."

### **Become a Speaker at IAFP CME Events**

IAFP is always looking for family physicians to speak at our CME activities. Let us know if you are interested in speaking at the Annual Scientific Assembly or Family Medicine Update.

### **Join the IAFP Commission**

The IAFP has five active Commissions: 1. Commission on Education & CME, 2. Commission on Legislation & Governmental Affairs, 3. Commission on Membership and Communications and 4. Commission on Health Care Services. Please contact the IAFP if you are interested in serving or need more information.

*For more information on any of these activities, contact the IAFP office at [in-afp.org](http://in-afp.org) or call 317.237.4237.*

# FrontLine Physician Seeking Submissions

The Indiana Academy of Family Physicians is seeking contributors for its official quarterly magazine on topics such as practice management and physician community involvement, as well as clinical subjects.

Articles should run about 300 words. Feature stories should be no longer than 1,000 words. Photos of authors are requested but not required. Photos should be e-mailed as a TIFF or JPG file and scanned at 400 dpi. If you're unsure, e-mail us what you have and we'll have our publisher take a look. We are also seeking cover photos that may accompany a feature article or simply an interesting photo with a two- or three-sentence description.

All articles will be published at the discretion of the editor. The editor reserves the right to edit in a reasonable manner for grammar, spelling and punctuation. If there are any questions regarding content or if any major changes are necessary, the editor will contact the author.

## 2006 Editorial Calendar

Summer Issue (June) copy due to IAFP by May 5, 2006

Fall Issue (September) copy due to IAFP by August 4, 2006

Winter Issue (December) copy due to IAFP by November 6, 2006



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# American Board of Family Medicine Makes Major Enhancements to Its Maintenance of Certification Program

*New Benefit Allows Family Physicians to Extend Certification Term from Seven to Ten*

**LEXINGTON, KY.** – The American Board of Family Medicine (ABFM) announced today major enhancements to its Maintenance of Certification for Family Physicians (MC-FP) Program as part of its ongoing effort to assess the ability of family physicians to provide quality health care.

Under MC-FP, family physicians are required to meet new standards for certification on an ongoing basis. Among the program enhancements announced today, one of the most important is the opportunity for physicians who regularly participate in MC-FP to extend the length of their certificate by three years, effectively creating a ten-year certificate.

“The American Board of Family Medicine is dedicated to helping family physicians deliver the highest quality of care to patients and their families,” said Dr. Frank Kane, Board chair of the ABFM. “To that end, MC-FP is a more effective way for the ABFM to assess a physician’s ability to be board certified.”

The enhanced program’s assessment tools give family physicians a range of options that provide greater flexibility for meeting certification requirements. All elements of the program can be completed online using dynamic, Web-based applications. Understanding that family physicians practice in a host of settings, the ABFM has developed new options designed to meet the needs of

all of its board-certified family physicians, regardless of their practice environment.

The program offers a variety of new support features for physicians, including:

- MC-FP instruction booklet with information on how to begin the process and meet established requirements,
- Customized online portfolio to track certification progress,
- Easy-to-read schematics explaining the process,
- Web-based and offline materials,
- Help Desk designed to answer questions about new program elements, and
- Experts available for one-on-one consultation.

“The ABFM was the first medical specialty board to require recertification, and we remain committed to ensuring that our certification standards evolve to meet both the rapid advances in medicine and growing needs of family physicians,” said Dr. James Puffer, ABFM president and chief executive officer. “In developing our program, we sought input from many of our family physician colleagues. As a result, we believe that its new features will provide our diplomats with the ability to continuously and efficiently improve the way in which they deliver patient care.”



# Indiana Academy of Family Physicians' 58<sup>th</sup> Annual Meeting

to Be Held in Newly Renovated Grand Wayne Center  
Fort Wayne, IN  
July 26-30, 2006



We have moved! The IAFP is excited to announce that it will hold its 2006 Annual Scientific Assembly & Congress of Delegates at the newly renovated Grand Wayne Center in Fort Wayne, Indiana, July 26-30.

Plans are being finalized for an outstanding CME event along with great family activities. Also, the IAFP Foundation is planning its annual Golf Tournament on Thursday, July 27.

Plan Now to Attend and Mark Your Calendar Today!



For more information, call the IAFP headquarters office at 317.237.4237 or at 888.422.4237. You can also e-mail us at [iafp@in-afp.org](mailto:iafp@in-afp.org).

# OFFICIAL NOTICE

## Indiana Academy of Family Physicians to Hold First “All Member” Congress of Delegates

**NOTICE IS HEREBY GIVEN** for the 58th Indiana Academy of Family Physicians' Annual Scientific Assembly and Congress of Delegates to be held at the Grand Wayne Center, Fort Wayne, Indiana, July 27 & 28, 2006. The first session of the 2006 Congress of Delegates will convene at 5:00 pm on Thursday, July 27, with the second session convening at 5:00 pm on Friday, July 28.

The Congress of Delegates will receive and act upon the reports of officers and committees/commissions, elect officers, and transact any and all business that may be placed on the agenda.

