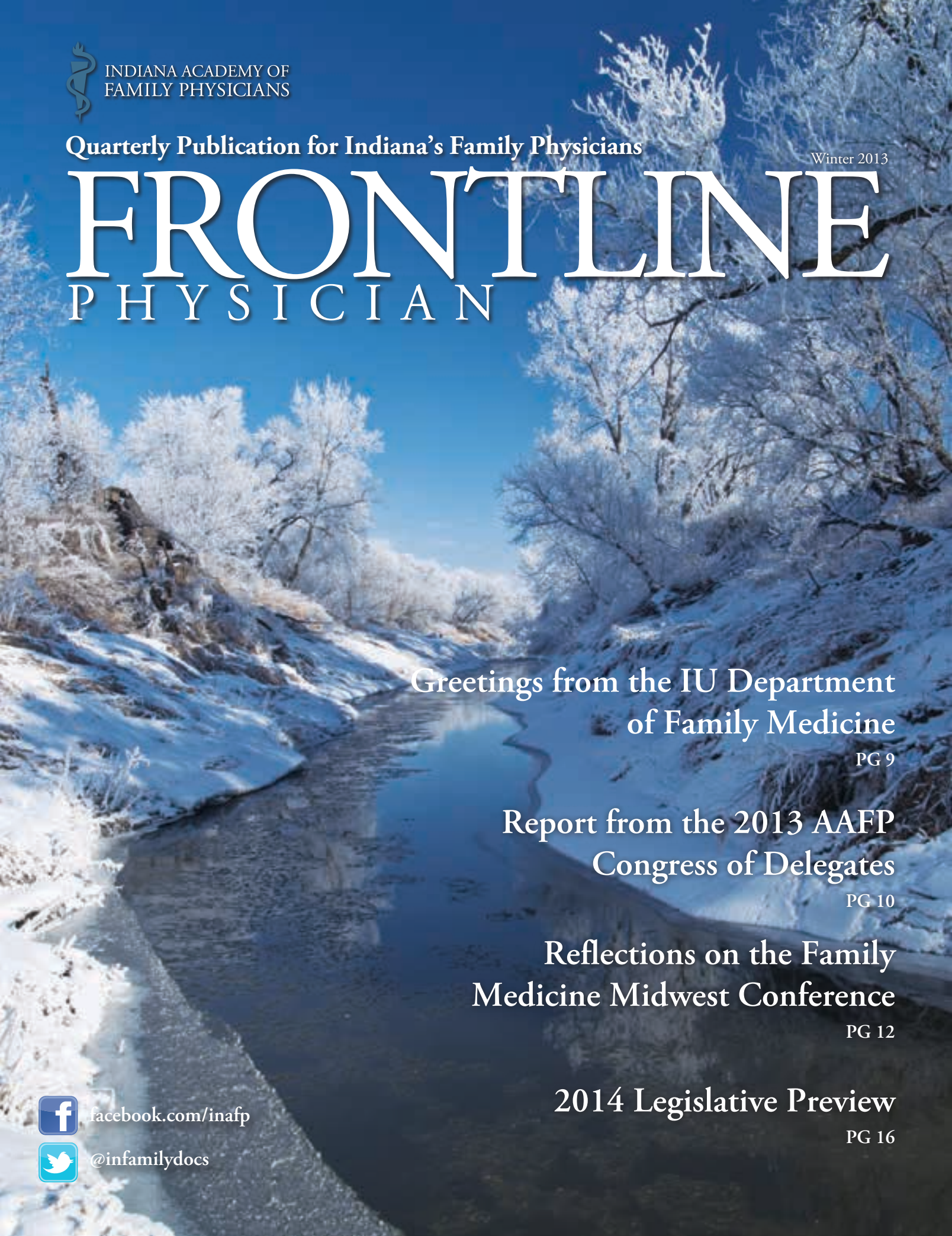

INDIANA ACADEMY OF FAMILY PHYSICIANS

Quarterly Publication for Indiana's Family Physicians

Winter 2013

FRONTLINE PHYSICIAN

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FRONTLINE PHYSICIAN

Volume 14 • Issue 4

FrontLine Physician is the official magazine of the Indiana Academy of Family Physicians and is published quarterly.

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

INDIANA ACADEMY OF FAMILY PHYSICIANS

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President's Message

Phillip C. Scott, DO

A Strong Finish for 2013

Shorter days and colder nights herald the season change, as does the Winter Issue of the IAFP's *Frontline Physician.* Your Academy continues to work on your behalf, and the past few months have been no exception.

In September, the AAFP held its Annual Congress of Delegates and Scientific Assembly in San Diego. Indiana's delegation served us well and successfully brought forward three resolutions from our Annual Congress of Delegates. See the update on page 10 for more details.

