

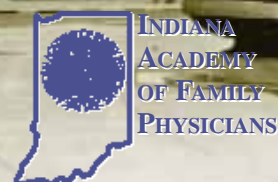
FRONTLINE

P H I C I A N

A Publication of the Indiana Academy of Family Physicians.
Spring 2003

A New Era for the Academy

PAGE 7





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Indiana Academy of Family Physicians
55 Monument Circle, Suite 400
Indianapolis, Indiana 46204
317.237.4237 317.237.4006 Fax
888.422.4237
email: iafp@iquest.net
web site: www.in-afp.org

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Call for Resolutions and Notice for the 2003 IAFP CONGRESS OF DELEGATES

July 24-25, 2003 • French Lick Springs Resort • French Lick, Indiana

To All Members of the Indiana Academy of Family Physicians

In accordance with Chapter X, Sec. 1 of the IAFP Bylaws, notice is hereby given that the 55th Annual Meeting of the Congress of Delegates will be held at the French Lick Springs Resort in French Lick, Indiana. The first session on Congress will convene on Thursday, July 24, with the second session on Friday, July 25.

RESOLUTIONS should be submitted no later than June 20, 2003, to the IAFP Headquarters, 55 Monument Circle, Suite 400 Indianapolis, Indiana 46204.

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Debra McClain, M.D., President,
Indiana Academy of Family Physicians

President's Message

Due to last year's departure of the Foundation's previous Director, the Academy hired Coral Cosway to fill the post. She will focus on fundraising and organizational challenges. As most organizations, ours has felt the effects of the struggling economy, and the Foundation has suffered from this. However, we are prepared to use funds from the IAFP to subsidize this meritorious organization until the foundation becomes self-sufficient. The IAFP leadership is committed to being good stewards of the funds entrusted to us.

We were very fortunate to obtain a \$101,355 grant from the Indiana Tobacco Prevention and Cessation Agency to fund the popular Tar Wars® program in Indiana. Missy Lewis, the IAFP Tar Wars® Coordinator, is very dedicated to this program.

Legislative issues continue to be a major focus of our energy. Our legislative committee is one of our most active committees and has earned our highest reverence and appreciation for an incredibly complex responsibility. The IAFP Lobbyist, Doug Kinser, J.D., a healthcare specialist, was at one time a state legislator himself and has given the IAFP incredible insight as to how the legislative process works. Our major legislative issues concern reimbursement issues, the protection of our malpractice tort laws, and advancement of health laws to promote quality healthcare to Hoosiers. The Academy continues to participate in the Physician of the Day Program, in which a primary care physician is present at the Statehouse to care for minor ailment on days legislators are in session. This has given us closer contact with legislators and also provides physicians with an opportunity to see for themselves how the Statehouse functions. It's almost impossible to understand all the intricacies of this operation until spending time there. One of the more inspiring functions I have attended as state president was Organization Day at the Statehouse where I watched the swearing in of the new representatives and senators from the House floor while seated next to the state's Supreme Court. The IAFP even received some publicity from attending this event.

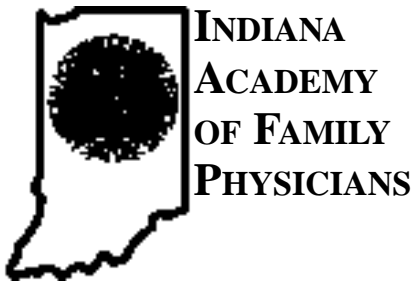
The IAFP has been working hard over the last two years to improve our image and status among the medical communities of our state. Our organization has been blessed to have a former state president of the IAFP appointed to Indiana's medical license board, Dr. Worthe Holt. This physician can provide much insight. Additionally, a family physician, Dr. William Mohr, was elected chairman of the board of the Indiana State Medical Association. We encourage our members to be active in their local hospital and district activities.

The IAFP continues to be concerned about the future of family physicians. Unfortunately, our 2003 medical school graduates have expressed only an 8% interest in Family Practice Residency training. While we know historically in Indiana medical school students have express cyclic interest in primary care, we are disappointed by this figure. We continue to strongly support the department of family medicine of our only medical school in Indiana. We have also worked hard to build ties to the leadership of Indiana University School of Medicine. We continue to reach out to medical students as best we can.

This is our second year of leadership under the very capable Kevin Speer, J.D. He continues to bring innovative ideas that are energizing us and making us a strong, sophisticated medical organization. We conducted our first CME cruise to Alaska. To better meet the needs of our members, we have gone to two major CME updates a year. Our premier CME is held in a well-known resort in French Lick, Indiana and includes many family activities. Our newer winter update takes place in Indianapolis and is geared toward physicians and includes some family activities. We continue to focus our internal activities on educating our membership not only on CME but legislative, reimbursement, and leadership skills. We are striving to develop our professionalism to advance our credibility as leaders in family health and our patients' wellbeings.

One of our most exciting endeavors this year was the decision to move our state headquarters from its historic location of 30 years to a new spot on Monument Circle. The office will overlook the most prestigious monument in our state. Employees and members in the office will have quick access to the Indiana Statehouse. Another benefit of this move is the positive image reflected in office space located in the hub of our state's capital versus that of a converted warehouse on a side street at the edge of town. The move is also very practical. After carefully analyzing the cost of extensive repairs needed on our old building, our Board decided a new site was imperative. The old location is close to our hearts. It is the spot that transformed our Academy from a fledgling organization to a respected, thriving medical organization. We will be forever grateful to our members and to friends of the Academy who spent many hours in that building making us what we are today. Our new location will have a traditional atmosphere including décor from the 1920's.

The Academy is continuing to advance our technology while conserving our financial resources. We are utilizing electronic communication as much as possible to reach the most membership at the least cost. We feel that communication to our members is a crucial element in gaining participation of our physicians. Our organization is only as strong as the individual members and an informed physician is crucial. Each year more of our membership becomes more computer savvy so we are building on this skill. Indiana was one of the first states to utilize the AAFP's ability to host chapter Web sites.



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2003 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 24, 2003 in French Lick. 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 25, 2003.

Offices to be filled for 2003-2004 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 best 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. All candidates for office must submit a letter of intent, together with a glossy black and white photo and curriculum vitae. This information must be received prior to the first meeting of the committee, which will be April 23rd.

If you have questions please contact Kevin Speer or Deeda Ferree at 317-237-4237.



Executive Vice-President

K E V I N P . S P E E R , J D



End Of An Era

In 1974, the IAFP voted to purchase a warehouse on South High

School Road in Indianapolis. Over the years, the Board and staff invested time and money to transform the warehouse into the IAFP headquarters. Various sections of the building were renovated, and the space was used for offices, meeting rooms, and a variety of local businesses. For the last few years, the IAFP has used the entire building to conduct the business of the Academy. However, as the building grew older and the Academy took on additional membership services, the time and expense of building ownership began to take a toll on staff and resources.

In April of 2002, the IAFP Board requested that a committee of the Board conduct a cost/benefit analysis to determine if the South High School Road property should be updated, utilized in its current condition or sold. In July of 2002, after careful consideration, the Board voted unanimously to sell the building and move to the Circle Tower Building in downtown Indianapolis.

This Feb. 10, the Academy closed on the sale of the old headquarters, and on Feb. 21

moved to the new headquarters overlooking Monument Circle. We are pleased to announce that Feb. 24, was the start of a new era for the Academy as we opened the doors to your new downtown location. From the new location, we are two blocks from the Indiana Statehouse, one mile from the IU's School of Medicine and centrally located to every major healthcare professional organization in the state. The move will enable the Academy to be better

suited to play a role in influencing those decisions that most affect family physicians.