### **PURSUANT TO CHAPTER XI, SEC. 1. of the IAFP Bylaws:**

Subject to referendum, the control and administration of the Indiana Academy of Family Physicians shall be vested in a Congress of Delegates. **All active members, residents and students in attendance at the Congress of Delegates shall comprise the Congress.** The Congress of Delegates may, at any time, by a majority vote refer and submit to the members of the Academy defined questions affecting the policy or recommendations of this Academy which, in the opinion of the Congress of Delegates, are of immediate practical consequence to the members of the Academy and the public. The result of the referendum shall control the acts of the Academy and of its Board of Directors, officers, commissions, committees, agents and employees.



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# Let Your Voice Be Heard: Submit Resolutions by Monday, June 26, 2006

What's the best way to play a role in directing Academy policy and to address the issues that concern you most? Write a resolution. The IAFP Congress of Delegates will consider all resolutions when they convene July 27 and 28 in Fort Wayne, Indiana.

Members who submit resolutions are invited to attend the meeting in French Lick and speak on behalf of their resolutions.

## **Guidelines for Drafting Resolutions:**

- Use the template provided here to ensure that your resolution follows the appropriate format.
- State the intent of your resolution clearly and concisely. Keep in mind that each resolution should deal with a single topic or subject.
- Submit your resolution in a timely manner. To be considered this year, the Academy office must receive your resolution by June 26.

## **Drafting Whereas Clauses**

The whereas clauses simply explain the problem or situation. Since the whereas statements explain and support the resolved portion, they precede the resolved clause in the written text. The Reference Committee does not adopt whereas sections of the resolution, but if the sections are not stated clearly and factually and in a manner that directly relates them to the resolved portion, they may produce

unnecessary debate and detract from the effectiveness of the resolution. Please carefully check the facts, quotes, references and statistics used. Verify all data you use.

## **Drafting Resolved Clauses**

The resolved clauses stand alone and should be written as such. The resolved clause is the only portion of the resolution that will be voted on. Therefore, the resolved portion should be clear and action-oriented.

Keep the resolved clause focused on what is desired as the end result. Sometimes, it is easier to write the resolved clauses first. That forces you to identify the desired action. After finishing the resolved clause, write the whereas clauses, checking each to determine if the clause is relevant and provides necessary information. Be sure to provide adequate support for your resolved clause, but limit your whereas clauses to a reasonable number.

The Academy encourages you to participate in this process. It gives you a more direct voice into the policies and activities of your Academy.

The deadline for resolutions to be submitted is June 26. Send resolutions to IAFP, Attn: EVP, 55 Monument Circle, Suite 400, Indianapolis, Indiana 46204 or to [iafp@in-afp.org](mailto:iafp@in-afp.org).

# Resolution Template

Title:

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Submitted by:

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WHEREAS,

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RESOLVED,


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# 2006 Call for IAFP Nominations for Officers

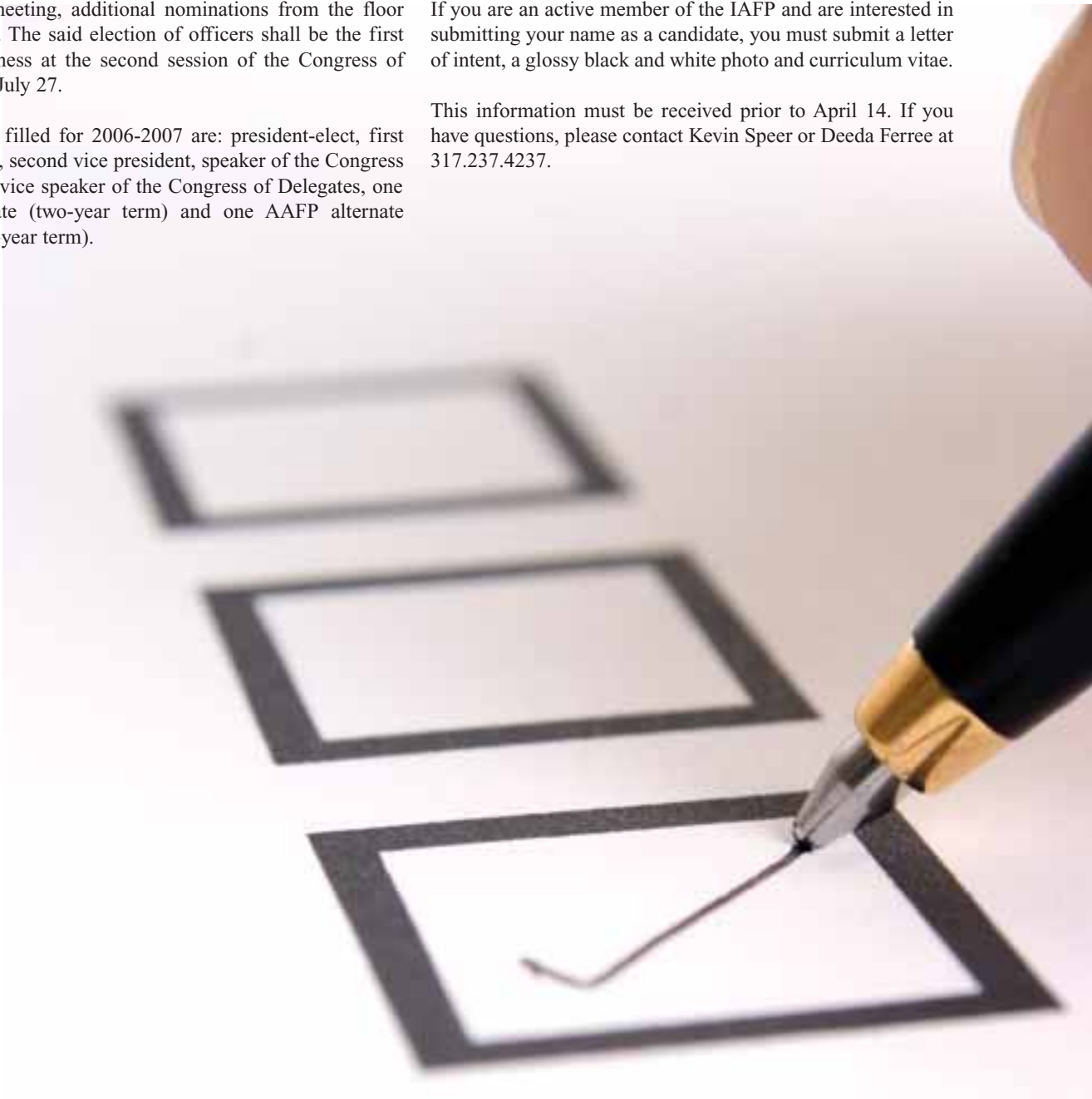
At least 90 days prior to the IAFP Annual Assembly each year, the Nominating Committee shall announce nominations as required by the Bylaws. These nominations shall be formally presented at the first meeting of the Congress of Delegates, which this year will be July 27 and 28 in Fort Wayne. At the time 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 2006-2007 are: president-elect, first vice president, second vice president, speaker of the Congress of Delegates, vice speaker of the Congress of Delegates, one AAFP delegate (two-year term) and one AAFP alternate delegate (two-year term).