In October, Past President Risheet Patel, MD, and I attended a multidisciplinary discussion about "Access to Care," along with representatives from the Indiana State Medical Association, Indiana Area Health Education Centers, and a host of Nursing and mid-level provider organizations. The discussion was sponsored by the Indiana Center for Nursing. One purpose of the meeting was to bring the diverse representatives together in a non-adversarial setting to develop areas of common agreement. Perhaps not surprisingly, the scope of practice of the various constituencies was presented as a barrier to care. The medical organizations present supported the value of all team members in physician-led teams for the care of Hoosiers.

The IAFP fall conference was held at the Sheraton at Keystone at the Crossing in November and featured a SAM Study Group on "Care of the Vulnerable Elderly" on Friday, followed on Saturday by topics including "Chronic Pain Management," "ICD-10," "Building a Patient Centered Medical Home," and something new in a presentation from the American College of Physician Executives on effective communication strategies.

As we go to press, there is a lot of attention focusing on the impending implementation of the opioid prescribing emergency rule passed by the Medical Licensing Board. Members of the Academy, including Gregory Eigner, MD; Amy LaHood, MD; and Teresa Lovins, MD, participated in the Indiana Prescription Drug Abuse Task Force. I suspect many of us are ambivalent about the prospect of the standard of medical care being mandated through government rule, but hopefully there is solace in knowing those rules are based on best practices derived from a panel of practicing clinicians.

A strategic imperative of the IAFP is to shape health care policy in Indiana through interaction with government and others. We are working on that through interactions with the attorney general's prescription task force, as well as meeting with our state legislators on "Organization Day," which is the kick-off session for the General Assembly this year. Each year, many members support the grassroots outreach of the Academy by participating in the "Physician of the Day" program at the Indiana Statehouse, where we provide episodic care for our legislators and their staff throughout the legislative session.

As always, we want to hear from you. Feel free to email me at president@in-afp.org, or contact the IAFP office. Along with the Academy staff, I wish you and your family a safe and warm holiday season.

2014 IAFP Research Day – All Members Invited to Take Part

Joseph Michael Yamamoto, MD, of Union Hospital Family Medicine Residency Program in Terre Haute, presents a poster at 2013's IAFP Research Day

Our perennially popular Research Day will take place on Thursday, May 8, at the Marriott North in Indianapolis.

More than 120 residents, faculty members and other IAFP members will be in attendance. Residents and active 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. Mark your calendars now, and check our website for details and instructions on how to prepare and submit your abstract. Look under "Events."

Mark Your Calendar

IAFP Events

Board of Directors Meeting
Sunday, January 26

SAM Study Group on Well Child Care
Thursday, March 13
IAFP Headquarters

Open House
Friday, March 14
IAFP Headquarters

Board of Directors Meeting
Sunday, April 27

2014 IAFP Research Day
Thursday, May 8, 2014
Indianapolis
Marriott North

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

AAFP Events

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

Communications Update

There have been some changes to the IAFP's electronic communications lately. Our email newsletter is now called ***IAFP Today*** to better reflect the timely news and information we send out on a regular basis. If you don't receive this newsletter, please update your email address with us! Email iafp@in-afp.org or call 317.237.4237. **This is our most valuable tool for communicating breaking news and updates with members**, such as news about the Indiana Medical Licensing Board's Emergency Rules for Physicians Prescribing Controlled Substances for Pain Management.

Parts of our website are now password-protected for members only, such as Coding and Billing Updates and legislative news. We share the login information in *IAFP Today*. If you have any trouble logging in, please contact us. We're happy to help.

Join Us for a SAM Study Group & Open House

You may have noticed that the AAFP is bringing its **Board Review Express** live course to the JW Marriott in downtown Indianapolis from March 13-16, 2014. This course is designed to give you everything you need to know to pass the ABFM Board exam. You should have received information from the AAFP about this meeting. You can find out more in the Events section at www.aafp.org.

The IAFP invites you to join us for a **SAM Study Group on Well Child Care** on Thursday, March 13, from 6:30-9:30 p.m. at the IAFP headquarters. Our popular SAM Study Groups feature:

- An expert faculty member, Cindy Meneghini, MD, (Indianapolis), who guides you through the 60 questions of the Knowledge Assessment portion of the MC-FP Self Assessment Module
- Discussion and debate to help us decide on the correct answer as a group
- Automatic reporting of your answers to the ABFM — your account will show you've successfully completed this module
- *You will earn 12 AAFP CME credits when you complete the Clinical Simulation portion of the SAM on your own*

In addition, we will hold an **Open House for all IAFP members** on Friday, March 14, from 6:30-8:30 p.m. This is a chance to see our office, meet our staff, network with colleagues, and enjoy drinks and heavy hors d'oeuvres. Our office is located in the Circle Tower building on Monument Circle right in the heart of Indianapolis. It is a beautiful art deco building, and, if you've never visited us before, we think you'll enjoy it!

Even if you are not attending the AAFP meeting, you can join us for either or both of these events. Please register now at www.in-afp.org, and look under Events to find out more.

See you in March!

Greetings from the IU Department of Family Medicine

We are enjoying another year of collaborative progress and disciplinary success. In September, Jay Hess arrived as our new dean. He has stressed a school commitment to a population health educational model. I look forward to next year's Annual Convention, where Dr. Hess can share his vision for the school and state workforce development.

