

FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Fall 2010



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IAFP President

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OF DELEGATES MANDATES

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FRONTLINE PHYSICIAN

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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 and Influence

Shape health policy through interactions with government, the public, business, the health care industry and other health care professionals.

Promotion of the Value of Family Medicine

Promote the specialty of Family Medicine and its value to the public, the business community, government and the health care industry.

Practice Enhancement

Enhance members' abilities to fulfill their practice and career goals while maintaining balance in their personal and professional lives.

Membership and Leadership Development

Foster the development of leadership within IAFP and encourage Family Medicine involvement at the community, state and national levels.

Education and Research

Provide high-quality, innovative education for physicians, residents and medical students that highlights current, evidence-based practices in Family Medicine and practice management.

Workforce

Ensure a workforce of Family Medicine physicians to meet the needs of all people in Indiana.

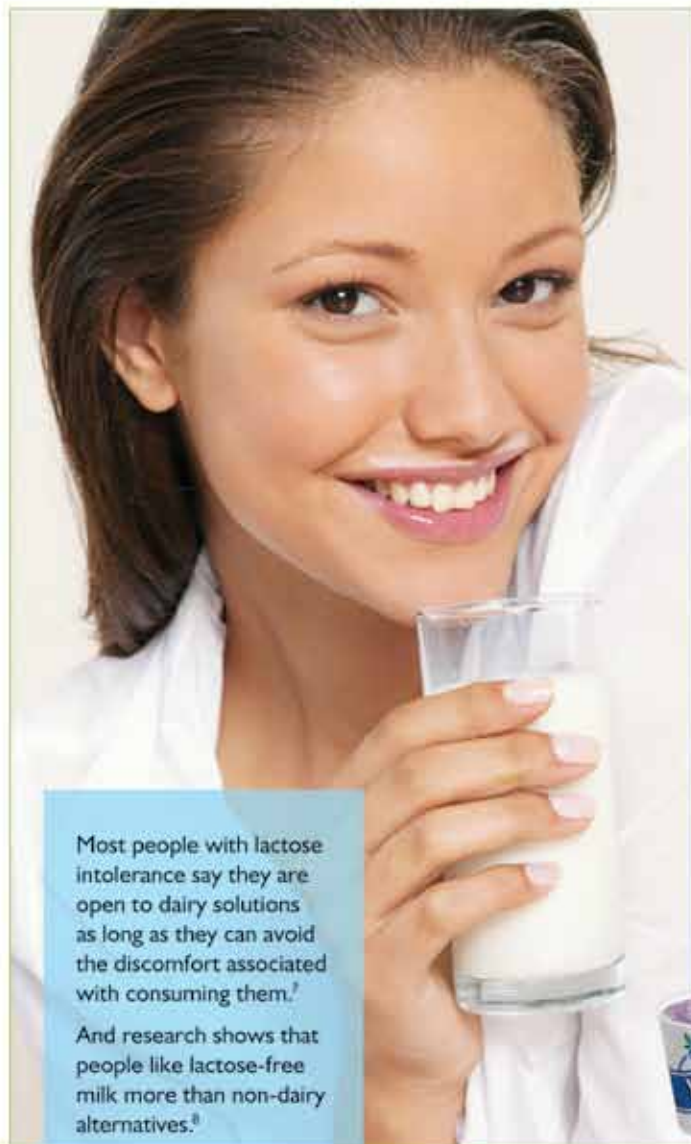


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Lactose Intolerant? Enjoy Dairy Again



Most people with lactose intolerance say they are open to dairy solutions as long as they can avoid the discomfort associated with consuming them.⁷

And research shows that people like lactose-free milk more than non-dairy alternatives.⁸

Many health authorities agree that low-fat and fat-free milk and milk products are an important and practical source of key nutrients for all people – including those who are lactose intolerant.^{1,2,3,4,5,6}

It's valuable for health and nutrition professionals to encourage and educate individuals with lactose intolerance to consume dairy foods first, before non-dairy options, to help meet key nutrient recommendations.

A Solutions-Focused Approach

People who are lactose intolerant should know that when it comes to dairy foods, practical solutions can help them enjoy the recommended three servings of low-fat and fat-free dairy foods every day*, without experiencing discomfort or embarrassment:

- Gradually reintroducing milk back into the diet by trying small amounts of it with food or cooking with it.
- Try drinking lactose-free milk, which is real milk just without the lactose, tastes great and has all the nutrients you'd expect from milk.
- Eating natural cheeses, which are generally low in lactose, and yogurt with live and active cultures, which can help the body digest lactose.



Visit nationaldairycouncil.org for more information, management strategies and patient education materials.



NATIONAL DAIRY COUNCIL



These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products, to help improve overall health.



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1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 4th Edition, Washington, DC: U.S. Government Printing Office, January 2005.
2 National Institutes of Health Consensus Development Conference Statement. NIH Consensus Development Conference: Lactose Intolerance and Health. Draft statement, issued at 7:47 p.m. ET on February 24, 2010. http://consensus.nih.gov/2010/01images/lactose/lactose_draftstatement.pdf
3 American Academy of Pediatrics. Lactose intolerance in infants, children, and adolescents. Pediatrics. 2006; 118 (3):1279-1286.
4 USDA, FNS. Special Supplemental Nutrition Program for Women, Infants and Children: Revisions in the WIC Food Package. Interim Rule; 7 CFR, Part 246.

5 National Medical Association. Lactose Intolerance and African Americans: Implications for the Consumption of Appropriate Intake Levels of Key Nutrients. Journal of the National Medical Association, Supplement to October 2009; Volume 101, No. 10.
6 Wooten, WJ and Price, W. Consensus Report of the National Medical Association: The Role of Dairy and Dairy Nutrients in the Diet of African Americans. Journal of the National Medical Association 2004; 96:15-315.
7 NPD Group. Fluid Milk Concept Test for Dairy Management Inc. November, 2007.
8 Palacios OM, et al. Consumer Acceptance of Cow's Milk Versus Soy Beverages: Impact of Ethnicity, Lactose Tolerance And Sensory Preference Segmentation. Journal of Sensory Studies, 2009, 14:5.