I would like to personally invite each of you to visit your new headquarters. Your leadership has worked hard to create an office that projects a strong and positive image of family physicians. Please join us at the grand opening and Foundation fundraiser on Saturday, May 24. For details, please call 317.237.IAFP (4237).



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Jack Higgins, MD

2003 St. Joseph Hospital Physician of the Year



Dr. Jack Higgins has been selected as the 2003 Physician of the Year.

The St. Joseph Hospital of Kokomo Physician of the Year is nominated by members of the medical staff and hospital associates. Dr. Higgins received an overwhelming majority of the votes, including many positive comments and personal messages detailing how he has touched the lives of so many.

Dr. Higgins started his career at St. Joseph Hospital in 1965. He began treating patients in the field of general medicine and soon developed his practice and became one of the most loved obstetrician in the community. Dr. Higgins is well known for his kind nature and has given his patients lasting memories of the beauty of life that he delivered to them.

After closing his private practice in 1998, Dr. Higgins became the hospitalist for American Health Network / Kokomo Family Care, initially treating inpatients and eventually returning to his obstetrical passion by assisting in surgical procedures and deliveries. Today, Dr. Higgins continues to provide care to patients on a part-time weekend basis and remains respected by all who come in contact with him.

Although Dr. Higgins will forever be known as Physician of the Year, his most rewarding achievement is that of husband, father and grandfather. He and his wife, Charlotte, have two grown daughters living in Kokomo, Heather and Bernie. But possibly his greatest delight in life is being "papaw" to Cecily and little Reese.

Thomas Felger, MD

Appointed to Chair Position on the AAFP Commission on Health Care Services for 2002-2003



Congratulations to Thomas Felger, MD, on his selection as Chair of the AAFP

Commission on Health Care Services for 2002-2003. Upon recommendation of the AAFP Subcommittee on Screening, the Board of Directors made the appointment.

The Board noted the quality of his prior service on the Commission on Health Care Services. It is through the dedicated efforts of volunteer family physicians such as Dr. Felger that the American Academy of Family Physicians can be strong and healthy, says Warren Jones, MD, president of the AAFP. His service as Chair begins at the conclusion of this year's annual meeting of the Congress of Delegates.

Input Needed from Rural Constituency

Are you a rural physician? If so, the AAFP's Committee on Rural Health (CORH) would like to hear from you. The CORH has been working on some hot topics for rural physicians.

These topics include

- access to care issues pertaining to the liability crisis;
- resident training for rural practice;
- recruitment and retention;
- and reimbursement issues.

If you have comments on any of these issues, or other issues that you would like to see the CORH address, please contact Shauna Willoughby by e-mail at swilloug@aafp.org or by mail at the AAFP 11400 Tomahawk Creek Parkway Leawood, KS 66211.

You can also discuss these issues with other physicians via the rural health electronic mailing list at <http://members.aafp.org/members/cgibin/myaafp.pl?op=subscriptions&type=lists>. Use your AAFP ID number to enter the site.

Employee Profile

Coral Cosway joined the Academy in February as the Director of the Foundation. She is an Indiana University alumnus, earning a Bachelor of Science in Public Affairs. She recently returned to school to work toward a master's degree in urban development planning. Coral's previous professional experience includes six years of work on federal and state health policy issues. She served as a legislative aide to two members of the U.S. Congress and as a legislative liaison for the Indiana State Medical Association. Coral is looking forward to strengthening the ability of the Foundation to fulfill its mission to enhance the health care provided to Indiana residents.

Creating a Healthier Culture

R. Michelle Galen, M.D.
Chief Resident, St. Mary's Family Practice Residency
Evansville, Indiana



Once again, I would like to thank the IAFP and AAFP Foundations for their generous support in assisting and promoting resident participation in the Academy Conferences at the national level. I was fortunate enough to be the recipient of the Resident Scholars Program for the Scientific Session Meeting in San Diego, and more recently with the Resident Scholars Program for the Conference on Patient Education in Ft. Lauderdale, Fla. Both conferences highlighted many different topics, and I would like to recapture some of them from the 24th Annual Conference on Patient Education, "Creating a Healthier Culture."

The session formally opened on Friday, Nov. 22, with Dr. Jeannette South-Paul from the University of Pittsburgh addressing the topic of crossing barriers in educating patients from minority cultures. She talked about the need for individual health care professionals to identify their own cultural beliefs and to understand how one's own beliefs affect how health care is delivered. Two additional plenary speakers delivered presentations for the conference, including Dr. Victor

Strasburger's enlightening, "From Columbine to Melrose Place: Sex, Drugs, and Violence in the Media." Dr. Strasburger has been featured many times on "The Today Show," "Oprah," and "CBS Morning" in addition to multiple other national media arenas. Through the use of many motion picture and television sitcom clips, Dr. Strasburger highlighted violence, drugs, and sex that are found each day on televisions throughout the nation. These are all shows that can be viewed by children and adolescents. Richard Botelho, M.D., from the University of Rochester, concluded the plenary sessions with his talk, "Beyond Giving Advice: Motivating Behavior Change." He presented novel ideas on how

programs. Not only were there lecturers from the U.S., there were speakers from the U.K. who provided their own experiences when they discussed topics like adolescent health education. During the remainder of time, there was ample opportunity for smaller roundtable discussions. This experience was amazing because it brought together multidisciplinary individuals to collaborate and brainstorm about topics of similar interest. There were also multiple exhibitors present to demonstrate the latest in patient educational materials and delivery systems.

The wealth of information available in a compressed time, combined with the

The AAFP truly does an outstanding job of providing innovative information in the most enjoyable format. I would strongly encourage other residents from the state to take advantage of the breadth of learning opportunities available at next year's Patient Education Conference.

to address "resistant" patients and how to improve one's self in regards to development of motivational skills and delivery of motivational health care.

Numerous lectures, discussions, and seminars were simultaneously in progress. Topics ranged from technology and the use of PDAs in the delivery of patient information to incorporation group visits into patient care within residency

networking of multi-disciplinary individuals surpassed any expectations I envisioned for the conference. The AAFP truly does an outstanding job of providing innovative information in the most enjoyable format. I would strongly encourage other residents from the state to take advantage of the breadth of learning opportunities available at next year's Patient Education Conference.

A Call For Stories

All family doctors have a few great stories.
Collectively, we have the makings of a great book.

Medicine and Stories: A Long Tradition

From the beginning, stories and the practice of medicine have been inextricably intertwined, with the narrative between patient and physician at the heart of every clinical encounter. Stories help to legitimize our feelings about the practice of medicine and serve as a powerful means of communication, education and advocacy. Even the ancient Greeks recognized the connection, worshipping the deity Apollo as both the god of medicine and of poetry.

Stories, whether told, written, heard or read, "confirm and enlarge our understanding of the way things are," according to Kathryn M. Hunter, MD. They can open, inspire, connect, educate, nurture, comfort, satisfy and renew in a way that textbooks or unexamined experience cannot. They help us to "see the invisible, feel the intangible and reconcile our own lives through the lives of others," says Robert Coles, MD, in *The Call of Stories*.

Board Approves Collecting Stories of Indiana Family Physicians

The IAFP is embarking on a new project that will add our voice to this long tradition and make a unique contribution to the medical humanities. The Board recently approved a project to collect stories from our members for a published anthology. Narratives relating the richly varied experiences of our state's family practitioners have the potential to

- affirm and inspire colleagues, as well as medical students,

- create a permanent record, documenting the historical and cultural breadth and depth of family medicine in Indiana,
- inform legislators about our pivotal role in the community,
- educate patients, preparing them to partner more effectively with their physicians.