As you may be aware, IU School of Medicine is currently undergoing a complete curriculum redevelopment. The new curriculum will be kicked off in 2014. Three members of the Department have been identified to lead key curriculum reform teams, including the 12-week Ambulatory Medicine Clerkship led by Scott Renshaw. Additionally, Jeff Kons will be leading the Transitions group, and Matt Holley will oversee the Foundations in Clinical Medicine team. Highlights of the new curriculum include improvements in longitudinal mentoring and a focus on the new care-delivery model.

Last year, I reported on our commitment to educational research. At this point, Family Medicine is collaborating with Paul Halverson, the new School of Public Health dean, to develop a preventive medicine program and to more closely align our educational research goals. We are also cultivating interdisciplinary partnerships throughout the School of Medicine and continue to lead patient-centered medical home implementation. Family medicine is and will continue to be the specialty best positioned to provide care for the entire population.

Many family physicians around the state have had the opportunity to see and hear Steve Bogdewic and Mary Dankoski present at our convention over the years. Both are members of the Department of Family Medicine. Together, they lead the school Office of Faculty Affairs and Professional Development (OFAPD). This faculty development resource is among the best in the country. In conjunction with the IAFP, we are developing a faculty development program to be delivered around the state through electronic modules and regional events. Volunteer faculty members will have the opportunity to participate in programs designed to improve skills such as assessment and evaluation. Free CME webcasts of our "best-of-the-best" didactic programs will soon be offered through the school CME office. We look forward to providing CME and faculty development opportunities throughout the state.

As you can see, there are a number of exciting programs and opportunities evolving in the Department of Family Medicine. I would like to extend an expression of gratitude to all of our more than 380 community faculty members around the state. We could not meet our educational goals without you! Please feel free to contact me with any questions regarding these ongoing initiatives and to find out how you can be more involved.

Happy Holidays,

Kevin B. Gebke, MD
Chairman, Department of Family Medicine
OneAmerica Professor of Preventive Health Medicine
Director, IU Center for Sports Medicine
Director, Primary Care Sports Medicine Fellowship
Associate Professor of Clinical Family Medicine

Report of the AAFP Delegation to the 2013 AAFP

by Richard Feldman, MD, Senior Delegate

The 2013 AAFP Congress of Delegates met September 22-25 in San Diego, California. The Indiana delegation included Delegates Richard Feldman, MD, and Windel Stracener, MD; and Alternate Delegates Teresa Lovins, MD, and Risheet Patel, MD (substituting for Alternate Delegate David Pepple, MD). IAFP President Philip Scott, DO, also attended and testified in reference committee on one of our resolutions.

The Congress heard presentations from our Academy officers and Doug Henley, AAFP executive vice president. As expected, our Academy leaders discussed the well-known major issues facing our health care system and family physicians. These topics included the Affordable Care Act, the SGR problem, primary care payment reform, the changing reimbursement system transcending from a volume-based to a value-based system, scope of practice and the role of mid-level providers, and the importance of the patient-centered medical home to the future of the health care system and to our specialty. Other important issues examined were GME funding and increasing government-funded residency positions (especially primary care) to support the greater production of medical school graduates. Also discussed was the second study of our specialty about to begin, The Future of Family Medicine 2.0 Project that will again examine the current and future challenges to family medicine to best position and define our specialty. Our leaders expressed their belief that the AAFP is in an excellent position to influence the future of the American health care system and that the voice of the AAFP is actively heard at "the table." Our opinions and experience are truly sought after in Washington, D.C., and state legislatures throughout the country.

The new officers of the AAFP are as follows:

- President – Reid Blackwelder, MD, Tennessee
- President-elect – Robert Wergan, MD, Nebraska
- New Board members:
  - Jack Chou, MD, California
  - Robert Lee, MD, Iowa
  - Michael Munger MD, Kansas
- New physician member: Kisha Davis, MD, Maryland
- Resident member: Kimberly Becher, MD, West Virginia
- Student member: B. Tate Hinkle, Alabama

The Indiana Delegation is also, of course, proud that our own H. Clif Knight, MD, is entering his second year on the AAFP Board and is very respected among delegates and the AAFP leadership.

Indiana introduced three resolutions to the Congress of Delegates. "Reauthorization of National Conference of Special

Constituencies Delegate Seats" (also introduced by the Joint Constituency) was referred to the AAFP Board. There is a lot of testimony, mostly in favor of extending the seats indefinitely at the Congress to encourage representing and identifying issues relevant to special constituencies, as well as promoting future leadership from these groups. There was also testimony that it should be sunset (as scheduled for 2015 or at least extended with another sunset date).

Indiana's resolution "Physician Burnout" called for the AAFP to urgently investigate causes and possible interventions to minimize professional burnout. The reference committee recommended that the word "urgent" be eliminated because of all the many other pressing priorities facing the Academy. The Congress passed this alternative resolution.