* The 2005 Dietary Guidelines for Americans recommend 3 servings for individuals 9 years and older, and 2 servings for children 2-8 yrs.

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On the cover: Jason Marker, MD, and his family prepare to celebrate his new role as IAFP president at the annual banquet.

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Jason Marker, MD

Politics of Medicine

It is my pleasure to write this article as your new IAFP president. I've been working with the Academy since I was a medical student and Jackie Shilling, then EVP, cornered me at the Indianapolis Zoo and asked if I'd hand out IAFP/AAFP membership applications to incoming freshmen. I said "yes," and I have been more or less saying "yes" to the Academy ever since, including when I was asked to join the leadership track a few years ago.

I don't tell that story to leave the impression that I believe everything organized medicine does is on-target and wonderful but to let you know how important I believe being a leader in health care is, especially in 2010. I firmly believe that unless I am trying to be part of the solution, then I'm not allowed to complain about the problems. Since there seems to be so much to complain about these days, then lead I will. That, of course, always brings up the inevitable politics of medicine and the bind it puts level-headed physicians in.

I am a Republican. I believe that a free market can fix economic problems, that the government doesn't always understand a system when it tries to take it over (and can therefore ruin it for everyone) and that we shouldn't force people to do things — even when what they want to do is self-destructive. I believe that well-meaning laws can still result in poorly run bureaucracies, that U.S. citizens should enjoy the rights and uphold the responsibilities of that designation, and I don't believe any company is too big to fail.

I am a Democrat. I believe that some precepts of American life — like health care — should be enjoyed by all citizens as a basic right. I believe that we have gotten ourselves in such a health care mess by our failure of self-policing that we cannot simply call a "do-over" but must

act through government to correct the wrongs of the past. I believe that some people need some protections from themselves as a way to protect those around them. I believe that a properly informed and monitored government can do the right thing if they commit themselves to the task. I believe that we do not currently enjoy a free-market economy, especially within health care, and that, until we do, politicians will be required to fix economic problems.

I am a physician — like you. I consider that to be a third political party I must reconcile to myself — the party of altruism, delayed gratification, patient over self, community-based health initiatives through local health departments, guidelines and evidence-based medicine. I believe that patients often need my help, even when they say they don't; that both private and public health care fail to provide adequate care for my patients without me being their intermediary; and that some people will only learn by being allowed to make mistakes with their health. I know that some of my patients would be alive today if they had had health insurance of any kind, and I know that my current patients would be fine (maybe even better off) without many of the medicines, procedures and other health insurance services they have been convinced they need.

Whether you are a Republican or a Democrat, I hope that you, too, will balance your political leanings against the greater good of our specialty. We need your help to steer Indiana into the future with the confidence that we will make better decisions together than any of us could make on our own. Do not disconnect from the politics of medicine because you don't like the politics of who's in charge — stay connected, or you can be sure you won't be heard at all.

IAFP Receives Student Membership Award

Your Academy was recognized at the AAFP's Annual Leadership Forum Membership Awards Luncheon earlier this year in Kansas City. We have been awarded first place for the **highest percent increase in student membership**

among large chapters during 2009. We look forward to a long and productive relationship with our new, and existing, student members and thank them for becoming IAFP members.

Mark Your Calendar

November 5-7, 2010	November 5 and 6, 2010	November 7, 2010
IAFP Fall Conference Indianapolis	Patient-Centered Medical Home, Physician Leadership, MC-FP SAM Study Group, Hot Topic CME (all free for members)	Board/Commission Cluster
May 13, 2011	July 21-24, 2011	
2011 Residents' Day/Research Forum IUPUI Campus Center, downtown Indianapolis	2011 IAFP Annual Convention, Scientific Assembly and Congress of Delegates French Lick, Indiana	

AAFP Meetings

September 27-29, 2010

AAFP Congress of Delegates
Denver, Colorado

September 29-October 2, 2010

AAFP Annual Scientific Assembly
Denver, Colorado

Member News

Thurman Alvey, DO, Elected President of IOA

IAFP member Thurman Alvey III, DO, was recently elected president of the Indiana Osteopathic Association (IOA). Dr. Alvey practices family medicine and osteopathic manipulative treatment (OMT) at the Union Hospital Family Medicine Center, where he also completed his internship

and residency. He received his osteopathic medical degree from Pikeville College of Osteopathic Medicine in 2003. He is board-certified in family medicine by the American Board of Family Medicine and in OMT by the American Osteopathic Board of Family Practice.



In Memoriam

Sadly, the following IAFP members have passed away during the last 12 months. The IAFP offers our sincere condolences to the families and loved ones of these members and honors their work as family physicians.

William D. Carter, MD
Theodore Makovsky, MD
Paul Siebenmorgen, MD
Ronald Raelson, DO
H. Schirmer Riley, MD
John R. Showalter, MD

Muhammad Shahzad Arain, MD
John Albert Carey, MD
Reginald R. Barton, MD
Fredric Rice, MD
George Ellis, MD

Mandates from the 2010 Congress of Delegates

The 2010 IAFP All Member Congress of Delegates heard 33 resolutions and recommendations from IAFP members on July 23 and 24 at the IAFP Annual Convention. The final mandates and their referral location are included in this article.

During the next year, the IAFP Commissions and Committees will take action on the mandates, including forwarding many of the resolutions onto the AAFP Congress of Delegates, which takes place in late September in Denver, Colorado.

Item 1: Board Meeting Consent Calendar

Recommendation: The IAFP will continue the current format for the BOD meetings to include the use of the consent calendar and discussion of the Mega Issue deriving the business discussion from our Strategic Plan.

