



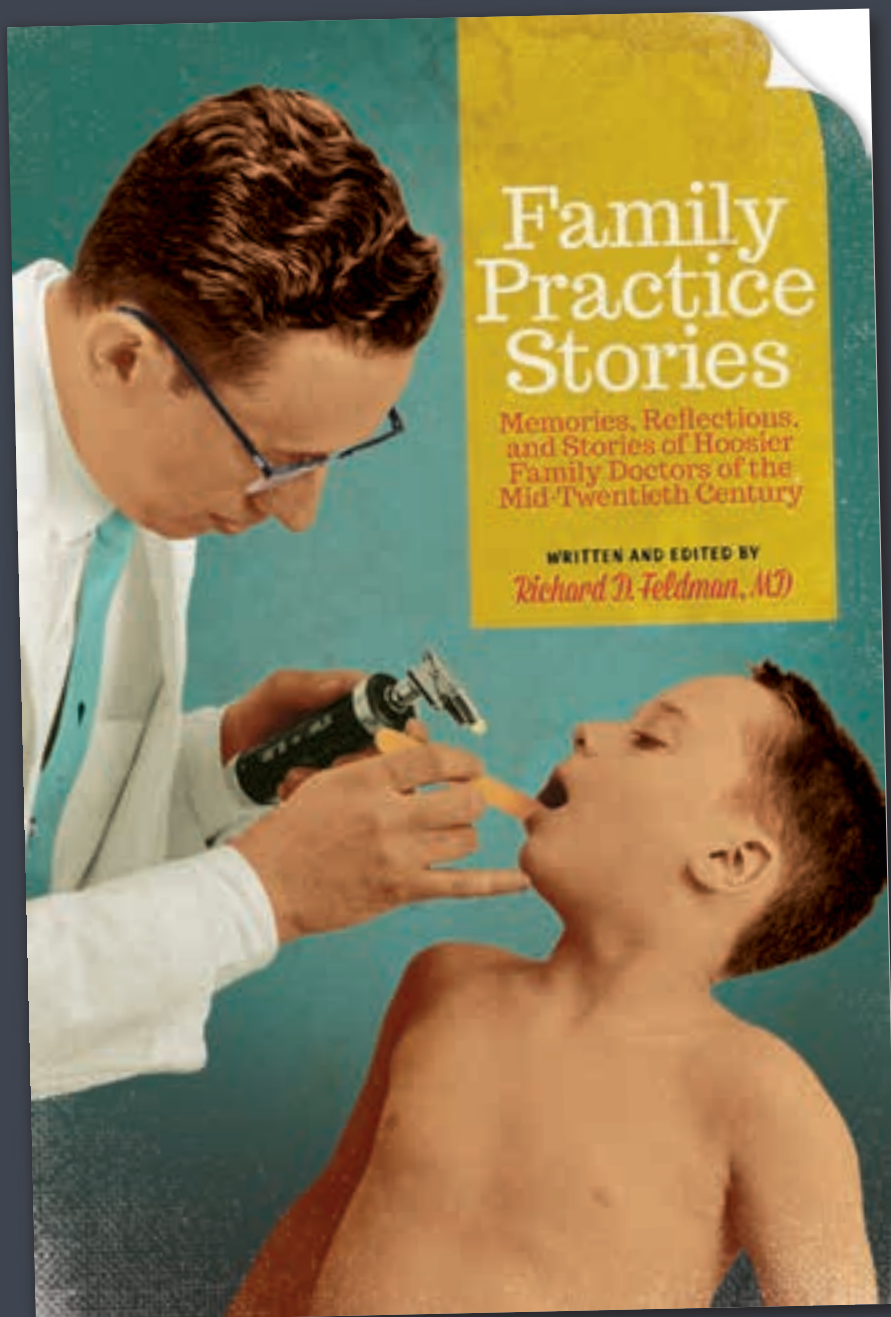
INDIANA ACADEMY OF
FAMILY PHYSICIANS

Quarterly Publication for Indiana's Family Physicians

Spring 2014

FRONTLINE

PHYSICIAN



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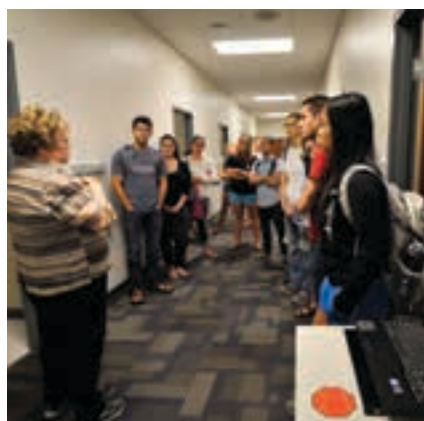


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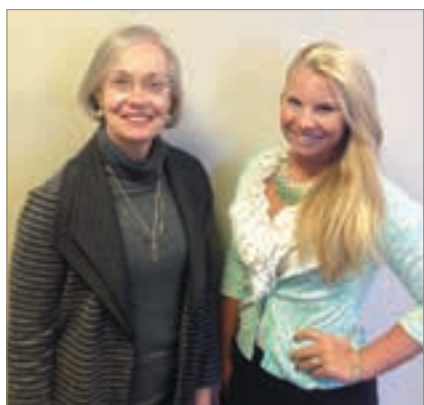


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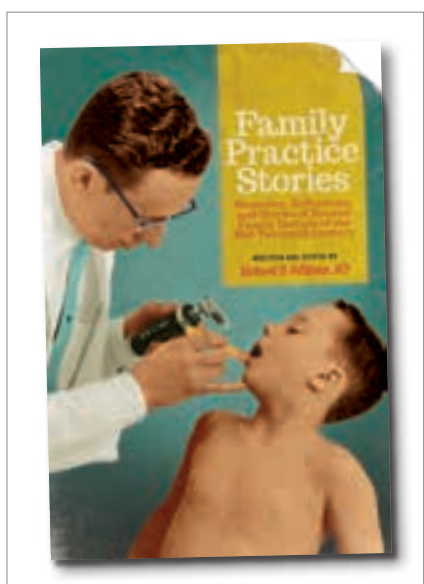
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FRONTLINE PHYSICIAN

Volume 15 • Issue 1

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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

Shape healthcare policy in Indiana through interactions with government, the public, businesses, the healthcare industry and our patients

Membership

Serve as the essential resource for the professional success of family physicians as leaders of the growing primary care workforce

Education

Be the provider of choice for family physician education

**Family Medicine: Exceptional
Physicians, Exceptional Care**



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Phillip C. Scott, DO

Ready for Spring!

As we go to press, the thought of doing anything related to spring is a welcome distraction from January's record cold and disruptive snowfall and the appearance that February is shaping up to be no better. Hopefully, this spring edition finds you warm, dry and energized.

In spite of the weather, your Academy has been staying on top of things and has quite a few things to report. I'll call a few things out here, with more details inside:

Medical Licensing Board's Prescribing Rules

Hopefully, we're all aware of the new guidelines that took effect December 15, 2013, and that members of our organization participated on the task force that created the guidelines. Additionally, IAFP leadership had a cordial meeting with the attorney general to remind him of the important role of family physicians in managing the comprehensive care of many citizens and to confirm the intent of the rule as being to rein in "bad actors" and improve the management of pain across the state.

Marian University College of Osteopathic Medicine

Indiana's newest medical school is open and is expected to provide another pipeline of family physicians for the state. We want to build relationships with the students and faculty members alike, and among initiatives to accomplish that is a substantial contribution from the IAFP foundation to support the naming of a portion of the school for the IAFP. We were able to meet with the dean and tour the beautiful facility. A state-of-the-art conference room in the center of its main floor will now bear the name of the Indiana Academy of Family Physicians.