Finally, Indiana's resolution "Forfeiture of Medicaid Benefits to Incarcerated Adolescents" calls for dialogue among stakeholders to create a federal policy change to preserve Medicaid coverage for incarcerated adolescents. Testimony was in favor of the need for this discussion and policy change, but, because there were many questions about current policy, differences in application among states, other issues not addressed by the resolution and possible effects on coverage by the Affordable Care Act, the resolution was referred to the AAFP Board for study and action.

There were many resolutions before the Congress, but I will highlight just a few. The reader is referred to the AAFP website at www.aafp.org for a complete description of the resolutions that passed and those that were defeated.

The Congress strongly reaffirmed its position in support of civil marriages for same-gender couples by defeating Resolution 502, which called for a neutral position on the issue. Although there was spirited debate in the reference committee, the com-

Congress of Delegates

mittee recommended against adoption of the neutral position. There was no debate on the floor of the Congress.

Resolution 604, "Demographic Survey on ABFM Board Exam," requests a ABFM policy change from required to voluntary participation in submitting personal information to the Board in order to take the certification examination. The resolution passed on the floor of the Congress after debate. Most delegates felt the invasion of privacy was not merited. The discussion underscores the continued frustration of membership with the ABFM.

Resolutions 607 (passed) addresses continuing problems with medical schools reporting misleading statistics on the number of graduates entering primary care residencies and calls for medical schools to report graduates entering true primary care specialties. Resolution 608 (referred to the Board) calls for CMS to tie graduate medical education payments to an expected minimum percent of graduates entering true primary care residencies and for the LCME to tie medical school accreditation to the same standard. Resolution 609 (passed) requests the AAFP to survey all new family medicine residents about both positive and negative feedback they received from their medical school faculty members concerning their career choice and for the AAFP to encourage medical schools to provide educational environments more supportive of students' choice of family medicine.

Resolution 405 "A Ban on the Sale of Energy Drinks to Children" (passed with revision), calls on the AAFP to support a law that bans sales of energy drinks or providing free samples to children under 16 and for the AAFP to work with the FDA to establish specific definitions of energy drinks.

Revised resolution 501 calls for an AAFP study of CMS requirements for EMR and patient-centered medical home adoption (or face financial penalties) for those facing barriers to change including older age, practice site or rural settings.

My gratitude is extended to our delegation members, IAFP officers and staff members who attended the convention and for their work, valuable opinions and advice.

Reflections on the Family Medicine Midwest Conference

IAFP Student Leaders Involved and Active Across State and Country

by Jason White, MBA, MS4

On Oct 4, Juan Carlos Venis, Kristin Geros and I made the long trek from Indianapolis to Milwaukee for the 2013 Family Medicine Midwest (FMM) conference. None of us anticipated the roughly seven-hour drive, even as we reached the outskirts of Chicago, but, by the end of the night, we made it to the hotel for the conference.

The FMM conference originated in the fall of 2012 in Chicago as a collaboration between several state chapters of the AAFP. Though still in its youth, it has already become one of the major events of the year for Midwestern family practitioners and students interested in family medicine. There are CME sessions for the physicians and residents, as well as lecture and workshop sessions for medical students. The conference also features one of the largest residency fairs in this part of the country — one of two main reasons the three of us made the long journey in the midst of our busy schedules.

The residency fair is a huge opportunity for medical students to meet programs with which they may never get the opportunity to rotate during their clerkships. Some of these programs are from other states; others are from hospitals not affiliated with a given student's school. This occasion allows them to ask questions about what each residency offers and allows them to plan possible away rotations for their fourth years. One of the biggest challenges facing family medicine in the Midwest is keeping students in the Midwest after they graduate. This fair combats that trend by allowing students more exposure to programs within the region, many of which can offer them a bright future.

Jason White, MBA, MS4, and Kristin Nicole Geros, MS4, at Family Medicine Midwest

The other big motivator for going to FMM this year is the great opportunity to meet other FMIG leaders from throughout the Midwest. Juan Carlos, Kristin and I are all leaders in the Family Medicine Student Interest Group (FMSIG) at the IU School of Medicine, and we have been very active in the past two years building interest on campus. By recruiting engaging guest speakers, organizing helpful workshops and holding various events for IUSM students, FMSIG is now one of the most active student groups on the IUSM campus. However, we are the only FMIG in Indiana, so we were very eager to meet other student leaders.

Saturday afternoon, October 5, we got to all sit and talk over dinner about the successes and challenges of FMIGs and of medical students in general. It was a wonderful chance to both share ideas and brainstorm with other students who share our passion for family medicine. After our scheduled meeting, we went out with some of the student leaders from the Chicago area to one of the local pubs, where we enjoyed some of the finest cuisine medical students could ask of Wisconsin — fried cheese curds and craft beer — while watching college football together.