Assigned to: *Board of Directors*

Item 2: Executive Committee Meetings for Intervening Business

Recommendation: The IAFP will continue to have Executive Committee meetings in some form between the BOD meetings for conducting intervening business of the academy and to further our goals toward our Strategic Plan.

Assigned to: *Executive Committee*

Item 3: Formation of Committee on Leadership Development

Recommendation: That the IAFP form a Committee on Leadership Development for the purpose of identifying, mentoring, recruiting, and development of orientation materials, for future IAFP leaders including officers and members of the Board of Directors.

Assigned to: *President to assign committee*

Item 4: Bylaws Regarding Election of Region Directors

Recommendation: That the newly formed Committee on Leadership Development or the Commission on Membership and Communications be charged with studying the current process and Bylaws requirement for electing Region Directors and that the committee make recommendations for the 2011 Congress of Delegates including changes in

the bylaws that will create a more effective process for electing Region Directors other than at the Region Annual Business Meeting.

Assigned to: *Commission on Leadership Development, once formed*

Item 5: Semi Annual Meetings with Residencies

Recommendation: I ask that the Academy increase similar meetings with the residency programs to semi-annually in order to further educate and keep them updated on our performance as well as encourage their involvement in the Academy's future.

Recommendation: The reference committee recommends that this recommendation be referred to the IAFP Board of Directors for consideration.

Assigned to: *Board*

Item 6: Monitoring Healthcare Reform

Recommendation: The IAFP leadership and staff will monitor the ongoing implementation of healthcare reform, advocate for family medicine at every opportunity, and report progress to the general membership regularly.

Assigned to: *Board and Commission on Legislation*

Item 7: IAFP PAC Engagement

Recommendation: The IAFP leadership and IAFP PAC leadership will brainstorm ways to re-energize our membership with regard to PAC engagement and contributions.

Assigned to: *Executive Committee*

Item 8: Mission, Vision, Values

Recommendation: The IAFP should adopt changes in our Mission, Vision, and Values and develop marketing and educational materials around these statements. Likewise, the IAFP should continue to streamline its strategic priorities, goals and objectives to align with our mission. By the end of the 2010/2011 work year, all IAFP leaders should be able to easily encapsulate who we are and what we do in a simple statement.

Assigned to: *Executive Committee, Strategic Plan*

Item 9: Tools for Physician Leadership

Recommendation: The IAFP President with the assistance of the Executive Committee of the Board, Board of Directors, IAFP staff, and interested IAFP members will begin to develop specific tools designed to support physician leadership. These tools may include, but are not limited to, programs, marketing campaigns, media strategies, business contacts, legislative efforts, financial models, business plans, survey tools, etc.

Assigned To: *Executive Committee, Strategic Plan*

Item 10: Student and Resident Leadership Tools

Recommendation: The IAFP Foundation, in its capacity to support student and resident involvement with the IAFP, will share with students and residents with whom they are engaged, these tools as they are developed.

Assigned to: *Foundation*

Item 11: Bylaws Recommendations

Recommendations in the Chair of the Bylaws report (#1, 2, 3, 4, and 6) which concerned governance of the IAFP during an emergency, expansion of members allowed to serve as directors, updates to the IAFP Mission, and conforming changes were adopted.

Assigned to: *Bylaws Committee*

Item 12: Recommendations to ITPC

I recommend that the IAFP, in partnership with the ISMA, discuss with ITPC leadership the importance of consolidation of some agency non-programmatic functions with the ISDH to better position itself for further legislative and political attacks to its existence as an independent agency.

Recommendation: The Congress recommended this resolution be referred to the Board for their consideration.

Assigned to: *Board*

Item 13: ITPC Chair

Recommendation: The Governor has in the past appointed the current State Health Commissioner as Chair of the ITPC board; I recommend that the IAFP write a letter recommending appropriate Chairs for ITPC as pre-emptive action. If the Governor chooses to appoint the current State Health Commissioner the IAFP should develop a collaborative effort (this is not something we should necessarily do alone) with other medical and public health organizations for the purpose of requesting a legislator to approach the Offices of the Governor and Attorney General regarding the inappropriateness of this appointment.

Assigned to: *Commission on Legislation*

Item 13: Standardize Insurance Packages and Reforming the Cost of Healthcare

RESOLVED, that the IAFP support the ideal of standardizing insurance packages across Medicare, Medicaid, and commercial payors so that all insurances offer a limited number of uniform benefit packages, and be it further

RESOLVED, that the IAFP work with the Indiana Department of Insurance to standardize insurance coverage packages across all payors, and be it finally

RESOLVED, that this resolution be taken to the AAFP for adoption at the Congress of Delegates.

Assigned to: *Commission on Health Care Services and AAFP Delegates*

Item 14: End of Life Decisions and Reforming the Cost of Health Care

RESOLVED, that the IAFP support state efforts to work with payor industry to better define end of life services and its coverage, and be it further

RESOLVED, that this resolution be taken to the AAFP for its adoption at the Congress of Delegates.

Assigned to: *Commission on Health Care Services, AAFP Delegates*

Item 15: Malpractice and Reforming the Cost of Healthcare

RESOLVED, that the IAFP delegates to the AAFP Congress of Delegates be directed to draft a resolution directing the AAFP to advocate for 1.) New guidance and processes to be implemented as related to malpractice while not interfering with tort reforms already enacted at the state level; 2.) The establishment of national evidence based protocols of care, that if followed by a physician will de facto show that "standard of care" has been met; and 3.) The creation of "health courts" or "health judges" to weigh on the merits of any medical tort action; and be it finally

RESOLVED, that the IAFP will support these ideas for tort reform at the state level.

Recommendation: the reference committee recommended this resolution to be referred to the Board of Directors for their consideration.