New Board Composition

This year's Congress of Delegates adopted a substantial overhaul of the IAFP Bylaws, implementing a new streamlined governing board of six directors. We've gotten to meet in-person after the annual meeting in July, and, in another innovation, virtually via the Internet, in January. Our directors and officers are performing well as they are adapting to these changes.

Meetings Online

Another initiative of the Academy this year is to use technology effectively. Travel across the state for a meeting (especially this winter) can be a significant barrier to participation. On the other hand, online

meetings can be perfunctory and lack the quality of communication you get in person. So we are working to strike the right balance of in-person and virtual meetings to be as effective and efficient as we can be. We've been able to hold many of our commission meetings virtually this winter, and we hope that the ease of access will encourage many of our members to participate in the work of the Academy. We have commissions on education and CME, legislation and governmental affairs, membership and communication, and health care services. Your participation is more than welcome — feel free to contact me or the Academy if you have questions or interest in any of these activities.



Mark Your Calendar

IAFP Events

Best of the Best CME and 2014 IAFP Research Day

Thursday, May 8, 2014
Indianapolis
Marriott North

2014 IAFP Annual Convention

July 24-27, 2014
Indianapolis
Westin

Virtual SAM Study Group – Diabetes

Saturday, September 21, 2014
Online

AAFP Events

Annual Leadership Forum (ALF)

May 1-3, 2014
Kansas City, Missouri
Sheraton Kansas City Hotel at
Crown Center

NCSC

May 1-3, 2014
Kansas City, Missouri
Sheraton Kansas City Hotel at
Crown Center

National Conference of Family Medicine Residents and Medical Students

August 7-9, 2014
Kansas City, Missouri
Kansas City Convention Center

Congress of Delegates

October 20-22, 2014
Washington, D.C.
Marriott Marquis

AAFP Scientific Assembly

October 21-25, 2014
Washington, D.C.
Walter E. Washington Convention Center



IAFP Staff Update

Joan Carr is one of two new IAFP employees with responsibility for conference registration, bookkeeping and office management. She comes to us having previously been an office manager in the senior-living and health care equipment and supplies sectors. Prior to that, she was a project manager at the University of Indianapolis and an educational conference planner. Joan is married with two adult children. In her spare time, she enjoys knitting and gardening.

Emily Schaab is now on board with the IAFP as our project manager. Emily attended IUPUI in Indianapolis, where she earned a BS degree in criminal justice. She has a strong customer-service background and will be working with our legislative director on advocacy issues and also assisting with our Congress of Delegates this summer. Emily is married and has a stepdaughter.

Two Indiana Members Receive AAFP Commission Appointments in 2013

This past December, the AAFP Board of Directors appointed two Indiana members to AAFP Commissions. **Jonathan Hart, MD**, received an appointment to the AAFP Commission on Finance and Insurance, and **Windel Stracener, MD**, was appointed to the AAFP Commission on Membership and Member Services.

Hart graduated from Rush Medical College in 1990 and completed his family medicine residency at Memorial Hospital in South Bend. He has practiced in both rural and large-city communities in both independent and employed practice situations. He is currently the chief medical officer of International Medical Group/Akeso Care Management. He was elected to the IAFP Board of Directors in

July 2013 and also serves on the IAFP Commission on Legislation and Governmental Affairs.

Stracener is a graduate of the University of Kentucky College of Medicine and completed his family medicine residency at St. Elizabeth Medical Center in Dayton, Ohio. He is a past president of the IAFP and has served on many of its committees and commissions. Past experience at the AAFP level includes serving as Indiana's new physician representative to the AAFP National Conference on Special Constituencies and completing a three-year term on the AAFP Commission on Legislation and Governmental Advocacy in 2012.

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Marian University College of Osteopathic Medicine Update

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



We are pleased and grateful to announce that the Indiana Academy of Family Physicians has been a generous supporter for MU-COM, the state's second medical school and the first college of osteopathic medicine. Family medicine and primary care are important and essential elements in the educational emphasis of our institution. Our goal is to provide much-needed physicians for Indiana. Historically for osteopathic schools, this means producing a high percentage of graduates who choose primary care careers. The need for family physicians increases each year with the expansion in geriatric populations and the higher expectations on those who provide medical care. Marian University hopes to play an important part in addressing these Indiana needs in the near future.