Family medicine is a specialty that places a particular value on the connections between people. It is integral to how we approach patients and their families, and it is often the key to a physician's plan for improving his or her patient's health. The best thing about the FMM conference is how it builds connections between students and residencies and among fellow students. It was well worth a six- or seven-hour road trip this year, and it will be worth the plane tickets to Minneapolis next year. I would like to see the IAFP get more involved in the FMM conference; perhaps someday we can even bring the conference to Indianapolis. It would be a wonderful opportunity not only to showcase our state but also to continue connecting our students, residents and physicians to those of other medical programs in the Midwest.

2013 IAFP Fall Conference Was a Unique Mix of MC-FP Education and CME

At the start of November, the IAFP offered two MC-FP SAM Study Groups and a valuable day of CME on "Practice Management and Physician Leadership for the New Healthcare Environment."

Cindy Campbell, BSN, RN, MBA, CPHQ, of TransforMED, addresses the audience on practice transformation.

Ken Elek, MD, guides participants through a SAM module.

Ken Elek, MD, of South Bend, led a group of 40 family physicians through the 60 questions of the "Health Behavior" and "Care of the Vulnerable Elderly" SAM modules. Dr. Elek also presented a lunchtime talk on "Effective Ways to Complete Your MC-FP Part IV." At the end of the day, participants were able to fire up their laptops and get started on their clinical simulations right away with roaming faculty instruction.

Saturday's program was a timely mix of hot topic CME and physician leadership education. We started the day with "Responsible Pain Management: New Regulations Per Indiana's Medical Licensing Board," presented by Amy LaHood, MD, clinical faculty and Family Medicine Clinic co-director, St. Vincent Family Medicine Residency Program, Indianapolis, Indiana; and Gregory Eigner, MD, associate director, Fort Wayne Medical Education Program, Fort Wayne, Indiana. Both physicians also facilitated a valuable lunchtime Q&A session on the new rules from Indiana's Medical Licensing Board. Cindy Campbell, BSN, RN, MBA, CPHQ, Centers of Excellence consultant, TransforMED, Leawood, Kansas, presented both a "PCMH/TransforMED Update" and a talk entitled "Working at the Top of Your License Effectively and Efficiently." We heard an ICD-10 Update from Tammy Allen, coding and compliance specialist, Nova Compliance Group, Troy, Michigan. "The ACO Experience" was then presented by John P. Clark, MD, senior medical director, Indiana University Health ACO, Indianapolis, Indiana.

In the afternoon, attendees took part in a workshop entitled "Valuable Communication Skills and Leadership Styles" with Timothy J. Keogh, PhD, from the American College of Physician Executives, Charleston, South Carolina. This talk included the use of DiSC surveys to determine physicians' personal communication profiles and enhance their leadership abilities in their workplace.

Thank you to our exhibitors:

www.ourhealth.org

www.nationalguard.com

www.directmedx.com

Thank you to OurHealth, who also sponsored Saturday's refreshment breaks.

Exhibit Show Prize Drawing Winners

Congratulations to our prize winners. Each won a $50 gift card.

Suzanne Martini, MD, Sunman, Indiana

Tom Stewart, MD, Marion, Indiana

Managing Asthma in the Adult Population

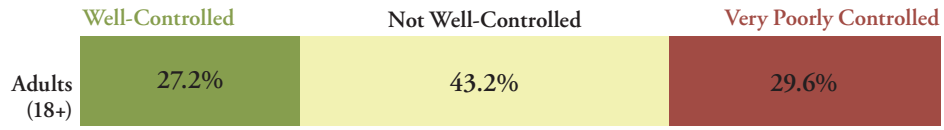
by Amy Brandt, MPH, Chronic Respiratory Disease Epidemiologist, Indiana State Department of Health

Asthma is one of the most common chronic conditions among Indiana adults. In 2012, an estimated 9.1 percent of adults reported a current asthma diagnosis.[1] This means that approximately 440,000 adult Hoosiers, or one in 11, have asthma.[1] In Indiana, the burden of asthma is higher among certain populations than others. Adult females (11.1 percent) are more likely than adult males (6.9 percent) to have a current asthma diagnosis.[1] Additionally, an asthma diagnosis is more likely in adults with an annual household income less than $15,000 compared to adults with annual household incomes greater than or equal to $15,000.[1]

The National Asthma Education and Prevention Program (NAEPP) has published the Expert Panel Report 3 (EPR-3) Guidelines for the Diagnosis and Management of Asthma. The EPR-3 guidelines recommend that health care professionals provide written asthma action plans for all of their patients with asthma.[2] In 2012, 35.5 percent of Indiana adults with a current asthma diagnosis reported ever receiving an asthma action plan from their health care provider.[3] Asthma action plans are important because patients can sometimes have difficulty recalling care instructions given by their health care providers. Written plans overcome that barrier and allow patients to review the information at any time. These guidelines also recommend that patients with asthma should visit their primary care doctors at least twice a year.[2] However, in 2012, only 61.8 percent of Indiana adults received the recommended two visits.[3] Equipping patients with the proper tools and checking in with them on a regular basis can help reduce asthma exacerbations, prevent emergency situations and lead to better asthma control.