Assigned to: *Board*

Item 16: Indiana Medicaid Acceptance of Electronic Signatures

RESOLVED, that the Indiana Academy of Family Physicians Commission on Legislation work toward the universal acceptance of authenticated electronic signatures as valid for all payers.

Assigned to: *Commission on Legislation*

Item 17: Denials for Failure to Get a Prior Authorization

RESOLVED, IAFP seek and/or support any and all efforts including legislative efforts to mandate that payment for care provided in good faith by physicians or other providers CANNOT be denied SOLELY on the basis of failure to have an authorization. Full consideration of medical necessity and appropriateness of the services provided MUST be factored into any denial decision; and be it finally

RESOLVED, that the IAFP delegates to the AAFP Congress carry this resolution forward to the AAFP.

Assigned to: *Commission on Legislation, Commission on Health Care Services, AAFP Delegates*



Item 18: Private Practice Financing

RESOLVED, that the IAFP delegates to the AAFP Congress be directed to sponsor a resolution to be sent to the AAFP requesting that the AAFP support legislation which funds primary care physicians in a way modeled after the funding from the United States Department of Agriculture Federal Registry #7CFR764.51 which is the Federal Authority wherein a young farmer can borrow up to \$1.1 million at an interest of 1.5% per annum for a term of 20 years. Therefore we request that the Department of Health and Human Services develops similar funding framework for new doctors coming into primary care practice.

Assigned to: *AAFP Delegates*

Item 19: How Accountable Care Organizations Will Affect Your Reimbursement and Practice

Recommendation: The reference committee recommends that the first resolved of Resolution No. 10-08 be referred to the IAFP Commission on Health Care Services for them to consider the effect that accountable care organizations will have on family physicians and after further study make appropriate communications to members.

RESOLVED, that the IAFP delegates to the AAFP Congress draft a similar resolution regarding the effect of Accountable Care Organizations on family physicians and submit to the AAFP Congress.

Assigned to: *Commission on Health Care Services, AAFP Delegates*

Item 20: Expedited Partner Therapy

RESOLVED, that the IAFP Board of Directors send a letter petitioning the Medical Licensing Board to allow Expedited Partner Therapy according to current CDC recommendations for EPT; and be it further RESOLVED, that the IAFP Delegates to the AAFP Congress of Delegates be directed to draft a resolution requesting the AAFP to make a policy statement in sup-

port of the legalization of expedited partner therapy (EPT) according to current CDC recommendations.

Assigned to: *Board, AAFP Delegates*

Item 21: Colorado Survival of Independent Primary Care Practice Resolution

RESOLVED, that the Indiana chapter support and sign onto the Survival of Independent Primary Care Practice resolution submitted to the AAFP by Colorado.

Assigned to: *AAFP Delegates*

Item 22: Other Tobacco Products

RESOLVED, that IAFP support efforts to ensure that tax rates on tobacco products other than cigarettes are set at levels that parallel the state's cigarette tax rate by establishing a percentage-of-price tax rate comparable to the tax on cigarettes so that the minimum tax rates on all other tobacco products will rise automatically along with any future cigarette tax increases; and be it further

RESOLVED, that IAFP reject efforts to persuade states to switch to only a weight-based tax; and be it further

RESOLVED, that IAFP support efforts to

implement high-tech tobacco tax stamps and take other cost-effective measures to prevent and reduce tobacco product smuggling and other tobacco tax evasion; and be it further

RESOLVED, that IAFP instruct the Indiana delegation to the AAFP Congress of Delegates to submit a similar resolution to the AAFP Congress of Delegates, and ask the appropriate body to create recommended policy for state chapters with regards to other tobacco products (OTP).

RESOLVED, that the IAFP support efforts to require that all definitions of "cigarette" in Indiana law be amended to include any and all cigarettes, including any cigarettes falsely labeled as "little cigars" or "filtered cigars."

Assigned to: *Commission on Legislation, AAFP Delegates*

Item 23: Spice

RESOLVED, that the Indiana Academy of Family Physicians support efforts to ban the sale and use of the herbal product commonly marketed as "Spice" as well as any other similar products.

RESOLVED, that the IAFP direct its delegates to the AAFP Congress to draft a resolution urging the American Academy of Family Physicians to support efforts to ban the sale and use of the herbal product commonly marketed as "Spice" as well as any other similar products.

Assigned to: *Legislation, AAFP Delegates*

Item 24: Older At Risk Drivers

RESOLVED, that the IAFP provide education to its members regarding evaluation of potentially medically impaired drivers for driving safety, both from a physical and mental standpoint, as well as information regarding current methods and requirements (if in existence) for reporting medically impaired drivers in the state if Indiana.

Assigned to: *Commission on Membership and Communications*

To participate in the fulfilling of these mandates and active IAFP policy, join a commission or committee. To join, contact the IAFP at iafp@in-afp.org or by phone at 317.237.4237.



Meet Your New IAFP President: Jason Marker, MD



Dr. Marker was born and raised in northern Indiana, near the town of Wyatt, where he is now in solo private practice. He graduated from Indiana University in Bloomington, Indiana, with a bachelor of science degree in biology and then attended Indiana University School of

Medicine in Indianapolis, Indiana. While a medical student, he started his involvement with the Board of Directors of the Indiana Academy of Family Physicians and with that organization's foundation.

Upon graduation, he entered the family medicine training program at Memorial Hospital in South Bend, Indiana, where he was the first graduate of the four-year curriculum in health services management. This program allowed him to incorporate time for a master's degree in public affairs from Indiana University in South Bend, as well as advanced training in practice management, health finance, economics and health services delivery. In 2002, Dr. Marker opened his solo private practice in Wyatt and now practices the full scope of family medicine, including OB, office procedures, house calls and nursing-home care.