The Nominating Committee 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 elected.

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 curriculum vitae.

This information must be received prior to April 14. If you have questions, please contact Kevin Speer or Deeda Ferree at 317.237.4237.







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# LEGISLATIVE REPORT

by Doug Kinser, JD

Allison Matters joined the Indiana Academy of Family Physicians as director of government relations in January 2006. She comes to us from Baker and Daniels where she assisted the lobbying practice at the Indiana State House. Allison is attending law school where she participates in the Health Law Society. I look forward to working with Allison and encourage you to get to know her.

## Background

In his second year, Governor Daniels continues his agenda of change. Governor Daniels proposed a cigarette tax increase of \$.25/pack which the Academy supports. The IAFP supports a higher tax and, in addition, encourages the funds to be used in prevention programs.

Introduction of bills began on Organization Day, November 22. Passage of all legislation must occur by March 14, 2006, for the session to adjourn on time and it is expected to end timely.

## 2006 Session

On January 11, 2006, Governor Daniels defined his priorities in his second State of the State address before the General Assembly. As you would expect, his speech received positive support from Republican legislators and a more tepid response from Democrat legislators. His announced proposals included the cigarette tax increase, additional education dollars, and his Major Moves legislation, including the leasing of the toll road.

February 2 was the deadline for bills to be passed out of the first chambers. Governor Daniels' Major Moves program passed out of the House on a partisan 52-47 vote. His Cigarette Tax proposal died in the House Public Health committee. Of all taxes, the cigarette tax may be the easiest to implement but support was lacking. At this point, many ideas have essentially died. It is possible to resurrect some ideas, but generally those with support have passed out. Approximately 288 of 837 introduced bills remain alive.

## HB 1209 Public transportation smoking prohibition.

Prohibits smoking in a public means of mass transportation, in an enclosed area of a public mass transportation terminal or waiting area, or within 100 feet of an entrance to a public mass transportation terminal or waiting area.

Author: P. Eric Turner

01/26/2006 H: 3rd Reading Pass (92-5)

02/01/2006 S: 1st Reading referred to Committee on Commerce & Transportation

*Status: Alive*

*IAFP Support*

## HB 1328 Access to reimbursement fee schedules.

Originally a resolution from the IAFP's Commission on Legislation, this bill requires an insurer or a health maintenance organization (HMO), upon request, to make available to a provider the insurer's or HMO's reimbursement fee schedule. This bill did not receive a hearing in the Senate's Insurance Committee; however, we will work to reintroduce this bill next session.

Author: Tim Brown

*Status: Dead*

*IAFP Support*

## HB 1420 Tobacco use.

This was the proposed tobacco tax bill, however, the tax language did not make it into the bill during the House Public Health Committee on January 24. It was originally a vehicle bill of Representative Tim Brown, MD. The committee's first and only amendment allows an employer to consider employee tobacco use in relation to employer-provided health benefits.

Author: Tim Brown

*Status: 1420 is alive, but the tax provision is most likely dead. There is a slight chance that the tobacco tax increase could be amended into another bill during the session.*

*IAFP Support*

## SB 111 Student nutrition and physical activity.

Requires school boards to establish a coordinated school health advisory council to develop a local wellness policy that complies with certain federal requirements. Requires the department of education to provide information concerning health, nutrition and physical activity. Establishes requirements applying to food and beverage items that are available for sale to students outside the federal school meal programs, including a requirement that a certain percentage of the food and beverage items qualify as better choices. Provides that the requirements do not apply after school hours or to fundraisers. Requires daily physical activity for elementary school students in public schools, with certain exceptions. Allows a school to continue a vending machine contract in existence before the passage of this bill. (The health finance commission prepared the introduced version of this bill.)