According to the NAEPP, the goals of asthma control are to reduce impairment through preventing chronic and troublesome symptoms, requiring infrequent use of short-acting beta2-agonist (SABA) medications, maintaining near-normal pulmonary function, maintaining normal activity levels, and meeting patients' and caregivers' expectations of asthma care.[2] To reduce the future risk of asthma episodes, the goals are to prevent recurrent exacerbations, minimize emergency department visits and hospital stays, prevent loss of lung function/stagnant lung growth, and provide optimal pharmacotherapy with minimal adverse effects.

Figure 1. Asthma Control among Indiana adults who currently have asthma, 2012[3]



As shown in Figure 1, only 18.6 percent of adults with asthma have their asthma under control.[3] Asthma control is based on the frequency of four components: symptoms, nighttime awakenings, interference with normal activity and SABA medications. Since there is no cure for asthma, the goal is to manage symptoms to minimize exacerbations and prevent the likelihood of future exacerbations. When asthma is under control, there is minimal risk of exacerbations and limitations due to symptoms. Uncontrolled asthma may lead to emergency department visits and hospital stays, which are costly but avoidable if asthma is under control. It is crucial to ask patients about their asthma control and assess them on the four components. If you think it will be beneficial, recommend your patients with asthma attend a self-management class. In 2012, only 8.8 percent of Indiana adults who currently have asthma have ever taken a class on how to manage their asthma.[3]

Controlling asthma involves a multifaceted approach. Some ideas to help your patients control their asthma include the following:

- Assess and monitor asthma severity, control and responsiveness (the ease with which asthma control is achieved by therapy) through physical examination and spirometry.
- Educate patients on the importance of disease management. Be sure to include information on control of environmental factors.
- Complete a written asthma action plan with your patient on a routine basis. Asthma action plans should be written with the patient at a level he or she can understand.
- Inquire about exposure to triggers and in the home and work environment. Reaffirm the need to avoid exposure to asthma triggers.
- Establish a plan for long-term management of asthma, including medications and trigger reduction.
- Provide regular follow-up care.
- Reassess control levels with each visit, and adjust medication accordingly.

To determine if your patients have their asthma under control, use the Asthma Control Test at www.asthma.com, which can be administered online or on paper. The Indiana State Department of Health Chronic Respiratory Disease Section has released a slide library at www.in.gov/isdh highlighting asthma management, health care utilization and mortality in Indiana. For more data on asthma in Indiana, visit www.asthma.in.gov or contact Amy Brandt, chronic respiratory disease epidemiologist, at abrandt@isdh.in.gov.

Sources

1. CDC and ISDH DAT. (2013). Behavioral Risk Factor Surveillance System*, 2012.*

2. National Asthma Education and Prevention Program. (2007). Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Bethesda (MD): National Heart, Lung and Blood Institute.

3. CDC and ISDH DAT. (2013). Behavioral Risk Factor Surveillance System Adult Asthma Call-back Survey*, 2012.*

Call for Nominations for IAFP Awards

In an effort to recognize the achievements and dedication of our members, the IAFP Board of Directors invites members to honor their peers with the following awards each year:

- Family Physician of the Year Award
- Lester D. Bibler Award (for long-term service and leadership)
- A. Alan Fischer Award (for outstanding contributions to family medicine education)
- Distinguished Public Service Award (for community or public service on a voluntary and uncompensated basis)
- Certificate of Commendation (for non-family physicians who have been deemed to contribute in a distinguished manner to the advancement of family medicine in Indiana)
- Outstanding Resident Award

The IAFP Commission on Membership and Communication will review all entries and present its recommendation to the IAFP Board of Directors for approval at the spring board meeting. Recipients will be recognized during the 2014 IAFP Annual Convention in July. Nomination forms are available on our website (www.in-afp.org). Nominations will be accepted from January 15 through April 15, 2014. A list of past award winners is also available on the website.

Thank you for serving as an advocate for your specialty by nominating a family physician today!

2013 Family Physician of the Year Cynthia Heckman-Davis, MD, and her family

Call for Nominations for 2014-15 IAFP Board of Directors

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 25 and 26 in Indianapolis. At the time of the meeting, additional nominations from the floor may be made. The said election of officers shall be the first order of business at the second session of the Congress of Delegates on July 26. Current Board members are listed at the front of this magazine, on page 5.

Eligibility and Terms

Nominees for president-elect, AAFP delegate, AAFP alternate delegate and at-large director(s) shall be active members at the time of their election and throughout their term of office. The term for president-elect is one year. The president-elect automatically serves as president for one year immediately following his/her term as president-elect. The terms for AAFP delegate and alternate delegate are two years. The term for at-large directors is three years. For additional eligibility and term criteria, please refer to the IAFP website under About Us > Leadership.

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

If you are an active member of the IAFP and are interested in submitting your name as a candidate, you must submit a letter of intent and a curriculum vitae. The deadline for nominations for 2014-15 IAFP officers is Monday, March 3, 2014. If you have questions, please contact Kevin Speer or Deeda Ferree at 317.237.4237.