Publishing this collection of stories is closely aligned with the Academy's strategic goals—which include a focus on public relations, public image, advocacy and leadership development. It also represents a potential revenue stream, with any net profits from the books earmarked for the Foundation.

Judy Monroe, MD, to Head Initiative

Spearheading the project to collect and edit the stories on behalf of the Academy is Judy Monroe, MD, FAAFP, director of the St. Vincent Family Practice Residency Program. She conceived the idea and envisioned it as an Academy product. Says Monroe, "Family practice in Indiana has a unique and rich history. I believe the time is ripe for family physicians in our state to document our stories and have our voices heard. We need to creatively capture our history to ensure our future."

Working with Dr. Monroe on this initiative will be Cindi Zenkert-Strange, medical writer for the St. Vincent residency program. Together with an ad hoc Academy advisory committee, they will coordinate selecting, editing, organizing, linking and publishing the included pieces.

"Although we understand family practice and our role in primary care, many people do not," adds Dr. Monroe. "Our roles are complex as we care for families throughout the life cycle, strive for healthy communities and participate in public health. As a member of IAFP, here's your chance to help define and share our mission."

We are seeking a wide mix of stories, reflections, personal essays, poems and profiles representing the full scope of family medicine in Indiana—the

Publishing this
collection of
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image, advocacy
and leadership
development.

challenges, joys, obstacles, frustrations and rewards. To encourage as many members as possible to participate, we'll provide a range of ways to contribute your stories, whether written or oral. To learn how, see the article

sidebar. While you may not think of yourself as a writer, remember it was the physician and novelist Somerset Maugham who once said, "I do not know a better training for a writer than to spend some years in the medical profession."

Story Matters

In today's fast-paced and complex climate, stories provide a valuable way to bear witness to, reflect on, interpret and renew our relationships with patients, self, colleagues and society. As Donald Berwick, MD, comments in the Foreword to the book *To Come To Light*, an anthology of writings on the chronic illness experience:

"Call me unscientific for saying so, but...if some devil made us relinquish either the measurements in medicine or the stories, we should save the stories. We could get by—barely—if we couldn't get the numbers, but we would fail utterly if we forgot the poems that are our patients' lives."

Answering the Call

Do you have a story? Do you know a family doctor who does? Here's your opportunity to document a moment of tragedy, high comedy, reflection, fear, loss, mystery, awe, revelation or frustration, with the potential for both giving and gaining insight.

- Mail written stories, notes, audiocassettes or tips on physicians we should contact to:

Cindi Zenkert-Strange
St. Vincent Hospitals and Health Services
8402 Harcourt Rd., POB Suite 825
Indianapolis, IN 46240

Please include your name, address, phone number and e-mail address. Note that contributors will have the opportunity to review their edited stories prior to publication.

- E-mail stories (as a word or rfp attachment or included within the body of the e-mail) to cmzenker@stvincent.org.
- Watch for "story hours" at regional and state Academy meetings for an opportunity to exchange and record stories, with your permission.
- Go to the IAFP Web site at www.in-afp.org.

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Culture Counts

By Maria Fletcher, MD

Practicing medicine in Indiana, in the middle of the nation's breadbasket, it is often easy to think that we are not impacted by different cultures. After all, Indiana's population is only 8.4% African American, 3% Hispanic and less than 1% Asian. We should not encounter a significant problem with communicating with each other. Yet, we know that communication is not just a matter of the spoken language. Communication encompasses all of our efforts to connect with our patients. Indeed, every patient encounter is a cultural encounter. Our ability to communicate effectively with patients is associated with a variety of positive outcomes.

Studies have shown that communication is the key to increasing patient and physician satisfaction. Communication can improve patients' adherence to medical recommendations. With good communication, we can improve disparities in health care, minimize malpractice risk and improve the quality of medical care that we render and thereby improve the overall health status of patients. In multicultural and minority populations, the issue of communication may play a greater role because of language barriers and other specific issues relating to health beliefs. We need to understand that aspects of non-verbal communication like silence, comfortable physical distance—amount of eye contact and positions, gestures and motions of the body—can be interpreted differently depending on the patient's culture. Although we cannot be experts in every possible ethnic culture, we can be aware of the impact that effective communication plays in our patient encounters.

Studies have shown that patients are more satisfied when more information is given to them during their visits. Physicians were found to underestimate patients' desires for information in 65% of cases and

overestimate the amount of time they spend at giving information by a factor of 6.8. Satisfaction is also related to having one's requests met and one's worries addressed. Behaviors by physicians that include focusing on the patient's perspective also improve patient satisfaction.

When patients with chronic conditions are less compliant with effective treatment, their health suffers. It has been found that patients are more compliant when their physicians give them more information about their illness and medications. However, studies show physicians tend to provide less information about medication effects and other health related issues with patients of lower socioeconomic status. We know that when interpreters are properly used in diabetics with low English proficiency, the rate of adherence to medical recommendations is equal to that of English-speaking diabetics. Patients are also more compliant when their doctors asked for their opinion or asked for suggestions.

The presence of racial and ethnic inequalities in health care and health status have been extensively documented, but the causes for these disparities have not been sufficiently understood. The physician may misunderstand the patient's view of symptoms and illness, especially in populations that do not share the physician's health beliefs. Some physicians may hold unconscious racial or ethnic biases that influence their interactions with patients. In one study, African American patients found that their doctor visits were less participatory. Latinos rated physicians' accessibility less favorably than did whites. There are recent studies that suggest that Asian Americans have the lowest satisfaction of any ethnic or racial group.

A breakdown in physician-patient communication, as well as patient dissatisfaction can lead to malpractice

litigation. Malpractice attorneys, when asked to cite the primary reason why patients pursue a malpractice suit, report that 80% are filed due to communication issues. Physicians who have never been sued tend to use humor more. They tend to laugh more. They tend to explain the expectations of the visit to patients. They also tend to involve patients in their care, ask for their opinion, check for understanding of instructions and generally encourage patients to talk more. They also spend a longer time with patients during a routine visit (18.3 vs. 15 minutes).

Caring and concerned physicians who communicate well with their patients are likely to provide the best quality of care. In a recent study published in the *Annals of Internal Medicine*, one in five patients experience post-hospital discharge adverse effects. It concluded that ineffective communication contributed to many of the preventable and ameliorable adverse events.

The Future of Family Medicine Project has found there are five characteristics that form the foundation of the family practice identity. They are

- a deep understanding of the dynamics of the person,
- a generative impact on patients' lives,
- a talent for humanizing the healthcare experience,
- a natural command of complexity,
- a commitment to "multi-dimensional accessibility."

As family physicians, we are uniquely equipped to affect our patient's overall health. The same skills that reduce our malpractice risk can lead to a satisfying doctor-patient relationship. While preventing malpractice claims is important, providing the highest quality of humanistic care to our patients is the best reason to communicate effectively.

Update on the 2003 Indiana General Assembly

by Doug Kinser, IAFP Lobbyist

By the time you read this in late March, we will be further down the road to completion in this Budget year. This report is current through Feb. 14th. There were 1030 introduced House Bills and 557 introduced Senate Bills. This is slightly less than in the typical budget year. With past years' activity as a

1001, had its initial hearing.