In addition to his private practice, Dr. Marker is active in church, school district and community events and has

contributed to the advancement of many charitable causes — not just financially but also through the gifts of time and service. In 2007, Dr. Marker was elected to a term on the AAFP Board of Directors as a New Physician, allowing him to learn about and contribute to his specialty at a national level. He became president of the Indiana Academy of Family Physicians in Summer 2010. Recent awards include the 2006 Memorial Hospital Family Medicine Teacher of the Year and the 2008 Indiana Rural Health Association "Doc Hollywood" Physician of the Year.

Jason and his wife, Kirsten, have three daughters: Ellen, Hannah and Lauren. The family is very involved in 4-H, including raising chickens, turkeys and goats on their hobby farm.



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Retail Clinics – What Can I Do?

by Meredith Edwards

One question the IAFP continues to hear from members is:

“A retail clinic just moved into my area — what can I do?”

Although the expansion of retail health clinics has slowed, it has certainly not stopped. Physicians in Indianapolis are well aware of these nurse-practitioner-staffed clinics that are located in retail locations, such as grocery or drug stores. But retail clinics have moved into other areas of the state, including Bloomington and Mooresville.

Since 2008, the Academy has been monitoring the status of retail clinics in Indiana and across the United States. In 2009, the IAFP attempted to limit the spread and scope of retail clinics in Indiana through legislative means, and in February of this year, the AAFP has revised and strengthened its policy on retail clinics.

In the revised policy, the AAFP stands firm that it does not endorse retail clinics. The new policy states that the AAFP believes that the clinics could interfere with the medical-home model of care and that the AAFP opposes retail clinics expanding their scope into the treatment and diagnosis of chronic medical conditions.

But how should family physicians react to a retail clinic moving into their city? If you are worried about losing your competitive advantage in your area, consider adapting your practice. The IAFP recommends utilizing the AAFP Retail Clinic toolkit, available for Academy members, for advice on how to keep your practice competitive and your patients satisfied.

The toolkit provides advice on how to improve patient access to your practice, including setting up after-hours clinics or implementing same-day scheduling

so that your practice can compete with walk-in clinics. Then check out their advice on how to market your practice so your patients (and future patients) know the changes you are implementing.

Visit the Retail Clinic Toolkit: <http://www.aafp.org/online/en/home/publications/journals/fpm/retailclinics.html>. For information on where retail clinics are currently located, you can visit the Convenient Care Association's website, <http://www.ccaclinics.org/>.



Contribute to IAFP-PAC!

When Indiana state legislators think health, we want the family physicians to be on the front of their minds. One of the easiest ways to do this is with campaign contributions through the Indiana Academy of Family Physicians PAC.

Help make the IAFP's legislative work stronger with a donation. Checks should be made out to **IAFP-PAC** and sent to the IAFP downtown office, **55 Monument Circle, Suite 400, Indianapolis, IN 46204**.

Thank you, 2010 PAC donors, for your dedication to family medicine's work at the Statehouse!

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2010 IAFP Annual Convention: Growth for Family Medicine in French Lick!

At the end of July, around 130 of your colleagues gathered in French Lick to take part in the business and social events of the IAFP's Annual Convention. We continued to offer our new shortened schedule so members could spend less time out of their offices but still fully participate in the meeting.

CME activities kicked off with a unique Pre-Assembly Diabetes Workshop that utilized standardized patients and then continued during the next few days with a wide variety of evidence-based topics of interest to IAFP members.

Our All-Member Congress of Delegates enabled our members to provide us with their valuable input and have their say in Academy policy. We revamped our Town Hall meeting by bringing together key Indiana health care leaders to take part in a fascinating discussion on issues that affect family physicians each and every day.

At our Annual Awards Banquet, we recognized newly conferred fellows of the AAFP, installed our new officers, presented our annual awards and heard from our newly installed president, Jason Marker, MD.

When not taking part in planned Convention activities, members and their families took advantage of all the French Lick area had to offer — including golfing, spa visits, tennis, horseback riding and much more. Plan now to join us in 2011, when we head back to French Lick!



Back row, from left to right: Ash Hanna, MD, Chairman of the Board; Windel Stracener, MD, Treasurer; Jason Marker, MD, President; Phil Scott, DO, 2nd Vice President; and Clif Knight, MD, AAFP Delegate.
Front row, from left to right: Risheet Patel, MD, 1st Vice President; Deanna Willis, MD, President-Elect; Teresa Lovins, MD, Vice Speaker of the Congress; and Ken Elek, MD, Speaker of the Congress.



Deeda Ferree's 30 years of service to the IAFP are recognized at this year's Annual Awards Banquet.



Tom Kintanar, MD, and his wife, Erin, enjoy the President's Reception along with AAFP Past President Jim King, MD, and his wife, Sandra.



Several resident members were in attendance at this year's Convention.



Bill Mohr, MD, and his wife, Polly, attend the IAFP Board dinner at West Baden with Fred Ridge, MD, and his wife, Bille.

The following IAFP members were recognized as newly conferred AAFP Fellows at the Annual Banquet:



Clif Knight, MD, with his wife, Shelly



Deanna Willis, MD, with her husband, Marcus



Scott Renshaw, MD, with his wife, Becky



Gary Beck, MD, and his wife, Carolyn



Suzanne Montgomery, MD, with her parents, Ray and Julia

IAFP Annual Award Winners

Family Physician of the Year

The IAFP Family Physician of the Year Award is presented annually to a member who exemplifies the tradition of the family physician and contributes to the continuing good health of the citizens of Indiana.

The selection of **Dr. Robert Clutter** as IAFP Family Physician of the Year has been a long time coming and has been supported by colleagues, staff and patients. A lifelong Hoosier and graduate of the Indiana University School of Medicine, he was a resident at Methodist Hospital in Indianapolis and entered private practice in 1975. In addition to patient care, Dr.