2014 Legislative Session Just Around the Corner

by Allison Taylor, JD

The upcoming "short" session of the Indiana General Assembly will begin no later than January 13, 2014, and will adjourn *sine die* by March 14, 2014. During this time, legislators will not be working on the state's biennial budget (as this work was completed last year). Instead, legislators will focus on passing legislation for their constituencies. Unlike a "long" budget-writing session, during a "short session," legislators are limited in the numbers of bills they can file. Senate members can file no more than 10 bills or joint resolutions, while House members can only file five bills or joint resolutions.

At the time of print, legislators had not yet begun filing bills — so we do not yet know exactly what legislation will impact family medicine. But we do know that issues involving the Affordable Care Act — including coverage expansion and the federal marketplace — will be hot topics. We can expect a renewed push by various stakeholders to encourage the state to expand health care coverage — whether it be through traditional Medicaid, the Healthy Indiana Plan or a new model. And we can also expect the Indiana Department of Insurance to continue to push the federal government to better facilitate the federal marketplace (formerly known as the "exchange").

As a result of the increased attention to health care coverage (whether one supports Obamacare or not), there is no doubt that more consumers will be seeking preventive health care services. At the very least, more Hoosiers will gain coverage via the federal marketplace. And it's possible at some point that Indiana will expand coverage via HIP or another model, and even more Hoosiers will have coverage and will seek preventive health care services. Legislators and stakeholders alike are already asking the question — who will provide those services? Given the shortage of not only physicians but providers of all types, we can expect pressure from all angles to fill the gaps. IAFP will encourage legislators to look to loan forgiveness and revision of payment policies in order to better encourage and retain family physicians in these communities.

While we will not know for sure until bills are filed, we can get an idea of a few upcoming legislative concepts from the 2013 interim study agenda (also known as summer study committees). While IAFP monitored all of the summer study committees, two of the committees (both chaired by Sen. Patricia Miller), will have legislative proposals of interest to IAFP members. The Health Finance Commission (HFC) studied several issues, from revisiting the traumatic brain injury and biosimilar drug issues to regulating the use of tanning devices by minors. Notably, HFC will endorse legislation prohibiting a person less than 16 years of age from using a tanning device in a tanning facility. The Commission on Mental Health and Addiction (CMHA) studied the shortage of mental health providers and continued to study opioid therapy and addiction treatment services. It appears CMHA will endorse several legislative measures affecting the use of methadone not only for pain management but also in the addiction treatment setting. We also expect Sen. Miller to support efforts to make the state's controlled-substance repository (INSPECT) a full drug reconciliation database. The initial legislation will require the reporting of all prescription drugs into INSPECT beginning in 2015.

Pursuant to a Congress of Delegates mandate, IAFP will support legislative efforts allowing schools to use autoinjectable epinephrine pens. We expect to work with the Indiana State Department of Health and the Indiana State Medical Association on this effort.

Alan W. Sidel, MD, Memorial Family Medicine Scholarship

After a short illness, IAFP past president **Alan Wayne Sidel, MD**, passed away at his home in Fort Wayne on Sunday, May 26, 2013, with family at his side.

He was born in Garrett, Indiana, on December 7, 1938, to parents Wayne B. and Gladys C. Sidel. He attended Indiana University, where he earned his bachelor's, master's and medical degrees. He was a captain in the Air Force from 1966 to 1968, stationed at a strategic air command base in Columbus, Mississippi, prior to moving to Fort Wayne, where he practiced family medicine from 1968 until 2013. Dr. Sidel was the medical director of several nursing homes.

He was a past president of both the Fort Wayne Medical Society and also the Indiana Academy of Family Physicians. Dr. Sidel was an assistant professor of medicine for Indiana University School of Medicine, teaching many students during his career. He was active with the Fort Wayne Rescue Mission and the Toastmasters organization.

His interests included spending time with family, gardening, horticulture, fishing, hiking, reading and golfing. He also had a personal interest in nutrition and well-being. Surviving are his wife, Jerri L. Sidel, of Fort Wayne; his son, Dr. Todd (Jenifer) Sidel of Leo; his daughter, Natalie (Shawn) Holstein of Zionsville; his sister, Sheila (Dave) Schimmele of Angola; his uncle, Bud (Naomi) Hoot of Coldwater; 11 nieces and nephews; nine great-nieces and nephews; 10 grandchildren; and many cousins who all loved him dearly.

Dr. Sidel's family has set up a memorial family medicine scholarship with the IU School of Medicine. Making a gift is a wonderful way to memorialize Dr. Sidel, who was passionate about the value and importance of family medicine. Use this donation card, or, to make a gift using your credit card, please call IU Foundation Gift Services at 800.558.8311.

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Are You Eligible for the AAFP Degree of Fellow?

