



INDIANA ACADEMY OF
FAMILY PHYSICIANS

Fall 2011

FRONTLINE

PHYSICIAN

News for Members of the Indiana Academy of Family Physicians



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Indiana Academy of Family Physicians

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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

Shaping health care policy in Indiana through interactions with government, the public, businesses, the health care industry and our patients

Membership

Serving as the essential resource for the professional success of the Family Physician workforce in Indiana

Education

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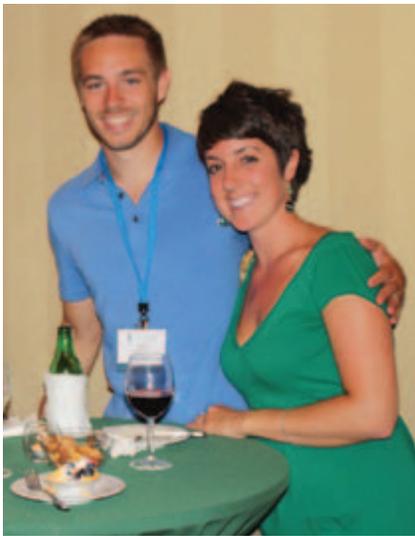
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Deanna Willis, MD

Welcome to the Fall *FrontLine!*

Summer 2011 was a wonderful time for family medicine in Indiana! Our Annual Meeting and Congress of Delegates set the stage for many discussions about changes in the health care environment that will change the face of health care in years to come. Patient-centered primary care medical homes, accountable care, value-based purchasing and social media are all on the forefront of national discussions. Discussions at our Annual Meeting and Congress of Delegates allowed us to address some of the complex issues and begin to capture some of the opportunities related to these changes.

Our Family Medicine at Sea set sail in August for the coast of Alaska. The setting was inspirational, and the camaraderie was strong for up-to-date continuing medical education! September found national discussions and unparalleled education about critical topics to our discipline. Even if you weren't able to go to Orlando, you didn't have to miss out on the action — because, for the first time, our annual Congress of Delegates was webcast live. I had the pleasure of joining many attendees, including our AAFP president and our own Indiana Academy, in tweeting about key topics throughout the proceedings! Imagine having the opportunity to share our message in real time to a worldwide audience!

Exciting times are ahead for family medicine! These are the times when having a group of colleagues to support each other, listen to our unique perspectives and share our passion for our patients will help each of us prepare our practice for the road ahead. There has never been a better time to be a member of the Indiana Academy of Family Physicians!

As you may have noticed, this issue of the *FrontLine Physician* features a new masthead design that better identifies that this publication is produced by your Academy for its members. The process is budget-neutral for the IAFP — none of your dues dollars are used in the printing or distribution of this magazine. Please let us know what you think of the *FrontLine Physician*. We would love to publish your articles or any member news you feel would be of interest to your family physician colleagues in Indiana!

Deanna R. Willis

Mark Your Calendar

IAFP Fall Conference

November 11-12, 2011

Check our website for details

IAFP Board/Commission Cluster

November 13, 2011

Marriott North, Indianapolis

2012 IAFP Annual Convention

July 26-29, 2012

JW Marriott, Indianapolis

AAFP Events

AAFP State Legislative Forum

November 4-5, 2011

Salt Lake City, Utah

National Conference of Special Constituencies (NCSC)

May 3-5, 2012

Kansas City, Missouri

Hyatt Regency Crown Center

Annual Leadership Forum (ALF)

May 3-5, 2012

Kansas City, Missouri

Hyatt Regency Crown Center



Meet the New IAFEP President

Deanna Willis, MD

Deanna R. Willis, MD, MBA, is associate professor of family medicine at Indiana University and medical director/chief medical officer of quality and medical management at Indiana University Medical Group – Primary Care in Indianapolis, Indiana.

Dr. Willis received her medical degree from the University of Missouri in Columbia, where she also completed an internship and two years of residency in family medicine. She completed her final year of residency at St. Francis Hospital in Beech Grove, Indiana. She then received her master of business administration degree from Indiana University.