Beside the Budget Bill, other bills of interest to family doctors include the following:

1. HB 1697 - Niche Hospitals - while there was much discussion, no hearing will likely be held;

future tobacco money for economic development initiatives. Here's a summary of the changes:

1. Reduce in half from the amount, as originally requested by Governor O'Bannon, to be borrowed.
2. Add \$5 million for nursing scholarships and \$5 million for allied health scholarships.
3. Add \$60.6 million over two years to care for people with developmental disabilities.
4. Make permanent tobacco funding for existing health programs (an issue supported by the Academy and offered in testimony by Richard Feldman, M.D.).
5. Expand Hoosier RX, the prescription drug program for seniors, to include those with income up to 185% of poverty.

HB 1002 will be reassigned to House Ways and Means where its fate is unknown.

The last day for bills to be out of the first house was March 5. Hearings began on March 10 for bills in the second house. The session is scheduled to end on April 29.

In my opinion, depending on how the revenue numbers come in for February and March, it will be difficult to complete a budget by April 29. If the budget is not completed in time, a special session will be required to pass a new budget by the end of the fiscal year, which is June 30.

The Commission on Legislation meets monthly and, in addition, reviews the followed bills on a weekly basis. If a member has questions, contact Stephanie Hill at the IAFP office or Doug Kinser, IAFP lobbyist, directly at (317) 633-4884 or by e-mail at dkinser@hallrender.com.

As always, the legislators and staff appreciate those doctors that participate in the Physician of the Day program. It also allows the doctor a first hand view of what is happening at the Statehouse.



basis, I expect that 10%-15% of the bills could pass and become law.

First, the bad news. January's revenue figures were released Feb. 6. Revenue was down \$82.5 million for the month with all categories of tax revenue down. Legislators and the administration were expecting (hoping) for a continued uptick. This shortfall eliminated more than half the increase that was generated by tax increases since June 2002.

The bad news will further allow delays in activities surrounding the budget. Legislators will be looking to the revenue figures each month and then around April 15, 2003 a revised forecast will be offered. At that point, serious discussions will begin on the budget. On February 17, the Budget Bill, HB

2. HB 1128 - Health Provider Reimbursement - negotiations are continuing;
3. HB 1643 - Voluntary Participation in Health Indiana - discussions are continuing;
4. HB 1533 - Payment for In-Network Care - negotiations are continuing; and
5. HB 1283 - Payments for Health Services - negotiations are continuing.

There are issues for doctors with each of the above bills in the bills' current formats.

In addition, there was a hearing on February 12 for HB 1002, the securitization of tobacco monies. The bill was changed dramatically from introduction. The original purpose of HB 1002 was to issue bonds and borrow from



Indiana – Update

Winter was a very productive (and busy) time for Tar Wars® in Indiana. Much of our success so far is due in large part to our collaboration with the Indiana Tobacco Use Prevention and Cessation Agency (ITPC) and all of its partners. Not

"Indiana is one of the nation's new leaders in protecting kids from tobacco, but its ultimate success depends on whether Governor O'Bannon and the Legislature continue to properly fund and implement the state's tobacco prevention program," said William V. Corr, Executive Vice President of the Campaign for Tobacco-Free Kids. "The evidence is clear that if Indiana invests in tobacco prevention now, it will not only reduce smoking and save lives, but also save far more money than it spends by reducing smoking-caused health care costs. States have difficult budget choices to make, but it is penny wise and pound foolish for them to cut tobacco prevention."

only was the Tar Wars® grant awarded by the agency, it has also provided us with countless other resources, training opportunities, and connections to Indiana



ITPC executive board member and active Tar Wars® volunteer, Richard Huber, MD, spoke with Rick Stoddard during December's ITPC Partner Information X-Change in Indianapolis. Stoddard became a spokesperson for tobacco control after being featured in what later became the first phase of ITPC's media campaign ads. The fourth phase of ads, which feature Lorene Sandifur, of Kokomo, and her late husband, Gary, were debuted at the close of the conference.

communities. ITPC has made tobacco control a priority in Indiana – just as those of us who are active in Tar Wars® believe it should be. Let's hope that ITPC can keep control of its portion of the Tobacco Settlement Funds so that all of our efforts can continue.

Tar Wars® has hit the road, traveling all over the state – from South Bend to

Jeffersonville, Terre Haute to Ohio County – with visits to many places in between. Thanks to the help of ITPC, we have had the opportunity to visit a number of "cluster meetings," which provide us with direct contact with nearly all 92 counties. With approximately 25% of the registered schools being first-time participants, and 58 counties currently participating, it is apparent that our promotion efforts have been a great success. We have also expanded to many youth groups, after school programs, and community centers in areas where the schools have not yet registered. "Tar Wars® champions" are popping up in every county in Indiana. Many counties have even begun to plan their own poster contests as a stepping-stone to the state and national contests. It looks like our judges are going to have a big job this year.

With the widespread Tar Wars® participation this year, we are in serious need of additional presenters. If you can volunteer your time for a one-hour presentation, please contact Missy Lewis, CHES, at the IAFP. The curriculum provides a presenter script to follow, so preparation time is minimal, but the benefits of your presentation will be vast. You'll have the chance to influence the lives of Hoosier children.

**Coming in June:
Tar Wars® Indiana Poster Celebration
at Victory Field!**

Plan Now to Attend the 2003 IAFP Annual Meeting Congress of Delegates & Annual Scientific Assembly

July 23-27, 2003 • French Lick Springs Resort, French Lick, Indiana



Treat Yourself and Your Family: The IAFP Annual meeting is especially designed to allow you to participate in the business of the IAFP, attend several hours of quality CME and also spend time having fun and relaxing. That's why it's important for you to come prepared to **WORK HARD** and **PLAY HARD!** Enjoy quality time with your family or just take a mini retreat for yourself. The resort has two pools, indoor and outdoor tennis courts, bowling, horseback riding, two golf courses and many more amenities for you and your family to enjoy. There are planned spouse and children's activities and childcare is available. **ALSO, DON'T MISS THE ALL MEMBER PARTY AND THE ANNUAL GOLF TOURNAMENT!**

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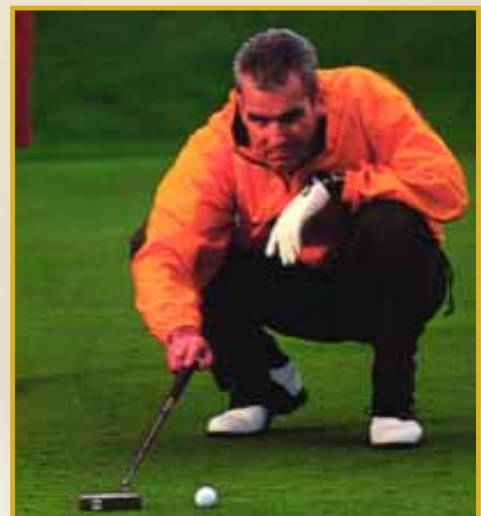
General Sessions: Advances in Prevention through Optimal Lipid Lowering, Pediatric Asthma, Diabetes, OB/GYN, Geriatrics, Perinatal Implications of Modern Infertility, Circadian Rhythms and 24 hour Blood Pressure Control, Improving Outcomes in Acute Otitis Media, HIV Update,

Chronic Daily Headache – A Simplified Algorithm, Post MI Care, Vaccine/Immunology, and more.

Special Afternoon Session: Practice Management Sessions including "Advanced Access" Otitis Media Workshop, FP Office of the Future, HIPAA Update, Allergy Testing, Sports Medicine Workshop

Brochure and registration forms available April 1.

Mark your calendar today for this educational and fun event!



Watch the **500 Festival Parade** from **Monument Circle** and support **the Foundation** at the same time!