Author: Vaneta Becker

01/19/2006 S: 3rd Reading Pass (42-7)

*Status: Alive*

*IAFP Support*

## SB 124 Health provider reimbursement agreements.

The Senate Health and Provider Services Committee considered this bill that would prohibit most favored nation clauses (MFN); however, the committee did not take a vote on the bill. Senator Miller plans to work with all involved parties this summer, and will revisit the issue next session.

Author: Beverly J. Gard

*Status: Dead*

*IAFP Support*

## SB 140 Assignment of benefits.

The Senate Health and Provider Services Committee did not take a vote on this bill that specified requirements concerning health benefit payments under an assignment of benefits. Senator Miller concluded the issue was too complex for a short session. Senator Miller expects to work with interested parties this summer and plans to revisit this issue next session.

Author: Connie Lawson

*Status: Dead*

*IAFP Support*

## SB 368 FMG Pilot Program.

Originally IAFP COD Resolution #05-4, this bill requires the medical licensing board to establish a seven-year pilot program which will allow foreign medical school graduates from medical

schools not approved by the board, and who have successfully completed the residency pilot program, to be given equal standing for licensure with other international medical school graduates who have graduated from approved medical schools. Senator Miller was unable to hear the bill for lack of time, but we are hoping to amend it in another bill by the end of session. The Medical Licensing Board will testify in support of the bill. The bill includes all family physician, pediatrics and internal medicine residency programs and only affects those medical schools not on the approved or disapproved list.

Author: Vaneta Becker

**Status:** *Dead for now, but will likely be amended into another bill by the end of session.*

**IAFP Support**

### **HB 1112 Communications of sympathy.**

Prohibits a court from admitting a communication of sympathy into evidence.

Author: Ralph M. Foley

02/01/2006 H: 3rd Reading Pass (93-0)

**Status:** *Alive*

**IAFP Monitor**

### **SB 88 Motor vehicle restraint systems.**

Requires every occupant of a motor vehicle to wear a safety belt, with certain exceptions. Removes from the safety belt law conflicting language that was declared invalid by the Indiana Supreme Court. Prohibits the sale or transfer of a motor vehicle unless the motor vehicle is equipped with safety belts.

Author: Thomas J. Wyss

01/24/2006 S: 3rd Reading Pass (26-21)

**Status:** *Alive*

**IAFP Support**

### **SB 147 Insurance payments to health care providers.**

Specifies certain requirements for an insurer or a health maintenance organization in requesting repayment or adjusting subsequent claims to obtain reimbursement for an overpaid or an underpaid claim to a health care provider.

Author: Beverly J. Gard

01/24/2006 S: 3rd Reading Pass (47-0)

02/02/2006 H: 1st Reading Assigned Insurance

**Status:** *Alive*

**IAFP Support**

Session is moving quickly. The deadline has passed for bills to pass out of the first house. Several bills will drop off our radar screen, but until adjournment, all ideas are possible. We remain vigilant.

### **Elections**

Statewide and legislative elections will occur on November 7, 2006. The leading statewide election will be the secretary of state race, with all 100 seats in the House of Representatives and 25 seats in the State Senate also being considered. The candidates must file by February 17, 2006, which is after our publication date. There will be no governor or municipal elections.

The Republicans are currently in majority of the State Senate by a margin of 33-17. Several legislators have indicated they will retire, and the same party will likely hold most open seats. Two seats held by Democrats will get special attention. Senator Karen Tallian is newly elected from Portage, and as a non-elected incumbent, she will have opposition. Senator Allie Craycraft from Selma is retiring after 28 years of public service. Both races will be competitive.

The Republicans currently hold a slight majority in the House of Representatives, with a margin of 52-48. As a result of a change in health insurance and for other reasons, there will be several retiring legislators. In addition, there are announced candidates for primary elections. We should see several legislators change in the House. As usual, it is the House where the possibility exists for change in control. A significant amount of money will be spent to retain or gain control.

### **Conclusion**

If you have questions or concerns regarding the session, please call Allison at 317.237.4237 or me at 317.977.1454.





# MEMBER NEWS

## Jerome B. Sneed, MD, Awarded Pfizer Teacher Development Award

The IAFP is delighted to announce that Jerome B. Sneed, MD, of Indianapolis, has been selected as a recipient of the 2005 Pfizer Teacher Development Award for his commitment to education in the field of family medicine.

The Pfizer Teacher Development Awards recognize outstanding, community-based new physicians who combine clinical practice with part-time teaching of family medicine. Award recipients benefit from a \$1,500 scholarship to defray the cost of attending a seminar, workshop or fellowship to further the development of their teaching skills. In addition, the recipient's teaching center receives a \$500 stipend to put toward a recognition ceremony to honor such outstanding accomplishments in teaching.

The IAFP commends Dr. Sneed on his devotion to the specialty and the future of family medicine.



## 2006 IAFP Calendar

### IAFP Meetings

*Hot Topics in Family Medicine:  
CME at Sea Caribbean Cruise*  
April 2-9  
Caribbean

*IAFP Annual Scientific Assembly*  
July 26-30  
Fort Wayne

*IAFP Congress of Delegates*  
July 27-28  
Fort Wayne

### Board of Directors Meetings

July 26  
Fort Wayne

July 30  
Fort Wayne

### AAFP Meetings

*AAFP Annual Leadership Forum*  
May 5-6  
Kansas City, Missouri

*AAFP Congress of Delegates*  
September 26-28  
Washington, D.C.