Dr. Willis has published a number of peer-reviewed articles in scientific journals and book chapters on a wide variety of topics, including the basics of quality improvement and faculty development in underserved populations. She has conducted research in applying quality and engineering principles in health care, engaging

premedical students in community health-based service learning and measuring changes in quality and utilization of care for patients before and after patient copayments were installed.

Dr. Willis has been actively involved in your Academy since 1996, when she became a resident member. She has served as 9th District director and Central Region alternate director, as well as serving as the chair of our Commission on Healthcare Services. She retains a seat on the Commission on Healthcare Services and the Commission on Legislation during her time as president. Dr. Willis is also active with the American Academy of Family Physicians, having recently served on the Commission on Finance and Insurance and the Commission on Education.

Dr. Willis and her husband, Marcus, reside in Zionsville, Indiana, with their daughters, Katia and Amelia.

Welcome!

On August 8, 2011, Benjamin G. Martin, M.D., Urologist, joined Urology of Indiana.

Dr. Martin will concentrate his practice on the northeast side of Indianapolis. He will see patients in our Community Hospital - North, Fishers and Noblesville offices. **To schedule appointments with Dr. Martin, please call 1-877-362-2778.**

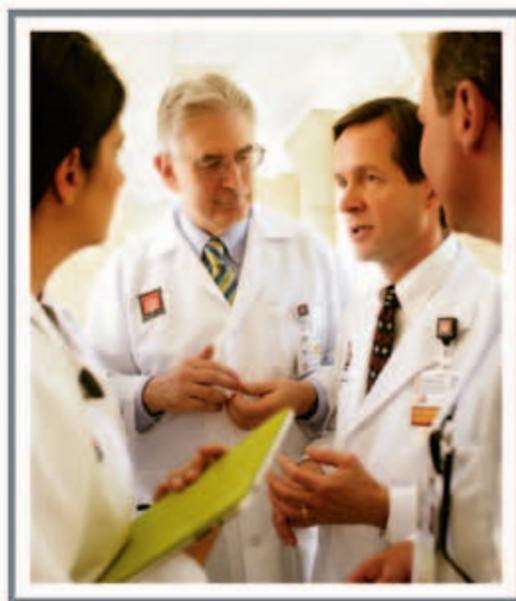
With the addition of Dr. Martin, Urology of Indiana is comprised of 34 Urologists and Gynecologists who see patients in 18 office locations in central Indiana. The practice traces its roots to 1887, and provides complete diagnosis and medical and surgical treatment of all conditions of the genitourinary system affecting men, women, and children.

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Tom Felger, MD, addresses the AAFP Congress of Delegates.

Report from the AAFP Congress of Delegates

From September 11 through September 14, the AAFP held its annual Congress of Delegates in Orlando, Florida, to determine future policies and to elect the newest leadership of the organization.

The Indiana chapter was well-represented at the Congress by our voting delegates, **Clif Knight, MD**, and **Richard Feldman, MD**; along with alternate delegates **David Pepple, MD**, and **Windel Stracener, MD**. These delegates and alternates are elected for two-year terms by the IAFFP's Congress of Delegates.

The first two days of the Congress were almost solely devoted to determining new policies and actions for the AAFP. The AAFP Congress of Delegates considered 47 resolutions submitted by state chapters and the AAFP National Conference of Special Constituencies. Read more about resolutions of interest below.

On the last day of the Congress, the IAFFP learned the results of the AAFP Board of Directors election. The newest Board members are **Wanda Filer, MD**, of York, Pennsylvania; **Daniel Spogen, MD**, of Reno, Nevada; and **Julie Wood, MD**, of Kansas City, Missouri. Each Board member will serve a three-year term.

The newest president of the AAFP, **Glen Stream, MD**, of Spokane, Washington, was installed at the Congress and will serve until the close of the 2012 Congress in Philadelphia. Newly elected AAFP President-elect **Jeffrey Cain, MD**, of Denver, Colorado, will succeed Dr. Stream.