When: May 24, 2003

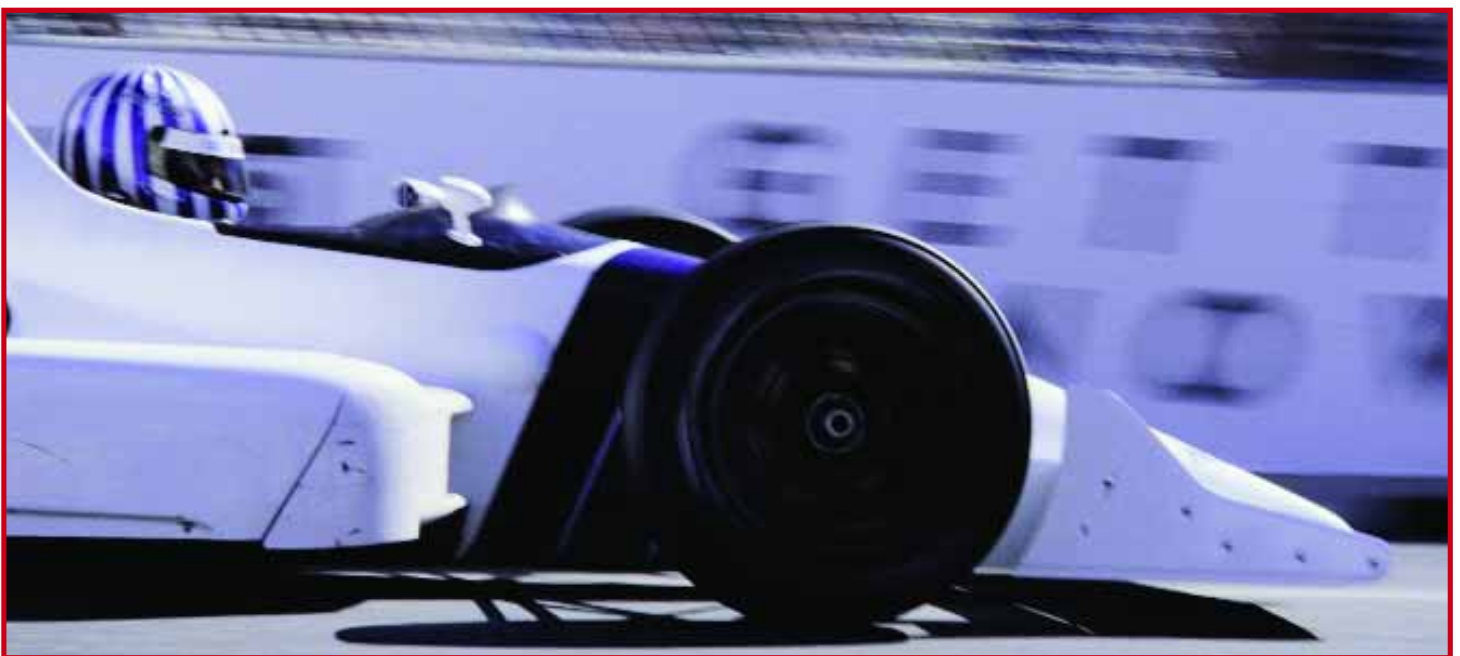
Where: IAFP Headquarters/Monument Circle
55 Monument Circle, Suite 400, Indianapolis, IN 46204

What: The Academy recently moved its headquarters downtown, and our new location puts us right along the route of the Indianapolis 500 Festival Parade. Taking advantage of this opportunity, the Academy is using this event to introduce our new headquarters to members and support the important work of the IAFP Foundation.

Attendees will receive tickets to view the parade from bleacher seating in front of the Academy offices on Monument Circle and a lunchtime reception in the new Academy office.

Why: Monies raised by this event will benefit the IAFP Foundation, the philanthropic arm of the IAFP. It is the mission of the IAFP Foundation to enhance the delivery of health care to Hoosiers by supporting the specialty of Family Practice through student recruitment, education and research activities.

Information regarding tickets and more details about the event will be circulated to members in the coming weeks. Watch for this important information, and plan on joining us on May 24th!



St. Vincent Family Practice/Pediatric Clinics Adopt Reach Out and Read

Children seen at the St. Vincent Primary Care Center will soon be leaving with more than a prescription and a follow-up appointment. Thanks to the adoption of the Reach Out and Read Program, children and their families will go home with an age-appropriate book and an Rx for family read-aloud sessions.

Low literacy, affecting 40% of US adults, takes a hefty social, economic and medical toll. Adults with low literacy are 50% more likely to be unemployed, face a seven-fold increased chance of living in poverty and as a group have significantly poorer health outcomes and higher health costs.

The national Reach Out and Read early literacy intervention program (www.reachoutandread.org) builds on the special relationship between doctors and the parents of young children to support children's language and literacy development in several key ways.

At well-child visits, from 6 months to 5 years, doctors and nurses provide information about the importance of reading aloud and give a new, developmentally appropriate book to the child to take home. In the waiting room, volunteers read to children, modeling techniques for parents. Older children may select a donated, gently-used book to take home.

Since its inception in 1989, Reach Out and Read has been implemented at over 1,400 hospital, clinic and private practice sites nationwide and over 14,000 providers have been trained in using books as part of the developmental assessment and in providing anticipatory guidelines to parents. Studies of several low-income populations have shown substantial change in parental behavior (reading aloud) and significant improvement in young children's language after receiving ROR intervention. Children and their families eagerly look forward to receiving another book, and participating offices have found the program fosters a more positive office environment and more open dialogue with parents.

The St. Vincent Reach Out and Read team is excited about the opportunity to bring this successful program to St. Vincent, joining 37 other sites around the state. Team members include Judy Monroe MD, director of the Family Practice Residency Program, Maria Fletcher MD, residency faculty and ROR development director, Deborah Radecki, MD, pediatric faculty and ROR medical director and Cindi Zenkert-Strange, ROR coordinator. Dr. Fletcher points out that by kindergarten age, a child who may have no other access to reading materials at home will have received 9-10 books through ROR and will have been exposed to other adults reading and promoting books. "This is one additional responsibility which is very rewarding and a win-win for patients, families and physicians."

For more information about ROR, contact Lisa Robertson, Executive Director of Reach Out and Read Indiana at 317-829-5506 or at lisareneek2002@yahoo.com.



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<p>St. Vincent Hospital Location 8333 N. Meridian Rd., Ste. 300 Indianapolis, IN 46260 (317) 338-3333 (800) 821-6359</p> <p>Methodist Hospital Location 1801 N. Senate Blvd., Ste. 755 Indianapolis, IN 46202 (317) 923-1787 (800) 382-9911</p> <p>The Heart Center of Indiana Location 10590 N. Meridian St., Ste. 105 Indianapolis, IN 46290 (317) 583-7800</p> <p>Carmel Medical Center VeinSolutions 13450 N. Meridian St., Ste. 160 Carmel, IN 46032 (317) 582-7676</p> <p>Hall Memorial Hospital Location 2525 University Ave., Ste. 502 Muncie, IN 47303 (765) 286-5595</p> <p>Bloomington Hospital Location 707 W. 2nd St. Bloomington, IN 47403 (812) 336-0561</p> <p>Riverview Hospital 195 Westfield Rd. Noblesville, IN 46060 (317) 338-3333</p>	<p>VASCULAR SURGEONS</p> <p>Bart A. Chess, MD</p> <p>Richard W. Chitwood, MD</p> <p>Jeffrey C. Cooke, MD</p> <p>Elliot H. Cousins, MD</p> <p>A. Joel Feldman, MD</p> <p>William R. Finkelmeier, MD</p> <p>Malcolm B. Herring, MD</p> <p>Sajjad M. Hussain, MD</p> <p>Randy J. Irwin, MD</p> <p>Daniel R. LeGrand, MD</p> <p>David L. Madison, MD</p> <p>Robert A. McCready, MD</p> <p>Douglas S. Paget, MD</p>
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Planned *Giving*

By Steven K. Stucky, CPA, Ent & Imler CPA Group, P.C.