Clutter has served as a leader in the medical community for more than 20 years, having served as IAFP president in 2000-2001. He has also been a preceptor for many medical students, making a tremendous impact and leading bright budding physicians into a lifetime of primary care.

Patients appreciate the time that Dr. Clutter spends in explaining the path he takes to identify their conditions, and they especially admire his efforts to help them live well without first turning to medication. Even today, he has been known to maintain the longtime family physician tradition of house calls. They recognize his bedside

manner and are thankful for the compassion that he continues to show throughout the years. Colleagues are proud to serve with him and confident in the care he provides. Dr. Clutter is the picture of the quintessential family physician, and the IAFP is proud to honor him.

The IAFP congratulates Dr. Clutter for being named 2010 IAFP Family Physician of the Year and our nominee for the AAFP Family Physician of the Year!

Lester D. Bibler Award

The Lester D. Bibler Award is named after the first president of the IAFP (IAGP) and

continued on page 18

2010 Exhibitors

The following companies took part in the Exhibit Show at the 2010 IAFP Annual Convention in French Lick, Indiana. We thank you for your support!

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The IAFP's 2010 award winners, from left to right: Robert Clutter, MD; Bernie Emkes, MD; Carrie Anderson, MD; and Bo Cuevas, MD, PharmD.

is presented annually to an active IAFP member who, through long-term dedication and leadership, has furthered development of family medicine in Indiana.

A graduate of Wabash College and the Indiana University School of Medicine, **Dr. Bernie Emkes** began private practice as a family physician in 1975, following an internship at Methodist Hospital in

Indianapolis. He very quickly became involved in hospital leadership and organized medicine, representing his St. Vincent colleagues on a number of committees and joining the IAFP Board of Directors in 1982. He was elected to serve as president of the Indiana State Medical Association in 1999-2000 and was appointed to the board of the Indiana Hospital Association in 2009.

In 2003, Dr. Emkes was named medical director of managed care services at St. Vincent Hospital, where he has been able to share his passion for eliminating inefficiencies in health care service delivery and improving the quality of care and patient safety. He has been instrumental in informing the family medicine staff and residents, as well as his IAFP colleagues, about the changing face of managed care services and the health care landscape at the local, state and national levels. Put simply by a colleague, “His career has been long and distinguished. His leadership, advocacy and caring for the community is unparalleled.”

The IAFP congratulates Dr. Emkes on being selected to receive the 2010 Lester D. Bibler Award, and we thank him for his continued service in the name of family medicine.

A. Alan Fischer Award

The A. Alan Fischer Award is presented annually to recognize persons who have made outstanding contributions to education for family practice in the undergraduate, graduate and continuing education arenas.

Acknowledgements

2010 Annual Scientific Assembly Educational Grants and In-Kind Support

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Exhibit Show Prize Drawing Winners

iPad: David Schultz, MD

\$100 American Express cards: Michelle Cropper, MD, and Bruce Burton, MD

Diamond necklace: Bill Mohr, MD

Vera Bradley bag: Tom Sutula, MD

A graduate of Indiana University and the Indiana University School of Medicine, **Dr. Carrie Anderson** has been with St. Francis Family Medicine Residency since residency, serving as an associate director for the last several years. As chief resident, she proved to be an outstanding liaison between residents and faculty and was an effective organizer and advocate for her fellow residents. She continues to serve that same role as faculty today.

Dr. Anderson has taken a special interest in research, having served as director of residency research, and has been a champion in encouraging residents to participate in the IAFP Resident Research Forum. At St. Francis, she has taken a leadership role in the development of the competency-based curriculum and evaluation system, as well as the development of a group-based maternity care program. She is an excellent role model for students and residents alike, as evidenced by the comments of her own residency program director: "As a residency director, she manifests unwavering diligence and skill in curriculum and policy development and serves as a wonderful mentor,

advisor and role model — especially for our female residents — as she balances family and professional life."

Though early in her career, Dr. Anderson has already made such an impact on students, residents and colleagues, and will certainly continue to pursue excellence in family medicine education long into the future.

The IAFP congratulates Dr. Anderson for being selected to receive the 2010 A. Alan Fischer Award, and we thank her for her passion for and commitment to the education of the newest members of our specialty.

Outstanding Resident Award

The IAFP Outstanding Resident Award is presented annually to a family medicine resident who demonstrates exceptional interest and involvement in family medicine and exemplifies the qualities of a family physician.

Christopher (Bo) Cuevas, MD, PharmD, is a graduate of the University of Illinois and St. George's University – Grenada. He is currently chief resident in the St. Vincent

combined internal/family medicine residency program. As a physician, Dr. Cuevas is known for his caring and compassionate care, and especially enjoys caring for those especially medically complicated patients who may need him the most. He is truly a man of great character.

Dr. Cuevas has a special interest in leadership development — both his own and that of others — and has sought out opportunities to grow both at St. Vincent and within the IAFP whenever possible. He has served IAFP as the resident alternate director and then director on the Board of Directors, and has been an eager participant in the Resident Research Forum. As resident director, he was involved in the planning and execution of Student Survival Skills Day, which he approached with much enthusiasm, as always. His active participation in committees, commissions and other events has certainly been a benefit for the Academy.

The IAFP congratulates Dr. Cuevas on being named the 2010 Outstanding Resident and looks forward to his continued contributions to family medicine in Indiana in the coming years.