*AAFP Annual Scientific Assembly*  
September 27-October 1  
Washington, D.C.

# Exhibitors from the 2006 Family Medicine Update

The Indiana Academy of Family Physicians would like to give a special recognition to the following companies that exhibited at the January 19-23 IAFP Family Medicine Update. When possible, please support these companies and take the time to thank their representatives for their support of IAFP educational activities.

Abbott  
Aesthera  
Americans In Motion (AIM)  
Biosound Esaote  
Bradford-Scott Data Corporation  
Center for Vascular Health at St. Vincent  
Clarian Health Partners  
Clarian Human Motion Institute  
Columbus Regional Bariatric Center  
CorVasc MD's, PC  
DLC, Inc.  
Health Care Excel  
Heartland Neurology  
Humana, Inc.  
Indiana Pathology Institute  
LifeScan, a Johnson & Johnson Company  
MDwise, Inc.  
National City Bank  
Pamlab, Inc.  
Pathologists Associated  
Pathway Family Center  
Phoenix Physicians, LLC  
Regions Bank  
Stock Yards Bank & Trust Company  
TAP Pharmaceuticals  
The Care Group/The Heart Center of Indiana  
Urogynecology Associates, PC  
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# Disability Awareness Month

## Materials Available Soon

Each year, the Indiana Governor's Council for People with Disabilities facilitates Disability Awareness Month by providing free resource materials to help Indiana residents plan activities in local communities. Disability Awareness Month materials include 30 information and activity planning packets, with topics ranging from planning disability-focused art contests to increasing ADA awareness in a business. In addition, the Council offers theme-specific materials, such as posters, bookmarks and stickers. The Disability Awareness Month 2006 theme is "Band Together."

For a Disability Awareness Month 2006 order form, please contact Kim Dennison at 317.631.6400 (voice) or [kdennison@bjmpr.com](mailto:kdennison@bjmpr.com) (e-mail).



**EVERYONE** is important.  
**EVERYONE** plays a part.  
And **EVERYONE** has more fun when friends are involved ... even the dog!

After all, a band is only a band when **EVERYONE** joins in.

 Indiana Governor's Council  
for People with Disabilities  
Celebrate Disability Awareness 2006  
[www.in.gov/gpcpd](http://www.in.gov/gpcpd)

# Timeline for Adjustment of the 2006 Medicare Physician Fee Schedule

by Jow Newby, LPN, CPC  
Newby Consulting, Inc.

The Deficit Reduction Act (DRA) of 2005 includes a provision for the 2006 conversion factor for the Medicare physician fee schedule to be frozen at 2005 payment levels retroactive to January 1, 2006. On February 1, 2006, H. RES. 653 narrowly passed the U.S. House of Representatives (216 to 214; 3 nonvoting) allowing DRA 2005 to be cleared for the White House. As of February 6, 2006, the legislation was still pending President Bush's signature.

The Centers for Medicare and Medicaid Services (CMS) has an action plan ready to implement as soon as DRA is enacted. CMS will instruct all Medicare carriers to implement the revised update and begin paying claims received after the legislation takes affect at the revised payment level. They expect this action will be taken within two (2) business days following enactment.

Medicare Carriers will be instructed to *automatically* reprocess claims that have already been processed with the 2006 fee schedule affected by the negative 4.4 percent update. Physicians will be instructed *NOT* to *resubmit* their claims. Due to the staggering amount of claims processed on a daily basis, CMS expects the reprocessing of claims to be completed no later than July 1, 2006.

At this time, CMS plans to instruct the carriers that the revised payment amounts will be aggregated so physicians receive one (1) lump sum payment for the differential

between payments based on the 2006 negative 4.4 percent update and the revised fee schedule.

Based on this plan, CMS was informed by the Office of Inspector General that as long as the physicians have collected the appropriate deductible and coinsurance amounts from patients when the claims were initially adjudicated that the OIG is unlikely to consider waiver of these amounts as an inducement to the beneficiary. Thus, the OIG is not likely to consider these short-term routine waivers of the additional, retroactive cost-sharing amount as a routine waiver of deductible and coinsurance.

Although CMS will instruct the carriers to forward the adjusted claims to Medigap and other secondary insurers, it remains to be seen if these insurers will accept the adjusted claims for payment. Thus, when economically advantageous, it maybe necessary to file claims to receive the additional payment amounts from those insurers.

Once the law is enacted, physicians will be given an additional 45 days to make their participation decision. Should the physician decide to revise his/her participation decision during the additional enrollment period, the decision will be made retroactive to January 1, 2006.

You will be notified as additional information becomes available.



# AIM to Change Toolkit Available

Americans In Motion (AIM) has created an *AIM to Change* toolkit, which contains valuable resources and practical advice to help family physicians interact with patients in an office or community setting. These resources will show you how to open a dialogue, encourage fitness by recommending simple changes, and capitalize on the “teachable moments” during patient visits.

To help reinforce your recommendations, the toolkit also includes supporting patient education materials to motivate patients and encourage healthy eating, physical activity and emotional wellbeing.

Reserve your copy of the toolkit by calling 1.800.944.0000. For more information about the Americans In Motion Initiative, visit [www.americansinmotion.org](http://www.americansinmotion.org).