The interest in our new school has been even higher this year! MU-COM has had more than 3,600 applications to date. We have already completed about 400 of 650 planned interviews, with about 110 seat deposits received to date. We have received a 17 percent increase in applications this year, and the quality of applicants is improved from last year. Our community physicians have been invaluable in helping us in interviews and on our admissions committee in assisting Marian to select its next class.

MU-COM is moving forward successfully in our first year of operations. The DO Class of 2017 has 161 students starting their second term of instruction. Fifty-four percent of the class is from Indiana. Our

innovative curriculum is competency-based, using clinical cases from the first year forward to integrate biomedical science principles with clinical concepts of evaluation and management of patients. Courses are based on an organ systems organizational approach. Each system has an introductory clinician-presented "anchor lecture" of an index case, then a faculty-use lecture and a small-group study of basic science principles to explain what is happening in approaching patients. This is followed by another clinical lecture presenting the differential diagnosis, workup (labs and imaging), and management strategies for the case, all with biomedical science learning that is linked to the "what" and the "why." A clinical experience for our first-year students is built into the

curriculum. The result? Our students are being trained to think like doctors from day one. High levels of active engagement and team-based learning are linked to increased levels of student participation at all levels. So far, students have been doing very well. Outcome-based data are being gathered already to measure successes of the program as we progress.

MU-COM's clinical education network continues to grow for both clerkship rotations and for planning future graduate medical education slots. Potential teaching beds for our hospital partners now exceed 10,000. We have more than 60 hospitals formally affiliated across the state, with St. Vincent Health, Community Health Network and Suburban Health as our primary clinical teaching sites in Indianapolis. Our clerkship network appears to be forming nicely, allowing for quality educational experiences for our students when they start their rotations in 2015.

Local physicians have given clinical lectures at the college with strong student enthusiasm for their contributions. With your continuing 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.

FAMILY MEDICINE

EXCEPTIONAL PHYSICIANS, EXCEPTIONAL CARE

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.

2014 STRATEGIC PLAN: OBJECTIVES

ADVOCACY

Shape healthcare policy in Indiana through interactions with government, the public, businesses, the healthcare industry, and our patients

Advocacy

Shape healthcare policy in Indiana through interactions with government, the public, businesses, the healthcare industry, and our patients

Strategy: Enhance reputation as the recognized expert on issues impacting primary care

Initiative: Host legislative event

Initiative: Participate in AAFP State Legislative Conference

Initiative: Participate in AAFP Family Medicine Congressional Conference

Strategy: Partner with affiliate organizations to promote the advancement of primary care

Initiative: Host lobbyist meeting during annual convention

Initiative: Develop a list of affiliated organizations which may be appropriate for us to develop a relationship with (business leaders, physician employers, hospital systems) and create a plan for meeting with those organizations

Strategy: Increase donations to the IAFP Political Action Committee (PAC) to \$20,000

Initiative: Identify IAFP PAC physician champion

Membership

Serve as the essential resource for the professional success of family physicians as leaders of the growing primary care workforce

Strategy: Optimize the infrastructure of the association in anticipation of changes in the healthcare environment

Initiative: Develop commission and committee charges that more accurately reflect the changing healthcare environment and maximize the new governance structure

Initiative: Assess the value of the current Congress of Delegates model

MEMBERSHIP

Serve as the essential resource for the professional success of family physicians as leaders of the growing primary care workforce

EDUCATION

Be the provider of choice for family medicine education



Initiative: Explore additional communication tools for use during commission and committee meetings and in disseminating information to the membership

Strategy: Prepare and enable members for leadership opportunities within the Academy, healthcare teams, organized medicine, and their communities

Initiative: Explore opportunities for a leadership academy for students, residents and new physicians

Strategy: Work with students at all levels of education to enhance the primary care workforce