Many people would like to make larger charitable gifts to support the organizations they care most about. But concerns about personal and family security may make giving these gifts seem difficult. In reviewing the different ways to give, you may be surprised to discover ways to fulfill charitable wishes, while enhancing your family security.

Whether your contributions are through a gift of cash, a carefully crafted bequest, annuity, or trust, you can include a charitable organization in an estate plan that will provide a greater legacy to your heirs, while significantly reducing government income and estate taxes.

Each of us has the opportunity to help ensure the preservation of a charitable cause, through investing in a charitable organization. Whether you are contributing money, valuable property (jewelry, works of art, coin collections, antiques), appreciated securities, or real estate, your contribution can yield income tax and estate tax savings. There are literally hundreds of ways you can help a charitable organization, while you are structuring your estate to care for your family. Here are some examples:

ANNUAL GIFT

These are usually cash gifts in the form of personal checks, money orders, or gifts of securities. If completed before the end of the year, you may be able to take an income tax deduction, if you can itemize. Cash gifts are deductible up to 50% of the donor's adjusted gross income, while gifts of appreciated securities are limited to 30%. Contributions in excess of the deductible limit may be carried forward for the next five years.

BEQUEST

This is a very simple way to direct your assets upon your death. A bequest may be for a specific sum, a percentage, or the residue of an estate. It may consist of cash, securities, life insurance proceeds, real estate, and/or personal property. A bequest may be made through a will or by a living trust and can be directed to more than one organization, foundation, or institution of your choice.

CHARITABLE GIFT ANNUITY

A charitable gift annuity is a contract between the donor and the charitable organization. In most instances, you make a gift to a charitable organization and receive fixed annual payments for your life, and another beneficiary if selected. The payments are based on the age of the donor when the gift is made. The older the donors, the larger the payments. You are allowed a tax deduction for a portion of the amount contributed. For a period of years, only part of the payments will be taxed as income. If stocks or other appreciated property are given in exchange for a gift annuity, then the realized capital gain can generally be reported over a period of time, equal to all beneficiaries involved. This capital gain is also offset by the portion of the gift being tax deductible.

Donor may specify whether they want an immediate annuity, or a deferred gift annuity. Deferred gift annuities are annuities which payments do not begin until a specified future date. These agreements are simple and can be easily completed by using the mail.

POOLED INCOME FUND

Some charities have created a plan where donors can contribute to a pooled income fund and retain income for life. Gifts to pooled income funds are usually smaller than those that involve charitable trusts. An immediate income tax deduction is available for a portion of the amount contributed.

The pooled income fund is invested by a trustee, similar to a mutual fund, with the contributors receiving their pro rata share of the earnings each year. Since the fund's earnings will naturally fluctuate, the income you receive will vary from year to year. When a donor dies, the value of his or her portion of the pooled income fund is transferred to the charitable sponsor.

LIFE ESTATE AGREEMENT

Under a life estate agreement, you may transfer title of your residence or farm to a charitable organization, while retaining the right to live there and use the real property for life. You are entitled to any income produced and you are also responsible for

maintenance costs. You are entitled to a tax deduction in the year the agreement is made, equal to the value of the remainder interest. At death, the charitable organization receives the property. Check with your attorney regarding the laws of your state.

CHARITABLE LEAD TRUST

You may create a trust that provides income (either percentage or fixed amount) to a charitable organization for a specified period of time. At the end of this period, the remaining principal is returned to the donor or others who the donor has designated. Through the use of a charitable lead trust, it is possible to transfer assets to your heirs with little estate and gift taxes due on the amounts used to fund this type of trust.

CHARITABLE REMAINDER TRUSTS (ANNUITY/UNITRUST)

These trusts are agreements between the donor and the charitable organization. Both trusts are irrevocable and provide income based on the value of the property given (cash, securities or other property). The charitable remainder annuity trust (CRAT) pays a fixed income based on the value of assets at the time the trust is created. The charitable remainder unitrust (CRUT) provides a fluctuating income paid based upon a fixed percentage of the trust's annual value. At death, the remainder interest of the trust's property would then pass to the various charitable organizations as listed in the trust document.

The donor would be entitled to an income tax deduction for the value of the charitable remainder interest, which is based upon the number and ages of the life income beneficiaries, and the percentage of the payout as shown in the trust document. Also, when the trust is created, capital gains can be avoided or postponed.

Consider the IAFP-Foundation for a planned giving donation today! For more information, contact Steve Stucky at ssstucky@eicpa.com.

Indiana Academy Of Family Physicians

Family Physician Of The Year Award

The Indiana Academy of Family Physicians is requesting nominations for Family Physician of the Year. The purpose of the award is to honor a physician who exemplifies the tradition of the family physician. The physician also must contribute to the continuing good health of the citizens of Indiana.

The candidate must be a member in good standing of the IAFP and should spend at least 50% of his/her time in direct patient care. Nominees should exemplify the ideals of family practice—including providing comprehensive, compassionate services on a continuing basis to his/her community. This candidate also should serve as a role model to both patients and other physicians.

Although qualified nominees may be nominated more than once, a member may receive the award only once. Current members of the IAFP Commission on Membership, Member Services and Public Relations or elected officers of the IAFP are not eligible for nomination. The award presentation will be made at the IAFP Annual Meeting in July in French Lick. The physician chosen as IAFP's Family Physician of the Year also may be nominated as our candidate for the AAFP Family Physician of the Year.

Please contact the IAFP office at (317) 237-4237 for appropriate forms for submission of your nomination. We also ask that a letter of recommendation from other colleagues and community leaders be submitted with a CV and a current black and white photo of the candidate.

The deadline for submission of nominations is April 22, 2003.

The district in which the candidate resides must submit nominations for this award.

Family Physician of the Year Award

- A. General announcements regarding the Family Physician of the Year Award and procedures for nominating individual physicians should go to the membership in the spring of the year in which the award will be given. Notification could be via Front Line Physician and/or by letters to the membership.

Specified Criteria should be as follows:

1. Nominee must be in good standing with AAFP and IAFP and must have been in practice for at least 15 years.
 2. Nominee must spend at least 50% of his/her time in patient care.
 3. Nominee must maintain hospital and office practices and must participate in community affairs.
- B. Nominations of individual members are to be sent to the district directors along with a head-and-shoulder picture of the individual and that individual's curriculum vitae.
- C. The district director and officers from their district are to determine the method for selecting the one
- D. Recommendations regarding the Family Physician of the Year would be made by the Committee on Public Relations and sent to the Board of Directors of the IAFP. This could be a selection of two or three appropriate candidates for the board's review or could be only one practitioner, as the committee feels comfortable.
- E. The Board of Directors would select a Family Physician of the Year for Indiana and a plaque would be presented to that individual at the annual banquet during the annual meeting.
- F. That individual physician would serve as Indiana's nominee for the National Family Physician of the Year Award for the following year.

individual from their district to receive the nomination from that district. It is anticipated that every district should have a nominee. The final Committee on Public Relations meeting before the annual meeting should have selected nominations. The nominee could be selected by the district officers or by the members of that district as each district sees fit.