The closing of the Congress also marked the last day on the AAFP Board of Directors for Indiana's own **Tom Felger, MD**, of Granger, Indiana. We are proud of Dr. Felger's accomplishments on the Board and are thankful for his service to the AAFP and to organized family medicine.

Selected Resolutions Discussed at the AAFP Congress of Delegates

One of the biggest discussions was around several resolutions requesting that the AAFP remove itself from the Relative Value Scale Update Committee (RUC) and that the AAFP create an alternative system. All these resolutions (311, 312, 313 and 314) were referred

to the Board of Directors by the Congress. The will of the Congress was to allow time for the current Board's efforts on the RUC issue. These efforts include the current ultimatum to the RUC that the AAFP will leave if primary care is not given more representation within the next six months and the collaboration between AAFP and CMS to create an alternative system for valuing the care provided by physicians. The Board is hopeful that its current actions will lead to the solution that the resolutions on the RUC were seeking — an end to the AAFP's participation in the RUC and a new system in which family medicine is represented fairly to CMS.

Included below is a sample of the resolutions considered. A full reporting of the actions of the Congress and the archived telecast can be found on www.aafp.org/congress.

Resolution 203, "Content of FamilyDoctor.org," was amended and adopted by the Congress. The resolution requires that the AAFP take greater control over the FamilyDoctor.org website and make changes to ensure that the website and patient materials do not promote other specialties over family medicine

Resolution 510, "Over-the-Counter Pseudoephedrine," was not adopted by the Congress. The resolution requested that the AAFP support federal legislation that would make pseudoephedrine a controlled substance and available by prescription only.

Resolution 511, "Scope of Practice of Naturopaths," was adopted by the Congress and asks the AAFP to oppose any expansion of the scope of practice of naturopaths.

Resolution 605, "Making Graduate Medical Education Financing and Reform a Priority of the AAFP," was amended and adopted by the Congress. This resolution mandates that the AAFP make the expansion and funding of primary care medical residencies a priority on its national political agenda.

Report from the 2011 IAFP Congress of Delegates

The 2011 IAFP All-Member Congress of Delegates heard 14 resolutions and recommendations from IAFP members on July 22 and 23 during 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. Action that has already been taken is noted under each mandate.

Item #1: Electronic Prescription for Controlled Substances

RESOLVED, that the Indiana Academy of Family Physicians work with the appropriate governmental body to allow the legalization of electronic prescriptions for schedule III, IV, and V controlled substances in Indiana.

Assigned to: Commission on Legislative and Governmental Affairs

Action: Indiana law is prepared to allow physicians to prescribe electronically for scheduled medications; however, the state is currently waiting for electronic prescribing vendors to announce that they can meet the federal Drug Enforcement Agency's strict authentication requirements. According to the Indiana Pharmacy Board, no vendor in any state has announced that its product meets the federal regulation. The IAFP will stay apprised of this issue, and the Commission on Legislative and Governmental Affairs will discuss next steps at its Fall meeting.

Item #2: Hospitals Sharing Records

RESOLVED, that the IAFP advocate for requirements that hospitals fax/mail records concerning patient stays/ER visits with their patient's primary care physicians if the patient's primary care physician does not utilize the hospital's medical record system in their primary care office.

Assigned to: Commission on Health Care Services and Commission on Legislative and Governmental Affairs

Action: This issue will be considered at the next Commission on Health Care Services and Commission on Legislative and Governmental Affairs meetings in fall 2011.

Item #3: Other Insurance Payments for Physician Services

RESOLVED, that the IAFP provide advice to physicians on how to bill for patient visits pertaining to automobile accident injuries.

Assigned to: Commission on Health Care Services

Item #4: Unexplained Variation in Payor Policy

RESOLVED, that IAFP work with other health-care entities (IHA, ISMA, etc.) to attempt to bring payor consistency to payment policies but not to advocate for a single payor system so as to reduce unexplained variation in payor policies that would in turn reduce overall healthcare costs.

Assigned to: Commission on Health Care Services

Action: This item will be discussed at the next Commission on Health Care Services meeting in November.