Initiative: Create list of existing opportunities to connect with students at all levels

Initiative: Work with Indiana University School of Medicine (IUSM) and Marian University College of Osteopathic Medicine (MU-COM) to establish or support a new student interest group at MU-COM; or, open up IUSM student interest group activities to MU-COM students

Initiative: Expand opportunities for undergraduates, medical students and residents to learn about trends in practice structure, work-life balance, and the support structures in family medicine

Strategy: Develop partnerships with affiliate organizations in an effort to identify mutual goals

Initiative: Meet with the Indiana Osteopathic Association (IOA) to determine goals that overlap with those of IAFP and identify opportunities for collaboration

Education

Be the provider of choice for family medicine education

Strategy: Offer education that attracts the maximum number of physicians and allied health providers

Initiative: Routinely query members about the areas of practice where they most need continuing education

Initiative: Explore opportunities to employ non-traditional and emerging methods of adult education

Initiative: Ensure CME offerings are tailored to both employed physicians and those in independent practice, e.g., separate

tracks at Annual Convention, up to date Web-based resources for practice management issues, hot topic clinical CME based on needs assessments

Initiative: Ensure the IAFP provides necessary resources to train family physicians for new federally mandated licensing requirements, e.g., the certification examination for providers who perform physical examinations of CDL drivers

Initiative: Evaluate the viability of the Annual Convention

Strategy: Train family physicians with knowledge and skills to lead the primary care team

Initiative: Maintain a CME leadership track at the Annual Convention with a focus on healthcare teams, organized medicine, organizational leadership and communication skills

Strategy: Provide healthcare leaders with strategies to advance patient-centered primary care

Initiative: Develop Web-based education to enable leaders of affiliate organizations to better understand the basic tenets of family medicine, primary care, and PCMH

BEST OF THE BEST CME MORNING AND 2014 IAFP RESEARCH DAY

Date: Thursday, May 8, 2014

Time: 8 a.m.-5 p.m.

Location: Marriott North, 3645 River Crossing Parkway, Indianapolis, IN 46240

Best-of-the-Best CME

8-11:45 a.m.

Presented by faculty members from Indiana University School of Medicine Department of Family Medicine in Indianapolis. These activities have been selected from the Department of Family Medicine's ongoing program of hot topic didactic CME activities.

Presentation topics: Abnormal Uterine Bleeding, Developmental Pediatrics in Primary Care, Hyperlipidemia Guideline Update and Hypertension Guideline Update. View the full agenda at our website.

Invited faculty: Morhaf Al Achkar, MD; Jeffrey Kons, MD; Deanna Willis, MD; and Bonnie Wong, MBBS

2014 IAFP Research Day

1-5 p.m.

The IAFP's popular Research Day takes place every May with

more than 100 IAFP members in attendance. IAFP members from across the state are invited to make 10- to 15-minute presentations and display posters detailing their original research projects and performance improvement initiatives. We also hear several case presentations about patients who have presented with unusual and/or rare diseases. A panel of judges awards cash prizes at the end of the day.

Location: The Marriott North is located in the heart of the action in Indianapolis' popular Keystone at the Crossing area. The hotel is located right next to the fashion mall. The Indianapolis Marriott North hotel is simple to find and offers easy access to major highways and attractions like the Indianapolis Motor Speedway, the new Lucas Oil Stadium, Monon Trail, Connor Prairie, The Children's Museum and more.

Cost for IAFP members is \$75 for the whole day, including syllabus materials, breakfast, lunch and refreshment breaks. Visit www.in-afp.org, and look under Events to register.

CME credit: Application will be made to the American Academy of Family Physicians for a minimum of 6.25 Live Prescribed Credits. Updated credit certificates will be available on site.



Family Practice Stories: Memories, Reflections, and Stories of Hoosier Family Doctors of the Mid-Twentieth Century

Written and edited by Richard D. Feldman, MD

The history, values and traditions of family medicine date back more than 150 years in America, but the modern specialty of family medicine was fashioned by the emulation of the philosophical underpinnings of the general practitioners of the mid-20th century.