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A cigarette is positioned horizontally at the bottom left of the frame. From its tip, a thick, white, textured plume of smoke rises and drifts upwards and to the right. The smoke forms various loops and curls as it ascends. The background is a solid, deep black, which makes the white smoke and the red text stand out prominently.

# Family Physicians Speak Out

After reading an article in a recent issue of *FrontLine*, Debbie Heck, MD, family physician in Muncie, chose to speak out about the immediate dangers of secondhand smoke. She sent the following to her local newspaper. *The Star Press* in Muncie printed it as a guest editorial on December 26, 2005. The IAFP encourages all of its members to get involved in local public health issues. There is always a place for a family physician in a public health campaign. People listen when you speak!

Guest Editorial, *The Star Press*, December 26, 2005

Debbie Heck, MD

### When will we get serious about smoking issue?

Regarding the ongoing debate as to whether smoking should or should not be allowed in restaurants or other public venues, this reflection.

There are two cultural distinctions which surprise my husband Tom and me whenever we travel. In nearly every area of the country away from here, the general population is thinner, and it is the rare restaurant that allows smoking.

A few years ago, I had the unfortunate privilege of writing a memorial piece about Dr. Nicki Turner, one of the finest physicians to grace our community. She made it her life's work through her Charlie and Barney program to assure the youth of this and surrounding communities were at least aware of the detrimental aspects of smoking. The ultimate choices would be their own, but children would make them only after learning of the cancer-causing agents contained in each breath taken with a puff on a cigarette.

I suggested our community honor Nicki Turner's efforts by following through with the campaign which had been started to make our restaurants smoke-free. Obviously, the debate continues.

Recently I read an article by the Campaign for Tobacco-Free Kids, found in an online publication from the Indiana Academy of Family Physicians, dated Nov. 14, 2005. Some of the statistics cited were astounding!

For instance, "A new study found that heart attack rates in Pueblo, Colo., declined by nearly 30 percent after the city implemented a comprehensive smoke-free workplace law, including restaurants and bars, in July 2003, ... while there was no significant change in the rate of heart attacks in an adjacent county that did not have a smoke-free law. The new study is consistent with findings of an earlier study that found the number of heart attacks declined by 40 percent in Helena, Mont., during the six months that city's smoke-free law was in effect in 2002. ... In addition to heart disease, secondhand smoke is a proven cause of lung cancer, chronic lung ailments such as bronchitis and asthma, low-weight births, and sudden infant death syndrome...."

Recently we read of the young Muncie baby who was scalded with hot bath water and we were appalled. Why aren't enough people appalled that babies and children are exposed to smoke? Such exposure may cause asthma and lead to a lifetime use of inhalers or other treatment.

If Indiana is characterized as being a "backward state," I don't believe it's how we set our clocks that gives us this label. Shall we be leaders in this public health issue or shall we remain at the bottom of the ashheap?

Note: More information about the Helena and Pueblo heart studies can be found at <http://www.tobaccofreekids.org/Script/DisplayPressRelease.php3?Display=878>.

### Ask the Expert:

Several local communities have recently been faced with smokefree air proposals that would exempt bars that are attached to a restaurant but separated by a wall, with either a separate entrance or a door between the two rooms. Smokefree air advocates, including the IAFP

and our partners, oppose such exemptions, but are often criticized for not accepting compromise. Critics argue that it's a good first step.

Turns out, it's really a step backward!

We asked Tim Filler, a national expert on smokefree air policy and former associate director of Americans for Nonsmokers' Rights, to explain.

*"The scientific evidence clearly shows," Filler said, "that the 'smoking rooms' created by such an ordinance, even if there is a floor-to-ceiling wall as a barrier, not only do nothing to protect the health of the workers who must work inside the smoking room, but also gives the false impression that workers and patrons in the so-called 'smokefree' portions of the establishment are safe."*

*Filler continued, "In fact, air quality research clearly shows evidence of significant exposure to secondhand smoke for the workers and patrons on both sides of these ineffective barriers."*

*"'Smoking rooms' are the new smoking sections. Instead of a row of plants separating the sections, there's a wall and a door," said Filler. "But smoke diffuses throughout a building where there is smoking in a part of it, so none of the establishment is free from the danger of secondhand smoke. The HVAC industry's standard-setting body says so, the cognizant health and scientific experts say so, the only people who don't seem to understand the basic laws of the physics of secondhand smoke are the tobacco industry and its allies."*

*"Not only is a policy that creates 'smoking rooms' an ineffective solution for the present, but also a barrier to future progress, because owners of establishments who pay for construction to build such rooms and walls will be financially invested in maintaining smoking in their establishments and are more likely to oppose future progress in your city," Filler said, "Communities rarely have succeeded at enacting comprehensive local laws once smoking rooms are institutionalized in city code."*

*Filler said "Such bad policies are diversionary tactics offered by those who want to maintain smoking in at least a portion of every workplace and public place as a distraction from the type of sound public health policy that really makes venues smokefree and would have a true impact on reducing the burden of smoking and secondhand smoke in a community. Smoking rooms literally become physical barriers to future progress and provide no health protection."*

*"In the pursuit of a smokefree policies, when policymakers are deciding what they intend to accomplish and what may be acceptable as an incremental step, they should focus on which types of establishments they intend to cover in their entirety, not which rooms within an establishment should be smokefree. It's the consensus of all the major health advocacy organizations that any smokefree policy, even the most basic policy in terms of coverage, should stipulate that whatever venue is covered by the smokefree law should be completely smokefree indoors. It would be better to cover a smaller portion of a city's venues in a way that truly makes those establishments smokefree, rather than cover all the venues in a way that makes none of them truly smokefree," Filler concluded.*

If you would like a copy of the recently released "Fundamentals of Smokefree Air Policy Development for Hoosier Communities," contact Missy Lewis at [mlewis@in-afp.org](mailto:mlewis@in-afp.org).