Have you been an AAFP member for six years? Have you served as physician of the day? Do you work in an underserved area? Have you served on a board of directors — ours or one in your community? Are you a volunteer teacher, a preceptor or a speaker at an IAFP meeting? If so, you are probably eligible for the AAFP Degree of Fellow! The Degree of Fellow was established in 1971 by the AAFP Congress of Delegates as a way to recognize AAFP members who have distinguished themselves among their colleagues, and in their communities, by their service to family medicine, the advancement of health care to the American people and professional development through medical education and research.

The Degree of Fellow will be conferred during the 2014 IAFP Annual Convention, July 24-27, Indianapolis. Those wishing to receive their Degree of Fellow at that time should have their application submitted to the AAFP no later than Friday, May 23, 2014.

For more information, visit www.aafp.org/online/en/home/membership/fellowship/fellow.html, or visit aafp.org and search for "Degree of Fellow."

Contact Missy Lewis before July 1, 2014, if you wish to have your Degree of Fellow conferred at our Annual Convention. Email mlewis@in-afp.org or call 317.237.4237

Coding and Billing Update

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

Tips From our Consultant

***ICD-10* – Implementation Still on Target for October 1, 2014**

A member recently asked how to obtain an electronic version of *ICD-10* for free. The 2014 *ICD-10* codes, both the tabular list and index, can be downloaded from the CMS website at http://cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html. We selected "2014 Code Tables and Index," and the typical open file box popped up. We then selected the files that were in Adobe format. They are legible and can be easily searched using the Adobe search function.

The 2014 *ICD-10* guidelines are available on the Centers for Disease Control and Prevention website at http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf.

Medicare to Stop Including Beneficiary Medicare Numbers Written Responses to Medicare Redetermination Requests

The following information is an excerpt from MM8268 available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8268.pdf:

Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs)

Medicare contractors are required to issue a notice of Medicare redetermination after an appeal is requested in accordance with 42 CFR Section 405.956. One of the elements in the MRN is the beneficiary's HICN [Medicare number on the patient's Medicare card]. To ensure that contractors protect personally identifiable information, the Centers for Medicare & Medicaid Services (CMS) are requesting that all contractors redact the HICNs in the MRNs.

[Beginning January 1, 2014,] the HICNs will be redacted by replacing 5 or more values of the HICN with X's or asterisks (*) with the last 4 or 5 digits of the HICN displayed. This applies to HICNs with both alpha and numeric digits.

Skilled Nursing Facility Inpatient Seen in the Office Setting

If patients in nursing facilities never come to your office, you still need to know about the information included in this article.

Patients meeting the requirements for Medicare coverage for skilled nursing facilities (SNF) are typically referred to as "patients in a Part A-covered stay." Special billing rules apply to claims for SNF patients who are in a Part A-covered stay when they are seen in the office setting.

There may be an occasion when a resident residing in a nursing facility is transported to your office in lieu of you traveling to the nursing facility. When a patient with Medicare coverage has recently been in the hospital and is in the SNF as a bridge from the acute care setting to home, it is highly possible that the patient meets the requirements for a Part A-covered stay.

From a billing perspective, the practice must verify whether you are evaluating a patient in a SNF Part A-covered stay vs a patient in a nursing facility who has Medicare coverage but does not meet the criteria for SNF benefits. To make it easier to understand, let's refer to this latter scenario as a Part B stay.

Billing Medicare for patients in a Part A-covered stay are affected by the SNF Consolidated Billing Requirements. When a SNF enrolls with Medicare, with some exceptions (e.g., chemotherapy drugs, radiation oncology, etc.), the SNF agrees that it is responsible for paying nonprofessional services (e.g., laboratory tests, technical components of X-rays and other tests, injectable therapeutic medications, etc.). In essence, CMS pays the SNF a per diem rate, and the SNF has to pay for the services that have been "consolidated" into the per diem rate.

Let's deal with the easy and most common scenario first. When a patient in a Part B stay is seen in the office, we bill Medicare just like we do any other office patient. We use office E/M codes with place of service office and all ancillary services — e.g., injections, tests, etc. are billed to Medicare Part B. Life is good!

When a patient in a Part A stay is seen in the office, we have to bill Medicare as if this patient were actually being seen in the SNF. This means you must use the Nursing Facility E/M codes, initial visit codes 99304 through 99306, subsequent visit codes 99307 through 99310 and, when appropriate, discharge codes 99315 through 99316. Even though the patient is being seen in your office, the place of service on the claim must be 31 for skilled nursing facility and your name, address and NPI in Item 32 (or its electronic equivalent).

Consolidated billing is applicable. You bill Medicare Part B for all professional services (e.g., visits and surgical procedures) but nonprofessional services must be billed directly to the SNF. If the patient has a chest X-ray in your office, you must separate your charge into the professional component (interpretation) and the technical component (all costs associated with doing the X-ray).

For example, CPT code 71020 is used to bill for a two-view chest X-ray. If the SNF patient has a chest X-ray in your office, you will bill the interpretation using 71020-26 to Medicare Part B (Wisconsin Physician Services), but the technical component, 71020-TC, is billed to the SNF, and the SNF is responsible for paying you.

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.*

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