Today, the concepts and core values of the discipline of family medicine are incorporated into standardized formal residency training and board certification. But no family medicine residency programs existed in those earlier days. The principles of comprehensive and continuous personalized patient care came to general practitioners of this generation by experience and sensitivity to the needs of their patients. They knew their patients well and were committed to their communities. Especially in small towns, they were among the most respected individuals and were considered as trusted friends by their patients.

An initiative of the Indiana Academy of Family Physicians and the Indiana Academy of Family Physicians Foundation, *Family*

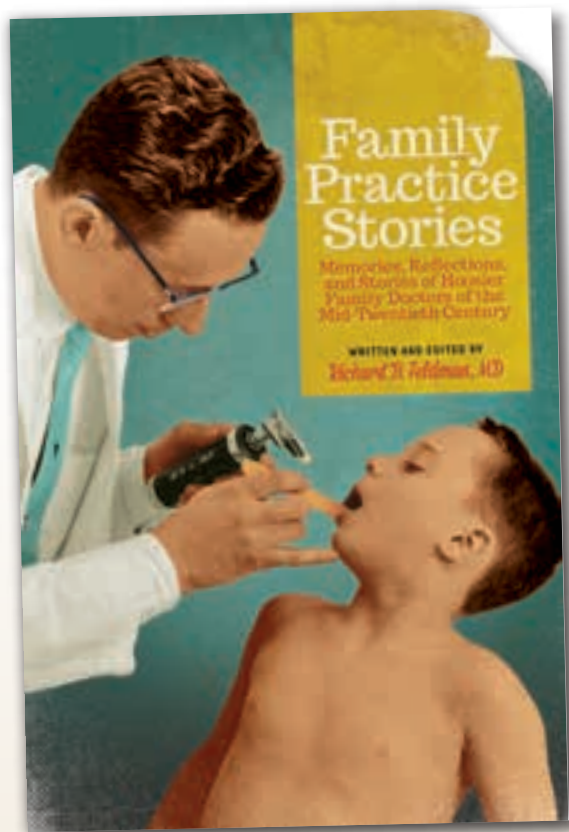
Practice Stories is a collection of tales told by, and about, Hoosier family doctors practicing in the middle of the 20th century. The stories celebrate that time in America considered by many to be the golden age of generalism in medicine — a time that conjures up Norman Rockwell's familiar archetypal images of the country family doctor and a time when the art of healing was at its zenith.

The book is divided into two sections. The first is a collection of reflective essays on various subjects, some written by individuals who participated in interviewing these older doctors, some by invited essayists, and others the perspectives of the doctors themselves concerning medicine and their careers. The second part contains a large collection of stories from Hoosier family physicians that practiced in this era. The stories are specific episodes in their careers and reveal much about how these family doctors touched the lives of their patients and their influence on their communities.

The book was written by Richard Feldman, MD, program director at Franciscan St. Francis Health Family Medicine Residency Program in Indianapolis. Dr. Feldman says: "I am proud of this work. Creating this book was an important endeavor to accomplish. Primarily an oral history, it preserves the golden age of generalism through story telling. It captures these stories about our founding fathers, our specialty's elder statesmen, before they are lost forever. The book enables our membership, the medical community and the public to understand the essence of that era in medicine. And from these doctors and their collective wisdom, there are lessons to be learned for all of us and for future family physicians.

"I hope that this book becomes a tangible source of pride and inspiration for our specialty and portray to the public who we are, our values, and the traditions from which we come. Writing this book and creating a remembrance of the lives of this Greatest Generation of family doctors has been an inspiring journey.

"Family physicians, indeed, have a story to tell."



Tips from Our Consultant

2014 Medicare Fee Schedule

In December, President Obama signed the Pathway to SGR Reform Act of 2011. This law prevented the 20.1 percent reduction in the Medicare Physician Fee Schedule and replaced the reduction with a 0.5 percent positive update to the conversion factor. This change is only for services rendered January 1, 2014, through March 31, 2014.

