

FRONTLINE

PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Fall 2009



2009 IAFP

Annual Meeting Report

PG 9

Opening Up

Your Schedule

PG 16

2009 All-Member

Congress of Delegates

PG 15

Family Practice Stories Book

PG 18

stability matters.

If there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.

Medical Protective, a proud member of Warren Buffett's Berkshire Hathaway, has always believed that to provide our healthcare providers the best defense in the nation, our financial stability needs to be *rock-solid*, stronger than any other company.

Stability even in the worst of times.

Medical Protective is the only medical professional liability insurance company to protect their healthcare providers through all the business and economic cycles of the last 110 years, including the tough economic times of the *Great Depression*. We are also proud to have provided unmatched defense and stability during all the medical crises.

We provide the greatest stability with the highest ratings from A.M. Best and S&P and the backbone of Berkshire Hathaway.



Trust Stability. Trust Medical Protective.

 **MEDICAL
PROTECTIVE**
Strength. Defense. Solutions. Since 1899.
a Berkshire Hathaway Company

Serving Indiana Healthcare providers since 1899. Call 1-800-4MEDPRO today for your FREE expert guide to Indiana medical insurance.

- www.medpro.com
- Contact your local Medical Protective agent

Indiana Academy of Family Physicians

55 Monument Circle, Suite 400
Indianapolis, Indiana 46204
317.237.4237 • 888.422.4237
Fax 317.237.4006
E-mail: iafp@in-afp.org
Web site: www.in-afp.org

2009-2010 Officers

Chairman of the Board & Immediate Past President
Teresa Lovins, MD
Columbus

President
Ashraf Hanna, MD
Fort Wayne

President-Elect
Jason Marker, MD
Wyatt

1st Vice President
Deanna Willis, MD
Indianapolis

2nd Vice President
Risheet Patel, MD
Fishers

Speaker of the Congress
Kenneth Elek, MD
South Bend

Vice Speaker of the Congress
Maria Fletcher, MD
Indianapolis

Treasurer
Windel Stracener, MD
Richmond

AAFP Delegates
Richard D. Feldman, MD
Beech Grove

H. Clifton Knight, MD
Indianapolis

AAFP Alternate Delegates
Worthe Holt, MD
Fishers

W. David Pepple, MD
Fort Wayne

Committees and Commissions

Commission on Education and CME
Thomas Kintanar, MD, Fort Wayne – Chair

Commission on Health Care Services
Deanna Willis, MD, Indianapolis – Chair

Commission on Membership and Communications
Maria Fletcher, MD, Indianapolis – Chair

Commission on Legislation and Governmental Affairs
Richard Feldman, MD, Beech Grove – Chair

Medical School Liaison Committee
Frederick Ridge, MD, Linton – Chair

FRONTLINE PHYSICIAN

Volume 10 • Issue 3

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

IAFP Staff

Christopher Barry
Director of Education and Communications

Kevin P. Speer, J.D.
Executive Vice President

Meredith Edwards
Director of Legislative and Region Affairs

Christie Sutton
Administrative Assistant

Deeda L. Ferree
Assistant Executive Vice President

Dawn O'Neill
Team Support Staff

Lindsay Grace
Smoke Free Indy Campaign Coordinator

Publication
Christopher Barry
Managing Editor

Melissa Lewis, MS, CAE
Director IAFP Foundation

The mission of the IAFP is to improve the health of the people of Indiana, including its families and communities, by promoting and enhancing the practice of family medicine with professionalism and foresight. The IAFP will achieve this mission while working toward the following objectives:

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.



innovativepublishingink

FrontLine Physician is published by Innovative Publishing Ink.
10629 Henning Way, Suite 8 • Louisville, Kentucky 40241
502.423.7272
www.ipipublishing.com

Innovative Publishing Ink specializes in creating custom magazines for associations. Please direct all inquiries to Aran Jackson, ajackson@ipipublishing.com.

CRC Screening

✓ Most clinically proven

✓ Lowest total cost

✓ Trusted quality



Nobody does it better.

Planning an effective CRC screening program means selecting the right blend of tests and procedures to yield reliable results with the lowest total cost. For more than 40 years, no other FOBT has outperformed the Hemocult brand for safe, accurate, cost-effective CRC screening.



Cited in over 300 clinical publications, Hemocult brand is the proven gold standard and trusted choice for saving lives through early detection

of CRC. No other FOBT has as much clinical documentation supporting its accuracy or efficacy.

Start saving right away. For a limited time you can take advantage of a special offer to help you implement a reliable CRC screening program. Get a 25% discount when you purchase three or more cases of Hemocult or Hemocult SENSE guaiac tests, or receive a free box of Hemocult ICT collection cards with every box purchased.* When it comes to CRC screening, tests prove that nobody does it better than Hemocult. Call 1-800-352-3433 or visit www.beckmancoulter.com/FOBT3 to learn more.

Chemistry Immunodiagnosics Centrifugation Molecular Diagnostics Hematology
Disease Management Hemostasis Information Systems Lab Automation Flow Cytometry Primary Care



*Hemocult ICT Test Device, part number 395067, is excluded from this promotion. **New Customers Only.**

© Copyright 2009 Beckman Coulter, Inc. Beckman Coulter, the stylized logo and Hemocult are registered trademarks of Beckman Coulter, Inc.