# Thank You!

The Board of Trustees of the Indiana Academy of Family Physicians Foundation would like to thank the individuals and organizations who donated to the Foundation in 2005. Your generosity has provided the Foundation with critical resources needed to fulfill its mission:

*“to enhance the health care delivered to the people of Indiana by developing and providing research, education and charitable resources for the promotion and support of the specialty of Family Practice in Indiana.”*

## FOUNDER’S CLUB MEMBERS

Founder’s Club members have committed to giving \$2,500 to the IAFP Foundation over a 5-year period. Members noted with a check mark (✓) have completed their commitment. The Board would also like to acknowledge that many of these individuals give to the Foundation in addition to their Founder’s Club commitment. Members who have done so in 2005 are noted with a diamond (◆).

Deborah I. Allen, MD ✓◆  
Dr. Jennifer & Lee Bigelow  
Kenneth Bobb, MD ✓◆  
Douglas Boss, MD  
Bruce Burton, MD ✓◆  
Kalen A. Carty, MD  
Clarence G. Clarkson, MD ✓  
Dr. Robert & Donna Clutter ✓  
Dianna L. Dowdy, MD  
Richard D. Feldman, MD ✓◆  
Thomas A. Felger, MD ✓◆  
Fred Haggerty, MD ✓  
Alvin J. Haley, MD ✓◆  
John L. Haste, MD ✓◆  
Jack W. Higgins, MD ✓  
Worthe S. Holt, MD ✓◆

Richard Juergens, MD ✓  
Thomas Kintanar, MD ✓◆  
H. Clifton Knight, MD ✓◆  
Edward L. Langston, MD ✓◆  
Teresa Lovins, MD ✓◆  
Jason Marker, MD  
Debra R. McClain, MD ✓◆  
Robert Mouser, MD ✓◆  
Raymond W. Nicholson, MD ✓◆  
Frederick Ridge, MD ✓◆  
Jackie Schilling ✓◆  
Paul Siebenmorgen, MD ✓  
Kevin Speer, JD (IAFP EVP)  
Daniel A. Walters, MD ✓◆  
Deanna R. Willis, MD, MBA

## PLANNED GIVING CONTRIBUTORS

Ralph E. Barnett, MD  
Raymond W. Nicholson, MD

### 2005 CONTRIBUTORS

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Kevin Speer, JD



# IAFP MEMBERSHIP UPDATE

## Keep Us Informed

Members, please keep all of your contact information up-to-date with the AAFP and the IAFP. This includes:

Address  
Phone/Fax  
E-mail

To update, please call: Amanda Bowling at the IAFP:  
888.422.4237; AAFP: 800.274.2237.

## Membership Status Totals as of January 31, 2006

**Active: 1,630**  
**Supporting (non-FP): 5**  
**Supporting CME (FP): 3**  
**Inactive: 18**  
**Life: 194**  
**Resident: 256**  
**Student: 243**  
**Total: 2,349**

## New Members

**The Academy wishes to extend a warm welcome to our new members:**

### ACTIVE

Jennifer Strong, MD  
Seymour

### RESIDENTS

Olusegun Odukoya, MD  
Gary

Elizabeth Miller, MD  
Granger

### STUDENTS

Mr. Andrew Williams  
Brownsburg

Ms. Suzanne Franki  
Indianapolis

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# Practice Opportunities



If you are looking for a partner or a practice location, send information by mail to IAFP, 55 Monument Circle, Ste 400, Indianapolis, Indiana 46204 or fax to 317.237.4006 or e-mail to [iafp@in-afp.org](mailto:iafp@in-afp.org).

Information for practice opportunities will be accepted only from IAFP members and will be placed in *FrontLine Physician* at no charge. Please include your name, address and/or telephone number and/or fax number since contact concerning opportunities will be made directly between interested parties and not through the IAFP. Information will be placed in four (4) issues unless the IAFP is notified otherwise. **Deadline for the next issue (summer 2006) is May 5, 2006.**

## We are here for you.

Nationwide, as well in your community, the American Cancer Society's goal is the same: helping everyone touched by cancer. We do this by providing resources and services that empower and support individuals through their cancer journey.

Just as every patient's battle with cancer is different, so are the programs that the American Cancer Society offers. We strive to provide quality patient services, trained facilitators and educational materials to the community that encompasses all phases of the cancer experience. Reach to Recovery, Look Good...Feel Better and Man To Man are just a few programs that are available.



For more information about the programs in your area, please call 1.800.ACS.2345 or visit [www.cancer.org](http://www.cancer.org).



## Family Medicine Opportunities in Indiana

St. Francis Hospitals & Health Centers has several great Family Practice opportunities just waiting for the right physicians.