Family Physician Of The Year Nomination Form

Name of Nominee

Office Address

Office Phone/Fax

E-Mail

Satisfactory completion of this form will constitute nomination of the above named for the Family Physician of the Year Award provided the appropriate documentation is attached.

The IAFP Public Relations Committee requests each nomination be accompanied by a recent head-and-shoulders business photograph of the nominee. Letters of endorsement received from colleagues or members of the community will be added to the nomination package and taken into consideration by the screening body.

NOMINATOR:

Name of Nominee

Office Address

Office Phone/Fax

E-Mail

Date of Submission

Signature

The IAFP Public Relations Committee is the official screening body and is empowered to reject any nomination for what, in its opinion, is insufficient documentation. The deadline for submission of nominations is April 22, 2003.



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10590 N. Meridian Street • Suite 125 • Indianapolis, IN 46290
at the Medical Office Building on The Heart Center of Indiana campus

Indiana Academy of Family Physicians Outstanding Resident Award Program

PURPOSE

The Indiana Academy of Family Physicians has interest in encouraging family practice residents in the pursuit of excellence in the specialty of family practice and in participation in the activities of the Academy. The IAFP believes in the qualities of character possessed by an ideal family physician and the attainment of these qualities should be encouraged and rewarded.

AWARD

An annual award will be given to a selected third-year family practice resident. Each Residency Program (12) may select one or more outstanding third-year resident/s. Winners will be invited to the IAFP annual meeting where they will be recognized as the outstanding resident statewide.

SELECTION CRITERIA

The Residency Program will seek to reward mature family practice residents who demonstrate exceptional interest and involvement in family practice and exemplify a balance of the qualities of a family physician. These qualities include:

- A. Community service and social awareness
- B. Evidence of scholarly inquiry
- C. Caring and compassionate patient care
- D. Involvement in Academy affairs locally or nationally
- E. Balance between personal and professional activities
- F. Mature interpersonal and collegial skills

Directors and faculty should recognize that candidates might not exhibit strength in each identified quality. The resident is expected to recognize the qualities primarily of compassionate patient care and peer relationships. Any resident in an IAFP Family Practice Residency, civilian or military, is eligible for selection.

NOMINATION PACKET

The nomination packet must consist of:

- A. Completed Application
- B. Letter of nomination from residency program director
- C. Resident's curriculum vitae (300 words or less)
- D. Letter of recommendation from some member of the residency faculty other than the director or other active IAFP member.
- E. A personal letter of recommendation from someone not associated with the program, preferably a non-medical person.

Nomination packets must be submitted by April 15, 2003 to the Indiana Academy of Family Physicians.

SELECTION PROCESS

Selection will be at the discretion of the IAFP Commission on Member Services and Public Relations.

The winner and his or her program director will be notified at least thirty days before the IAFP annual meeting.

AWARDS PROCESS

Winners will be presented with an engraved plaque. The presentation will take place at the Annual Presidents Reception and Banquet.

Winners will also receive one night's lodging at the Annual Scientific Meeting hotel.

The "Outstanding Family Practice Resident" will be highlighted in the official publication of the IAFP and an appropriate news release will be mailed to the media.

Application For Outstanding Resident Award

Name _____

Home Address _____

Home Phone _____

Office Address _____

Office Phone _____

E-Mail _____

Residency Program _____

Letters of Recommendation _____

E-Mail _____

Residency Program _____

Letters of Recommendation

Residency Program Director _____


Residency Faculty/IAFP Active Member _____

Non-Medical Professional _____

**Please remember to include complete nomination packet with items listed on page 22. Letters may be sent to the IAFP at 55 Monument Circle, Suite 400, Indianapolis, IN 46204 or via fax at 317-237-4006.

The deadline for submission of nominations is April 22, 2003.

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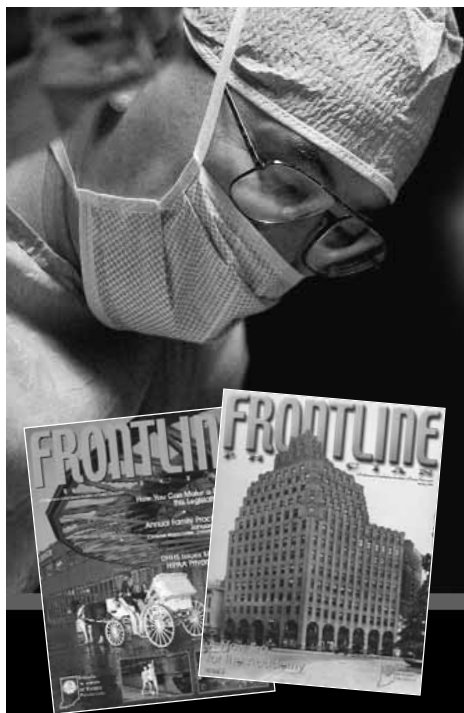
Voted one of the "Best Doctors in America," patient advocate, researcher, and teacher, Dr. Eric Prystowsky is helping The Care Group put Indiana on the map as the leader in cardiac care.

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Jackie Schilling Certificate Of Commendation Nomination Form

The Certificate of Commendation was established for the purpose of recognizing non-physicians who have been deemed to contribute, in a distinguished manner, to the advancement of family medicine in the state of Indiana. The recipients of the award are considered to be persons of high repute in many fields, including medical education, government, the arts and journalism. In 1999 the award was named for past IAFP Executive Vice President, Jackie Schilling.

Name of Nominee

Office Address

Office Phone/Fax

NOMINATOR:

Name of Nominee

Chapter

Office Address

Office Phone/Fax

Signature

Satisfactory completion of this form will constitute nomination of the above named for the Certificate of Commendation, provided the following documentation is attached.

A. Nominating Statement

State why you believe the above named should receive the Distinguished Public Service Award. Statement should include sufficient specific data to provide a working knowledge of nominee's past and present involvement in the Academy. Typed statement must not exceed one page in length.

B. Personal History of Nominee

Typed copy of current Curriculum Vitae, including date relation to membership in the IAFP and the AAFP and other medical organizations.

C. Other

The IAFP Public Relations Committee requests that a recent head and shoulders accompany each nomination photograph.

Letters of endorsement received from colleagues of the nominee will be added to the nomination package and taken into consideration by the screening body.

Return completed form and related materials to the IAFP. The deadline for submission of nominations is April 22, 2003

Distinguished Public Service Award Nomination Form

The Distinguished Public Service Award is to be presented to members in good stand who have distinguished him/herself rendering a community or public service. The service must be entirely separate from purely professional achievement in research and scientific endeavors. The service for which this is bestowed should have been performed on a voluntary basis and should indeed have benefited the local and/or state community in a civic, cultural or general economic sense and except in unusual circumstances, should have been uncompensated.

Name of Nominee

Office Address

Office Phone/Fax

NOMINATOR:

Name of Nominee

Chapter

Office Address

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Signature

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C. Other

The IAFP Public Relations Committee requests that a recent head and shoulders accompany each nomination photograph.

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The A. Alan Fischer Award For Outstanding Contribution To Family Practice Education

Established in 1984, the IAFP's A. Alan Fischer Award is designed to "recognize persons who in the opinion of the Board of Directors of the IAFP have made outstanding contributions to education for family practice, in undergraduate, graduate and continuing education spheres". The award was named in honor of Dr. Alan Fischer, a long-time member of the IAFP who actively served the Indiana Chapter and AAFP. Dr. Fischer established the Department of family medicine at Indiana University School of Medicine and the I.U. Family Practice Residency Program.