If Congress does not act on the pending bills to replace the Sustainable Growth Rate (SGR) with a new mechanism to determine the Medicare Physician Fee Schedule, the original 20.1 percent reduction in the fee schedule will become effective April 1, 2014. The following fees show what will happen to the fees for services rendered on or after April 2, 2014.

CPT Code	Description	1st Qtr 2014	Effective 4/1/2014
99213	Office visit, established patient	\$69.32	\$51.84
17000	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettage), premalignant lesions (e.g., actinic keratoses); first lesion	\$70.18	\$52.79
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)	\$57.15	\$42.75
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$15.78	\$11.84

Continue to monitor the activities in Washington, D.C. — It will be interesting to see what happens during the next couple of months!

Physician Quality Reporting System

Although the Physician Quality Reporting System (PQRS) continues to be a “voluntary” program, in 2013, if you did not participate in PQRS, your 2015 Medicare fee-for-service fee schedule will be reduced by 1.5 percent. To prevent this penalty, at a minimum, you must have reported at least one PQRS measure on at least one patient. This “gift” was only applicable for one year. There are significant changes in PQRS reporting options for 2014.

Your practice must decide whether you will report PQRS using the Group Practice Reporting Option (GPRO) or if you will report individual measures. Next, you need to decide whether your goal is to “successfully” report to qualify for the 0.5 percent incentive payment (lump-sum payment in the fall of 2015), which will also prevent the 2016 payment penalty of 2 percent. You can choose to participate in PQRS to simply prevent the 2 percent payment penalty, OR you can choose not to report PQRS and simply accept the 2 percent penalty in 2016 for all Medicare fee-for-service payments for services paid on the Medicare Physician Fee Schedule.

This article simply explains the different options; the choices of whether or not to participate and which reporting option is best are up to you and your practice. Remember, this is a “voluntary” program!

Information about the GPRO reporting option can be found on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Group_Practice_Reporting_Option.html.

As it appears that most physicians continue to report as individuals as opposed to reporting as a group practice, we will focus on the options available to individual physicians and nonphysician providers. So let's review the basics of PQRS.

Eligible and Able to Participate

The following professionals are eligible to participate in PQRS:

- Medicare physicians
 - Doctor of medicine
 - Doctor of osteopathy
 - Doctor of podiatric medicine
 - Doctor of optometry
 - Doctor of oral surgery
 - Doctor of dental medicine
 - Doctor of chiropractic
- Practitioners
 - Physician assistant
 - Nurse practitioner*
 - Clinical nurse specialist*
 - Certified registered nurse anesthetist* (and anesthesiologist assistant)
 - Certified nurse midwife*
 - Clinical social worker
 - Clinical psychologist
 - Registered dietitian
 - Nutrition professional
 - Audiologists

*Includes advanced practice registered nurse (APRN)
- Therapists
 - Physical therapist
 - Occupational therapist
 - Qualified speech-language therapist

To read the rest of this article, please visit our website (www.in-afp.org) and click on “Education & Practice Management,” and then “Coding and Billing Updates.” Please note that we have password-protected certain sections of our website so that they are accessible to members only. If you have not received the login information in your IAFP Today email newsletter, please contact us at iafp@in-afp.org or call 317.237.4237.

Fort Wayne Medical Education Program



Dr. Zachry L. Waterson

Fort Wayne Medical Education Program received National Committee for Quality Assurance Level 3 Patient-Centered Medical Home Recognition on October 28, 2013.

Dr. Zachry L. Waterson, DO, FAAFP, received the Degree of Fellow of the American Academy of Family Physicians on September 28, 2013, during the AAFP's annual meeting in San Diego, California. Dr. Waterson is the program director at Fort Wayne Medical Education Program.