Item #5: Family Medicine Shortage Workforce Plan

Recommendation: The IAFP leadership and staff will work with key stakeholders in the Family Medicine workforce pipeline, to include but not be limited to, the Indiana Area Health Education Center (AHEC), the Indiana University School of Medicine Department of Family Medicine, the Indiana University School of Medicine Dean for Educational Affairs, the Marian University College of Medicine, Indiana Academy of Osteopathic Family Physicians, and Family Medicine Residency programs around the state, to develop a comprehensive family medicine workforce plan for Indiana.

Assigned to: Executive Committee

Item #6: Standing Agenda Items

Recommendation: The IAFP leadership and staff will have standing agenda items related to Patient Centered Medical Home (PCMH) and Accountable Care at Board meetings and appropriate Commission meetings for the next 3 years.

Assigned to: Board of Directors and Executive Committee

Action: Ongoing commitment

Item #7: Designees for Medical Decisions

RESOLVED, that the Indiana Academy of Family Physicians advocate for legislation using specific nomenclature which clearly identifies a designated appointee to make the decisions for a patient who has no designated medical representative; and be it further

RESOLVED, that this initiative be forwarded to the AAFP for informational purposes in order to stimulate uniformity among our states in their approach to this common issue.

Assigned to: Commission on Legislative and Governmental Affairs

Action: This issue will be discussed at the next meeting of the Commission on Legislative and Governmental Affairs.

Item #8: Physician Orders of Life-Sustaining Treatment

RESOLVED, that the Indiana Academy of Family Physicians advocate for a Physician Order of Life Sustaining Treatment or POLST program in Indiana with a standard transferable legal form and a state registry.

Assigned to: Commission on Legislative and Governmental Affairs

Action: The IAFP joined a coalition of other concerned parties to work toward the passage of physician orders of life-sustaining treatment (POLST) or a similar program in

Indiana. The IAFP is meeting with legislators to gauge their support and could seek legislation as early as 2012.

Item #9: Immunizations and the Indiana State Department of Health

RESOLVED, that the IAFP open a dialogue (through, but not limited to, meetings or correspondence) with the Indiana State Department of Health (ISDH) regarding the issue of immunization availability for all patients. The goal of this dialogue to be topics related to unintended consequences of ISDH current actions as well as valid alternatives that may be mutually beneficial to our members and their organization.

Assigned to: Commission on Health Care Services

Action: The authors of the resolution met with Dr. Joan Duvve of the State Department of Health over conference call to express their concerns over local health departments limiting immunizations. Ideas collected from the membership at the Congress were given to Dr. Duvve, and she

shared ISDH's plans to find a company to bill the insurance of patients who visit the local health departments. The IAFP will continue to work with ISDH to help find a solution to immunize the patients of Indiana.

Item #10: At-Risk Patient Fraud

The Congress of Delegates recommended that this resolution be referred to the Board for its consideration.

RESOLVED, that IAFP, in collaboration with the Securities Commissioner of the Secretary of the State of Indiana, endorse and promote a program to empower IAFP members to identify and refer older patients who may be most vulnerable to financial/investment fraud abuse.

Assigned to: Board of Directors

Action: The Board of Directors at the July meeting sent this item to the Commission on Health Care Services for it to inspect the secretary of state's program and determine how the IAFP could best be involved. The Commission will consider the issue at the November meeting.

Item #11: Preventing Baseball Injuries

The Congress of Delegates recommended that this resolution be referred to the Board for its consideration.

RESOLVED, that IAFP make recommendation to the IHSAA and all organized Hoosier baseball/softball leagues to require all participants ages 5-18 to wear a heart guard or similar protective device while participating in such events.

Assigned to: Board of Directors

Action: The Board of Directors at the July meeting sent this item to the Commission on Health Care Services with the request that it consider the evidence and determine whether Academy action should be taken. The Commission will consider the issue at the November meeting.

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.