Randomized Controlled Trials in Spine Surgery

The Latest Research



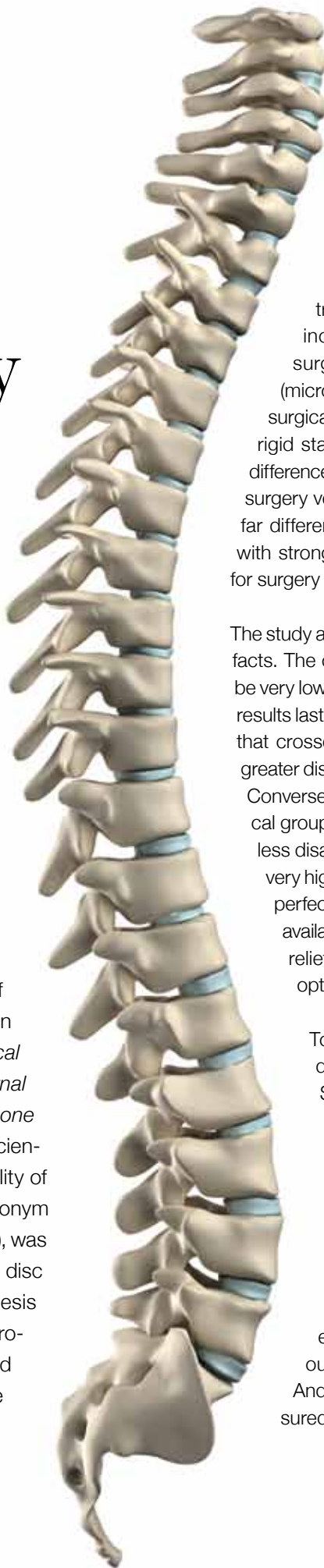
by Paul Kraemer, MD

Randomized controlled trials are quite common in medicine, but in surgical specialties, they are just getting off the ground. In the past, research in spine surgery boiled down to, “Here’s what I did, and it seemed to turn out OK.” But in the last four years, three separate but closely related trials, all funded by the National Institutes of Health and conducted at 13 centers throughout the United States, have brought the quality of evidence we rely on up to par with some of the best studies done in all of medicine. In fact, two of these studies have been published in the *Journal of the American Medical Association* (JAMA) and *The New England Journal of Medicine*, and the third in the *Journal of Bone and Joint Surgery*. This is a testament to the scientific rigor the studies adhered to and the reliability of the results. Each study, all under the catchy acronym SPORT (Spine Patient Outcomes Research Trial), was focused on a common lumbar spine disorder — disc herniations, spinal stenosis and spondylolisthesis — and compared standard common surgical procedures with non-operative treatments. Armed with this information, surgical evaluations are now less opinion and more fact.

What did these studies conclude? The first of these trials was published in JAMA in 2006, “Surgical vs. Non-Operative Treatment for Lumbar Disc Herniation.” This study may also be the most controversial, due to the cross-over rate — that is, the percentage of patients who did not ultimately undertake the treatment that they were randomized to was inordinately high. Only 50 percent of the surgical group actually underwent surgery (microdiscectomy), and 43 percent of the non-surgical group had surgery. Not surprisingly, the rigid statistical intent-to-treat analysis showed no difference, but if you looked at those who actually had surgery versus those who did not, this data “yielded far different results than the intent to treat analysis, with strong, statistically significant advantages seen for surgery at all follow-up times through two years.”

The study also concluded a number of other interesting facts. The complication rate of surgery was shown to be very low, the satisfaction rate was very high, and the results lasted throughout the study period. The people that crossed over to surgery had worse symptoms, greater disability and rated their pain as getting worse. Conversely, those who crossed over out of the surgical group felt they were getting better, and they had less disability and higher function. Both groups had very high satisfaction rates. Though the study is not perfect, it is widely agreed that this is the best data available and confirms that surgery provides good relief, but non-operative treatments are viable options as well.

To address the crossover issues with the disc herniation trial, the second published SPORT trial, “Surgical vs. Nonsurgical Therapy for Lumbar Spinal Stenosis,” had both an investigational trial arm and a purely observational arm. Again, a high percentage of the nonsurgical patients had surgery, 43 percent (overwhelmingly open laminectomy), and 67 percent of the surgical trial patients had surgery. Here, even the rigid intent to treat analysis showed a clear benefit for surgery (on SF-36 Bodily Pain index), outpaced again by the as-treated analysis. And again, the improvement in outcomes (measured by the ODI and SF-36, standard outcomes



tools) were maintained and significant throughout the study period. Complication rates were low, with nearly 90 percent having no complications (average age, mid-60s, and a number of comorbidities). Complications were generally mild, with no deaths in either group. The authors concluded that surgical treatment was safe and effective and that a wide variety of non-surgical methods (mainly epidural steroid injections) could be well tolerated and lead to successful symptom management as well.

The last trial in 2009 dealt with a common disorder of spinal instability and neurologic compression affecting predominately L4-L5. This study, "Surgical Compared with Nonoperative Treatment for Lumbar Degenerative Spondylolisthesis," had a four-year follow-up period. Again, the crossover rate was large — only 66 percent of surgical randomized patients had surgery (a decompression and instrumented fusion in the majority of cases), and 54 percent of non-surgical patients also had surgery. And, again, ODI, SF-36, and satisfaction scores were in favor of surgery up to four years. Complications were low, although there was a higher reoperation rate. Interestingly, the mortality rate was lower than the age-expected rates from actuarial data.

So how is this data used? As a spine surgeon, I use scientific research to apply fact to surgical evaluations. We know that surgical intervention for nerve compression, common to all of the above trials, is safe and effective, and it lasts. We also know that non-operative means are a viable treatment option — and that those who crossover to surgery fared no worse in the final analysis. Facts, rather than opinion, help patients make the decision that is right for them.

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About the Author

Paul Kraemer, MD, is a spine surgeon with Indiana Spine Group, located in Indianapolis. Additionally, he is an assistant professor of orthopaedic surgery at Indiana University Medical Center. Actively involved in research, a few studies he is currently participating in involve surgical procedures of the lumbar spine, as well as a study involving treatment comparisons of cervical spinal trauma. His medical interests include the prevention and treatment of adjacent segment disease; adult spinal deformity; and orthopaedic spinal trauma, including infections, tumors and injuries.