Practicing medicine in Indianapolis and surrounding areas offers many benefits, including a great place to raise a family. Join us as we serve central Indiana families in a variety of Family Medicine practices, with or without OB. This opportunity offers excellent compensation and benefits in a collegial atmosphere with opportunities to grow both personally and professionally. St. Francis Hospitals is recognized by Solucient as one of the Top 100 Hospitals in the nation.

**Please contact Bonnie Hand  
at 317-865-5004, fax 317-865-5061  
or [bonnie.hand@ssfhs.org](mailto:bonnie.hand@ssfhs.org).**



# AAFP Defines Retail Health Clinic

The AAFP Board of Directors has created a list of desired attributes for retail health clinics. This list is meant to help local chapters and members determine whether to work collaboratively with retail health clinics, such as MinuteClinic, in their areas. At the top of the list are referrals to physician practices when patients' symptoms exceed the clinic's scope of work and an operating philosophy that encourages medical homes for patients. To read the full article, go to [www.aaafp.org/x40931.xml](http://www.aaafp.org/x40931.xml).

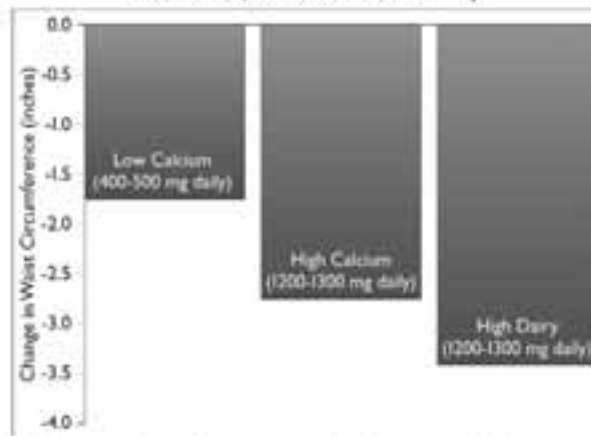


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3+ servings of dairy a day as a reduced-calorie diet supports weight loss. [3plusdairy.org](http://3plusdairy.org)



# *In Memoriam*

The IAFP expresses its sincere condolences to the families and loved ones of the following IAFP members who passed away this past year. These dedicated and gifted family physicians will be sorely missed.

John H. Black, MD, Terre Haute

B. Trent Cooper, MD, Roanoke

J. Patrick Cripe, MD, Ossian

Naomi L. Dalton, MD, Indianapolis

Donald L. Hall, MD, Petersburg

Frederick L. Kuhn, MD, South Bend

H. Allen Neal, MD, Yorktown

Gerald R. Nolan, MD, Ft. Wayne

Garry J. Patton, MD, Connersville

Mark G. Richards, MD, Carmel

Matthew B. Roush, MD, Provo, UT

Robert P. Schloss, MD, Ft. Wayne

Robert M. Seibel, MD, Indianapolis

Jack C. Siebe, MD, Fishers

Gerard A. Von Der Haar, MD, Fishers

Harold F. Zwick, MD, Decatur



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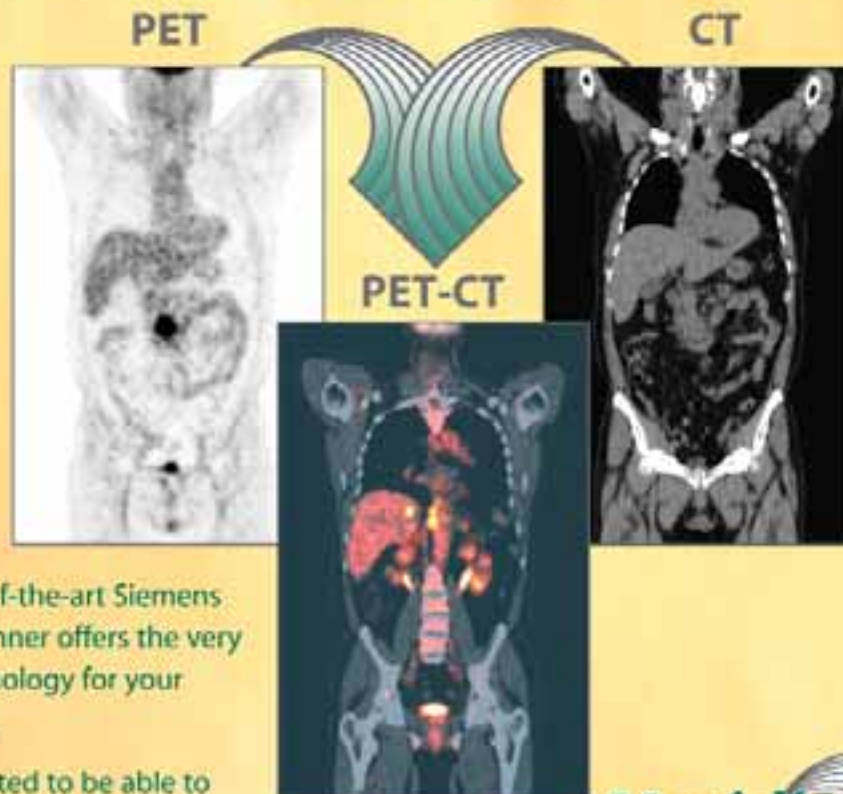
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