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CLIF KNIGHT, MD

Service and Leadership for Family Medicine

The Indiana Chapter proudly announces the candidacy of H. Clifton Knight, MD, for the AAFP Board of Directors.

For a glimpse into Clif's life, follow him on Twitter: @clifknight.

Parents, Teacher, Mentors All Have Helped Doctor on His Many Paths

[Editor's Note: This article first ran in The Indianapolis Star on November 22, 2009.]

Who: Dr. Clif Knight
Chief Medical Officer
at Community Health Network

Honestly, my first big break was being born to parents with values of optimism, citizenship and integrity. They truly made me believe I could accomplish anything with a combination of these values and hard work.

In high school I was challenged by my science teacher, Nicholas Selden, to "learn how to learn." This simple message truly set me on a path of academic success that propelled me to medical school and beyond.

After completing my family medicine residency and a couple of years in full-time private practice, I was recruited into a

teaching position in the family medicine residency at Community Health Network. Dr. Edward Langston encouraged me to give teaching a try.

From 1992 to 2007, educating medical students and residents was my central focus. I found the challenges remarkably rewarding. I hope that during that time, I provided many learners with a big break that they have been able to benefit from.

My most recent big break came in 2007, when Dr. Glenn Bingle gave me an opportunity to change the course of my career path toward medical staff leadership. I became vice president of medical and academic affairs for Community Hospitals East and North.

Dr. Bingle has generously mentored me for the past few years, and when he recently retired from Community after 32

years, I became the chief medical officer for Community Health Network. Following Dr. Bingle in medical staff leadership is like following John Wooden in basketball coaching.

My focus is now on leading efforts to improve the quality and safety of health care. I am fortunate that I have the opportunity to utilize the values I strongly believe in, along with my medical knowledge, teaching skills and leadership experience, to help our health-care team in a relentless desire to always improve and provide better outcomes, leading to the improved health of our community.

My life experiences are a quilted mosaic representing the significant people who have blessed me with my big breaks. I am fortunate to have a career that challenges me constantly while providing me immense satisfaction consistently.

Dr. Clif Knight

Age: 50

Job Title: Chief medical officer at Community Health Network

Duties: Knight supports the medical staffs of Community Hospitals East, North and South and oversees efforts to improve the quality and safety of health care at Community Health Network

About the Company: Ranked among the nation's highest-performing health systems

and most integrated health care networks, Community Health Network has more than 90 care sites throughout Central Indiana.

Experience: Knight previously was vice president of medical and academic affairs at Community Hospitals East and North. Before that, he was the residency program director and a faculty member in the family medicine program at Community Health Network. He also previously owned a private family medicine practice in Flora.

Education: Bachelor's degree from Ball State University and medical degree from the Indiana University School of Medicine.

Personal: He and his wife, Shelly, have three children. His hobbies include spending time with his family and friends, and photography. He is a past president of the IAFP and has served on the Indiana delegation to the AAFP for 10 years. He is the chairman of the Indiana Medicaid Therapeutics Committee.



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IAFP Members Find the Key to Exceptional Care in French Lick!

At the end of July, around 150 of your family physician colleagues traveled to French Lick, many with their families, to experience the IAFP's Annual Convention. We offered Hot Topic CME, a SAM Study Group, a Town Hall meeting, our Congress of Delegates, the Annual Awards Banquet and lots of fun activities for all!

Take a look at our gallery from this year's meeting.



IAFP Congress of Delegates in French Lick



Jason Marker, MD, installs new IAFP President Deanna Willis, MD.



Andy Shull, MD; Scott Wheet, MD; and Madeline Lewis, DO, at the Student & Resident Reception



IAFP Past President Ash Hanna, MD, with his son Luke in French Lick's gardens

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The IAFP would like to acknowledge the generous support of the following partners:

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The following companies generously took part in the Exhibit Show in French Lick. We thank them for their support of IAFP activities.

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Kevin Miller and his wife, Amy, enjoyed the Student & Resident Reception with Greg Dowling and his wife Sarah.



Members gather at the Student & Resident Reception.