Dr. Greg Eigner, MD, a faculty member with FWMEP, will be completing his NIPDD fellowship (National Institution for Program Director Development) in April 2014. NIPDD is sponsored by the AAFP and The Association of Family Medicine Residency Directors. Dr. Eigner is one of four faculty members at FWMEP with this training. Other fellows include Dr. James Buchanan, MD, Dr. Steve Schwieterman, MD, and Dr. Zach Waterson, DO, FAAFP.

Dr. Ryan Singerman, DO (PGY-3), was selected to present his research project at the ACOFP National Conference in Philadelphia, Pennsylvania, in March 2014.



Dr. Tricia Hern

Community Hospital East Family Medicine Residency

Community Hospital East Family Medicine Residency announced its new program director, Dr. Tricia Hern, in October 2013. Dr. Hern has been with the program since 2008. Dr. Mark Lisby was recently named associate director and medical director of the Family Medicine Center, and Dr. Rachel Shockley is now the associate

director of education. The residency's Family Medicine Center was awarded Level 3 Patient-Centered Medical Home recognition by the National Committee for Quality Assurance in September 2013. The program has also expanded its class size from eight residents per year to a class size of 10.

IAFP Meets with Indiana Attorney General to Discuss Pain Management Regulations

by Phillip Scott, DO, IAFP President

In light of the new chronic, nonterminal pain management regulations that became effective on December 15, a team from the IAFP, including myself, Executive Vice President Kevin Speer, and Legislative & Health Policy Director Allison Taylor, met with Attorney General Greg Zoeller in December to discuss the regulations' impact on family physicians and the communities they serve.

We shared that, while IAFP generally supports the regulations, family physicians are concerned about the extra burdens that these regulations may place on already-strained physician practices. I additionally explained that some physicians are contemplating no longer treating patients' chronic pain, for fear of increased scrutiny related to opioid prescribing practices.

To be clear — Mr. Zoeller indicated that prescription drug abuse is at epidemic proportions, and his office will prosecute

the prescribers who are bad actors. But he also encouraged family physicians to make good-faith efforts to meet the reforms found in the regulations. He is very much committed to encouraging physicians to continue treating pain appropriately — this is evidenced by his commitment to education through the AG's Rx Drug Abuse Task Force. You might recall that the IAFP staff recently partnered with the attorney general's office to provide a live CME webinar on the regulations.

We believe this meeting was very productive. The IAFP looks forward to continuing to work with the attorney general on policies that may impact family physicians and the communities they serve.

Many valuable resources may be found on our website under the "Opioid Prescribing Resources" section. To log in, the username is "inafp," and the password is "family55."

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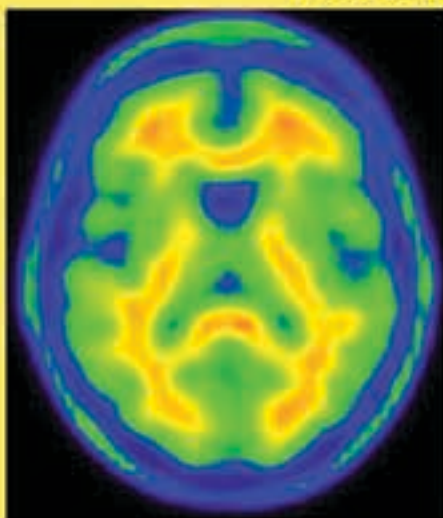


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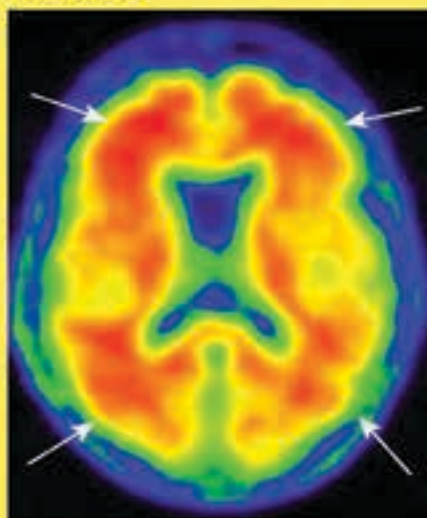
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