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Coding and Billing Update

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

ICD-9 2011 Changes Effective October 1, 2010

The time to update ICD-9 codes is fast approaching! The entire list of new, revised and deleted *ICD-9* codes can be found on the Academy's website at www.in-afp.org — look under Professional Development, Coding and Billing.

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Medicare's reimbursement is \$11.37 for Fluzone, *CPT* 90658. Recently, CMS published that \$29.21 is the current fee schedule for Fluzone High-Dose, *CPT* 90662. Please remember that

reimbursement for both vaccines may change when CMS issues the average sales price (ASP) drug pricing updates on October 1, 2010.

CMS is also reminding physicians that, except for the H1N1 flu vaccine, Medicare normally covers only one administration of any influenza vaccine per flu season (July 1, 2010-March 31, 2011).

IAFP Breaking Point Project Wins Second Award – AAFP State Government Advocacy Award –

The IAFP headquarters is thrilled to announce that the American Academy of Family Physicians selected the Indiana Chapter for the 2010 Leadership in State Government Advocacy Award.

The purpose of the Leadership in State Government Advocacy Award is to recognize outstanding chapter contributions to further family medicine through legislative accomplishments or initiatives or the support of public policy

efforts. Three awards were given nationally for small, medium and large chapters. Indiana is considered a large chapter.

The award honors the Indiana chapter's project "Breaking Point," a multimedia advocacy campaign that raised awareness and offered solutions to the critical shortage of family physicians in Indiana. This is the second award for "Breaking Point," which was also chosen as the winner of the Indiana Society of Association

Executives' Star Award of Excellence for Best Government Affairs Program.

The AAFP will bestow the award to the IAFP during our Annual Convention in French Lick, Indiana. The IAFP has also been honored with the opportunity to speak about the success of the "Breaking Point" project at the AAFP's 2010 State Legislative Conference.

Student Survival Skills Day Helps Third-Year Medical Students

On Saturday, June 12, third-year medical students gathered for the 2010 Student Survival Skills Day. The event was held at the IUPUI Campus Center in Indianapolis and was designed to help students get

off on the right foot to start the year. Workshops included knot-tying, suturing, admission orders, vaginal delivery with a mannequin and more!



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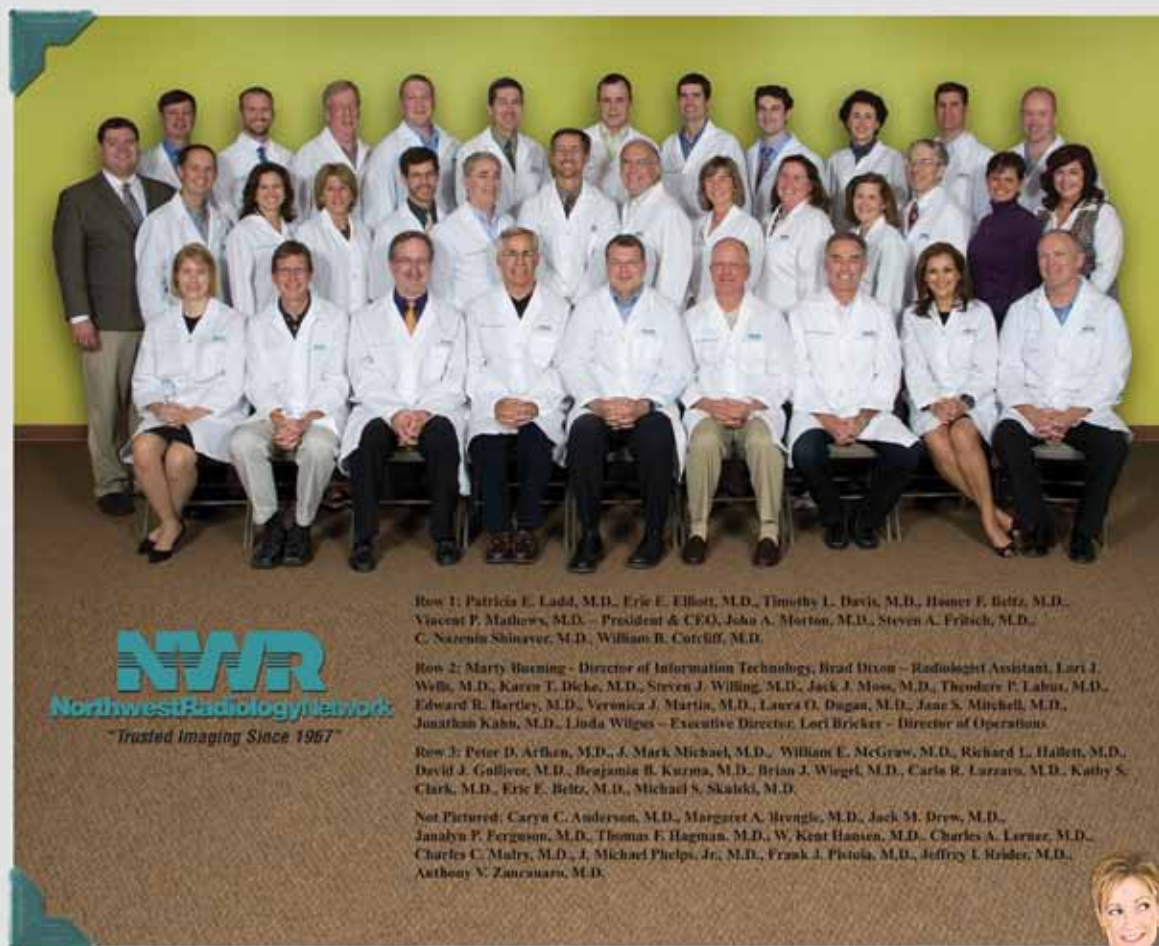
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