Town Hall meeting at French Lick



Hot Topic CME was a packed house.

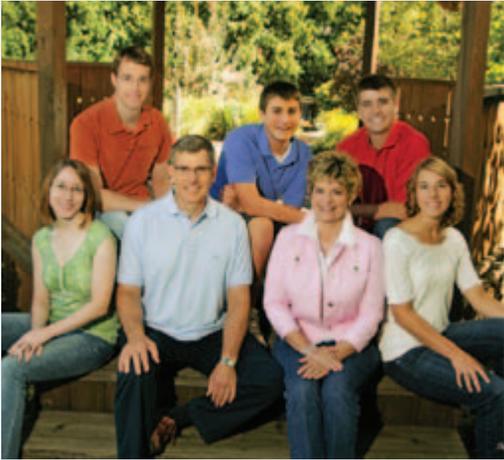
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2011 IAFP Award Winners

IAFP Family Physician of the Year Randall Suttor, MD



Dr. Suttor and his family



Dr. Suttor serves as a medical missionary.



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.

Dr. Suttor has been passionate about providing medical care beyond the boundaries of his home community for as long as he has been a physician. He has served as a medical missionary in many underdeveloped countries and spent two years in Papua New Guinea shortly after finishing residency. Through his stories of health care around the world, he provides motivation and inspiration for his students and residents.

Described as kind, compassionate, a patient teacher and a skilled clinician, Dr. Suttor is admired by patients, his col-

leagues and his students alike. We are fortunate to have him in Indiana and proud to call him our Family Physician of the Year.

The IAFP congratulates Dr. Suttor for being named 2011 IAFP Family Physician of the Year and our nominee for the AAFP Family Physician of the Year!



Our Annual Awards Banquet

Acknowledgements

The following companies provided Educational Grants and In-Kind Support for the 2011 IAFP Annual Convention. Thank you for helping us provide excellent continuing medical education to our members.

- Abbott Laboratories
- Community Heart and Vascular
- CorVasc MDs
- CS2Day (Cease Smoking 2Day)
- The France Foundation
- Hall Render Killian Heath & Lyman
- Indiana University School of Medicine
- Newby Consulting, Inc.
- Outcomes Managed Educational Workshops
- Primary Care Education Consortium
- St. Vincent Health

A. Alan Fischer Award Winner **Amy LaHood, MD**

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.

A graduate of the University of Illinois and Rush College of Medicine, Amy LaHood, MD, joined the St. Vincent Family Medicine Residency faculty in 2005, following a fellowship in maternal and child health and several years with the Indiana University Medical Group at Westside Health Center. In keeping with one of her passions — public health — Dr. LaHood earned a master's degree in public health last year.

Serving as a volunteer clinical assistant professor at the Indiana University School of Medicine for more than 10 years and as a member of the clinical faculty at St. Vincent since 2005, Dr. LaHood has ample opportunity to make an impression on both students and residents. Colleagues recognize her enthusiasm and innovative thinking — always looking for a better way to provide care and eliminate waste in education. She initiated the St. Vincent Primary Care Center Community Health Fair, which provides health screenings to underserved people in the community; she chairs the IAFP Research Day Committee, which highlights family medicine research conducted by family physicians in Indiana; and, in response to growing narcotic dependence and abuse problems, she created a multidisciplinary team to safely and effectively care for this patient population and, at the same time, teach residents to do the same in their own practices.

As a teacher and a mentor, it has been said that Dr. LaHood has mastered the delicate balance of allowing students and residents to assume full responsibility for a patient's care while providing just the right amount of close, supportive supervision that allows a student or resident's medical knowledge and confidence to grow. She is truly an inspiration.

The IAFP congratulates Dr. LaHood for being selected to receive the 2011 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 Winner **Raymond Smith, MD**

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.

Raymond Smith, MD, completed his undergraduate and medical studies at Michigan State University and came to Indiana for his residency years at the St. Vincent Family Medicine Residency. We are very excited that he will be staying in Indiana as he



IAFP Award winners Amy LaHood, MD; Randall Suttor, MD; and Ray Smith, MD (see pages 18-19 for more information about our winners)

begins work at the Martindale-Brightwood Health Center in Indianapolis next month.