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Statement why you believe that above named should receive the A. Alan Fischer Award. Statement should include sufficient specific data to provide a working knowledge of nominee's educational efforts. Typed statement must not exceed one page in length.

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Date Of Submission _____

Signature _____

The IAFP Public Relations Committee is the official screening body and is empowered to reject any nomination for what in its opinion is insufficient documentation. Send nomination material to the PR Committee, IAFP 55 Monument Circle, Suite 400, Indianapolis, IN 46204. The deadline for submission of nominations is April 22, 2003

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To help family physicians comply with HIPAA regulations, the IAFP is including HIPAA forms and information on our Web site. Access the site at www.in-afp.org to find more information on compliance.

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If you are interested, contact Steve Sellers at (800) 701-0704 or at Ssellers@isdh.state.in.us.

New immunization requirements

This year some immunization requirements were added for children entering licensed day care centers in Indiana. Children must have received the pneumococcal conjugate vaccination (PCV) and a varicella vaccination or have a demonstrated immunity to varicella.

Children in licensed daycares also must have their immunization records updated annually with documentation from a health care provider. These requirements are the result of action by the Indiana General Assembly. Some requirements may be affected by shortages of vaccines. For more information regarding this, call the ISDH Immunization Program at (800) 701-0704. Additionally, you can go to www.aap.org/policy/0212.html or use the 2003 Childhood Immunization Schedule that was recently announced by the American Academy of Pediatrics.



Measuring Skin Lesions

By Joy Newby, LPN, CPC

The following information was presented during the 2003 CPT Coding Symposium, November 14, 2002.

Excision of Lesions

Revisions were made to the Excision – Benign Lesions and the Excision – Malignant Lesions subsections in the CPT 2003 manual. This was done to allay the confusion of how these codes should be reported. The definition of "excision" was changed to reflect a full-thickness (through the dermis) removal of a lesion, including margins, and include simple (non-layered) closure when performed. Language was added to the guidelines and code descriptors identifying inclusion of the margins as part of the measurement. In addition, the word "lesion" was replaced by "excised" to identify that the measurement is not limited to the lesion size alone. The revised guidelines and code descriptors identify what is included as part of the excision, define what is included as part of the margin, and identify when the measurement is made. Direction for reporting additional excisions and re-excisions(s) is also given.

Commonly Asked Questions

Question: How many codes should be used to report excision of two malignant lesions that fall under the same classification? For example, one lesion is from the left arm with excised diameter of 1.5 cm and one lesion is from the right arm with excised diameter of 2.0 cm.

Answer: As indicated in the Excision – Malignant Lesions guidelines, each malignant lesion excised should be reported separately. The appropriate method of reporting excision of a malignant lesion from the left arm with excised diameter of 1.5 cm and excision of a malignant lesion from the right arm with excised diameter of 2.0 cm is with code 11602, excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm, reported two times. Modifier –59, distinct procedure service, should be appended to the second code to indicate that a distinct procedure was performed on a different anatomical site.

Question: A patient had a malignant 1.5 cm lesion excised from his/her leg at a previous operative session. Subsequently, during the postoperative period, it was discovered that the malignancy had recurred and the margins were re-excised. The re-excisions extended 1.0 cm. Do I add the two excisions and report with one code?

Answer: Re-excision procedures performed to widen margins at subsequent operative sessions should be reported by using the appropriate code identifying the size, location, and type of excision performed and modifier –58, staged or related procedure or service by the same physician during the postoperative period, should be appended if performed during the postoperative period of the primary excision procedure. Therefore, code 11601, excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm, should be reported for the re-excision with modifier –58 appended.

Question: How do I choose the appropriate excised diameter for reporting the excision of lesion codes?

Answer: As stated in the revised guidelines for the excision of lesion codes, "Code selection is determined by measuring the greatest clinical diameter of the apparent lesion plus that margin

Language was added to the guidelines and code descriptors identifying inclusion of the margins as part of the measurement. In addition, the word "lesion" was replaced by "excised" to identify that the measurement is not limited to the lesion size alone.

required for complete excision." If, for example, a benign lesion of the trunk measures 1.0 cm and the margins required to adequately excise the lesion is 0.5 cm on both sides for a total margin of 1.0 cm, then you should add 1.0 cm + 0.5 cm + 0.5 cm = 2.0 cm. In this case, code 11402, excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs; excised diameter 1.1 to 2.0 cm, should be reported to reflect the benign lesion and necessary margin excised from the trunk.

2003 CPT Errata

By: Pat Schmitter, CPC

The American Medical Association (AMA) has posted a list of errors in the 2003 CPT book. Please take time now to note these corrections in your 2003 CPT books.

- Reinstate the "add-on" (+) symbol to code 16036.
- Reinstate the "add-on" (+) symbol to code 22522.
- Illustration: Endovascular Repair of Abdominal Aortic Aneurysm. Revise tab in the illustration stating "Bifurcated stent-graft" to "Modular bifurcated prosthesis" - delete "Bifurcated stent-graft". Revise code in the title of the illustration from 34831 to 34802
- Revise cross-reference following code 49905 to refer to correct code 44700.
- The cross-reference following the
- "Endoscopy" heading and immediately preceding code 57420 should state 0031T, 0032T.
- Remove the "add-on" (+) procedure designation from code 76006
- Code 84377 should be revised to state qualitative.
- The second cross-reference following code 92602 should be revised to delete code 92507 and replace with correct code 92510.
- The term "fontan fenestration" is not applicable to the ventricular code and should be removed from the first cross-reference following code 93581. In addition, the second cross reference following code 93581 should include code 93662.
- Revise the cross-reference following code 93724 to eliminate code 93727.
- Reinstate the "add-on" (+) symbol to code 95975.
- "Partially or" should be deleted from second parenthetical under 96530 to complement the 2003 descriptor revision for 36540.
- "Per diem" was approved for deletion from the code descriptor for 99512 for 2003. The descriptor for 99512 should state only "Home visit for hemodialysis"
- Revise the cross-reference following code 0034T to refer to correct code 0039T.
- Codes 87198 and 87199 should be included as deleted codes in Appendix B. The "add-on" (+) designations for codes 89055 and 94640 in Appendix B should be deleted.

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Indiana Gynecologic Oncology
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John P Geisler, MD

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Indianapolis, IN 46260
Phone: (317) 872-2877

Hematology/ Oncology

Hematology-Oncology Associates
Devena Alston, M.D.
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Treatment Centers:
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LaPorte, IN 46350
219-326-2624
800-471-3004

Medical Plaza 241
Michigan City, IN 46360
219-874-3300

Radiation Oncology

Radiation Medicine Associates, P.C.
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David Bryant, M.D.

901 MacArthur Blvd.
Munster, IN 46321
219-836-6390

**If you would like to have your practice listed in
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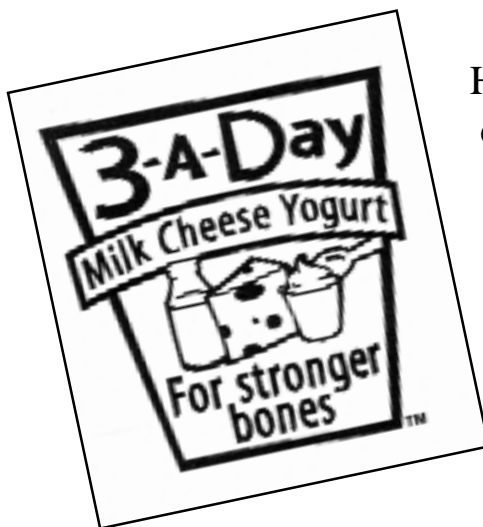
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