Dr. Smith just completed his term on the IAFP Board of Directors, representing the Resident Region, and he has been actively engaged in our Research Forum each year that he has been in Indiana. He was selected by his peers to serve as the resident liaison to the Graduate Medical Education Committee at St. Vincent Hospital and is a volunteer at the St. Vincent Primary Care Center Health Fair, among other activities.

Patients, peers and faculty members all recognize Dr. Smith's maturity and calm demeanor in even those most difficult situations. He is full of compassion and provides a comfortable environment in which his patients are able to develop trusting relationships with him. A sports fan, Dr. Smith has also taken his talents to the field, serving as assistant team physician at Lawrence North High School and no doubt serving as an outstanding role model for the students to look up to.

The IAFP congratulates Dr. Smith on being named the 2011 Outstanding Resident and looks forward to his continued contributions to family medicine in Indiana in the coming years.

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 AAFP Degree of Fellow was conferred upon the following members during the Congress of Delegates on Friday evening, July 22. Please join us in congratulating the following members for this excellent accomplishment!

Amy C. LaHood, MD, FAAFP

Richard A. Riedford, MD, FAAFP

Common Questions About Lactose Intolerance



What is lactose intolerance?

People who are lactose intolerant have a hard time digesting the sugar (called lactose) that is naturally found in milk and may experience discomfort after consuming dairy foods.

How do I know if I'm lactose intolerant?

Stomachaches, bloating or gassiness can have many different causes. Your doctor can help you find out if you are lactose intolerant or if your digestive discomfort is caused by something else.

I used to drink milk all the time when I was a child.

Why am I more sensitive to dairy now?

Your body makes an enzyme called lactase to help digest the lactose in milk. As an adult, your body may be making less of this enzyme than when you were younger. This may make it more difficult to tolerate dairy.

If I am lactose intolerant, do I have to avoid all dairy foods?

Lactose intolerance is a very individual condition. Most people can continue to enjoy low-fat and fat-free dairy foods by drinking lactose-free milk, having small amounts of milk with meals or including natural cheeses or yogurt in their diet.

Is lactose intolerance the same thing as a milk allergy?

No, being lactose intolerant is not the same as having a milk allergy. A milk allergy is caused by a reaction to the protein in milk. This is different from lactose intolerance, which occurs when your body has a hard time digesting the natural sugar (or carbohydrate) in milk. While people with milk allergies must avoid dairy, avoidance is not necessary for those who are lactose intolerant.

Can't I get all the nutrients I need without dairy foods in my diet?

Nutrition experts advise that you still try to eat dairy foods to best meet your nutrient recommendations. The dairy food group (milk, cheese and yogurt) provides key nutrients such as calcium, potassium and vitamin D. It's difficult to get enough of these nutrients without dairy foods in your diet.

Can children be lactose intolerant?

Lactose intolerance is less common in young children. If you think your child is lactose intolerant, talk to your family doctor, pediatrician or a dietitian.

FAST FACTS ABOUT LACTOSE-FREE MILK AND MILK PRODUCTS

Lactose-free milk is real milk, just without the lactose, and is a solution to help you get all the great nutrients found in regular milk.

HOW THEY'RE MADE:

Lactose-free dairy products are the same as regular dairy products except the lactose (milk sugar) is already broken down or removed for you.

GREAT TASTING:

People like the taste of lactose-free milk more than some of the available non-dairy alternatives.²

AVAILABLE OPTIONS:

A wide variety of lactose-free dairy products – including reduced-fat, low-fat, fat-free and chocolate milk, ice cream and cottage cheese – are available.



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. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005.

Note: The 2005 Dietary Guidelines for Americans recommends 3 servings of low-fat or fat-free milk or milk products per day for individuals 9 years and older and 2 servings per day for children 2-8 years old.

² Moskowitz HR, et al. J Sensory Studies 2009;24:731-748

Coding and Billing Update

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

Anthem Update

Billing for "Incident to" Services

"Incident to" services are provided by non-physicians under direct supervision by the supervising provider that are integral to the care of a patient. "Incident to" services are eligible for separate reimbursement, if separately reported, as if the supervising provider had personally provided the service. The "Incident to" services rendered and billed under the supervising provider must meet Anthem's definition of medically necessary and be otherwise covered services. (Information from http://www.anthem.com/provider/noapplication/f1/s0/t0/pw_e171174.pdf?refer=ahpprovider&state=in.)

Pursuant to its "Incident to" policy, Anthem requires that the supervising provider must:

- Be physically present in the office suite and immediately available when necessary to provide assistance and direction throughout the evaluation and management visit and/or rendered service
- Stay involved and have an active part in the ongoing care of the patient

Changes Effective December 1, 2011!

Anthem does not follow CMS "Incident to" reimbursement rules for any MD or non-physician practitioner ("NPP"). If Anthem provides a Provider Identification Number (PIN) to the specific type of NPP who rendered the services, the service must be reported using the NPP's name and National Provider Identifier (NPI). This rule applies even when a provider is in the process of applying to Anthem for a PIN. If the provider is a type to which Anthem issues a PIN, then while the provider is waiting to receive a PIN, his/her services are not eligible for reimbursement as "Incident to" services.

Anthem will assign a PIN to the following NPPs:

- Nurse practitioner
- Clinical nurse specialist
- Physician assistant

The following services are not eligible for reimbursement as "Incident to" services:

- Services rendered by any provider who is eligible, under Anthem policies, to directly submit claims to Anthem for reimbursement, regardless of whether NPP has or has not applied for an NPI or whether an application for an NPI is pending.

Anthem expects those providers currently submitting claims in compliance with its "Incident to" policy to continue that practice. Those providers not already following Anthem's "Incident to" policy must become compliant on or before December 1, 2011.

If you have any questions, please contact Provider Inquiry or your local Network Relations consultant.

ICD-9 Code Changes – Effective October 1, 2011

ICD-9 is updated with the government's fiscal year, which is confusing for some practices, as they forget that this means the 2012 *ICD-9* codes became effective October 1, 2011. As in past years, practices need to update superbills, cheat sheets, practice management systems, etc., to reflect *ICD-9* changes. Physicians using electronic medical records should contact their vendors for information about updating the *ICD-9* diagnosis code database. Any personal quick pick or favorite list of diagnosis codes also need to be updated.

The entire list of *ICD-9* changes effective October 1, 2011, is now available on the Indiana Academy of Family Physicians website (<http://www.in-afp.org>) under "Coding and Billing News."

ICD-9 Coding – Have You Been Coding to the Greatest Extent Known?

In the early 1980s, Medicare began requiring physicians to use *ICD-9* and *CPT* codes on claims. Commercial payers quickly followed Medicare's lead. Since failure to use valid *ICD-9* codes resulted in denied claims, physicians quickly learned they were required to report the diagnosis code to the highest level of specificity. This continues to mean physicians must follow these guidelines:

- Assign a three-digit codes (known as category codes) only if there are no four-digit codes within the code category.
- Assign a four-digit code (known as subcategory codes) only if there are no five-digit codes for that category.
- Assign a five-digit code (known as fifth-digit subclassification codes) for that category.

In an attempt to have as many pertinent diagnosis codes as possible on superbills, many practices selected "unspecified" codes to describe services. Some practices have not always coded to "the greatest extent known." Using clinical judgment and the results of any diagnostic tests, physicians should be documenting a complete diagnostic statement in the patient's medical record and assigning the most specific code available to describe the patient's problem.

For example, even to this day, some practices continue to report 382.9 for otitis media. Physicians should be selecting the code that better describes the type of otitis media.

To read the rest of this article, please visit www.in-afp.org, and click on Education and Practice Management>Coding and Billing Updates.



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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, 2011 PAC donors, for your dedication to family medicine's work at the Statehouse!

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