Contents

Features

2009 IAFP Annual Meeting Report	9
2009 IAFP Award Winners.	12
2009 IAFP All-Member Congress of Delegates	15
Family Practice Stories	18
IAFP Continues Aggressive Push to Help Smokers Quit	20

Extras

Congratulations, Dr. Elek!	7
Visit www.in-afp.org to Become	
Our Facebook Fan and Learn About the PCMH.	13
The IAFP Needs You!	13
IAFP PAC.	14
Opening Up Your Schedule	16
Online Services Offered by Major Indiana Insurers	17
Foundation Update	22

In Every Issue

President's Message	6
Mark Your Calendar	7
Membership Update	7
Legislative Update	14

Advertisers

American Physicians Assurance Corporation	Medical Protective
Beckman Coulter	Northwest Radiology Network
IU Medical Group	ProAssurance Group

innovativepublishingink

To advertise in the Indiana Academy of Family Physicians' *FrontLine Physician*, please contact Jerry Stains at 502.423.7272 or jstains@ipipublishing.com.



Ash Hanna, MD

A Privilege to Serve

Thank you for the honor of serving as president of the IAFP. It is my privilege to serve you.

For those of you who attended the meeting in French Lick, I hope you found it worthwhile and enjoyed catching up with your colleagues from around Indiana.

For those who were not able to attend, I hope to see you next year!

As I begin my term, the most pressing issue that we face is reimbursement, and it is directly affecting the national shortage of family physicians. There is a decrease in the percentage of medical students choosing family medicine, and it is partly due to these reimbursement problems.

As I begin my term, the most pressing issue that we face is reimbursement, and it is directly affecting the national shortage of family physicians.

We have worked in the past on strengthening the Patient-Centered Medical Home. The goal we must concern ourselves with now is enhancing, maintaining and documenting the medical homes we already provide to our patients. The relationship with our patients is the motivation that drives us to be compassionate and caring physicians and to deliver the best medical care possible. It is time now for family physicians to embrace change that will assist us with documenting our services as a medical home and to advocate for and prepare for new enhanced payment models for primary care.

One of my main objectives this year is to reconnect with our members — let them know what the priorities of the Academy are and learn from them how we can better meet their needs, by addressing the issues that they deal with and the problems they face every day. In this way, we can help them provide better care and, at the same time, encourage involvement in the Academy and thus build an even stronger foundation for our organization.

I also hope that in working with our residency programs, we can reach out to our resident physicians and help them better understand how the Academy works to provide an improved environment in which to practice. Additionally, we must prepare them for the challenges ahead, so that they are able to focus on their patients after graduation.

If you have not yet made a contribution to the IAFP PAC and Foundation, please do so. Both contribute to improving the environment for family medicine in their own unique ways.

I welcome your input and comments. My e-mail address is ashhanna@aol.com, and my cell phone number is 260.437.4463.

Mark Your Calendar



October 11-14, 2009	November 14, 2009	March 2010
AAFP Congress of Delegates	IAFP SAM Group Session Indianapolis, Indiana	2010 IAFP Family Medicine Update and AAFP Live!
Boston, Massachusetts	More details and topics coming soon!	More details coming soon!
October 14-17, 2009	November 15, 2009	
AAFP Annual Meeting	IAFP Fall Board Cluster Meeting	
Boston, Massachusetts	Indianapolis, Indiana	

Congratulations, Dr. Elek!

Congratulations to Dr. Ken Elek, who was awarded a Community-Based Research Mini-Grant from the Center for Social Concerns. Dr. Elek of Memorial Family Medicine and his partners at the St. Joseph County Health Department and the University of Notre Dame will study how information technology interventions can affect attitude and behaviors concerning managing obesity.

The study, entitled, "Personalized Information Technology Interventions and Their Role in Teen Obesity Management," will take

place over six months. At-risk and obese adolescent patients will be studied. The subjects will be assigned either a control or treatment group. Interventions such as text messaging, text and social network invitations and traditional brochure-based obesity management literature will be used.

The results will help Memorial Family Medicine and St. Joseph County Health Department learn which programs best serve the adolescent population.

Membership Update

Active	1,721
Inactive	14
Life	190
Resident	183
Student	174
Supporting (FP)	3
Supporting (Non-FP)	7
Grand Total	2,292

Keep Us Informed

Please remember to keep all of your contact information up-to-date with IAFP. If you have any changes in your address (home or office), phone number, fax number and/or e-mail address, please call (317.237.4237) or e-mail (iafp@in-afp.org) the IAFP headquarters with your updated information.

If we don't have your current e-mail address on file, you are missing out on the IAFP's *e-FrontLine* electronic newsletter. This vital source of information for family physicians is published about once a week and contains timely information on coding and payment issues, meeting notices and reminders and legislative alerts, as well as breaking news items. To be added to the mailing list, please contact Christie Sutton at the IAFP office with your current e-mail address.



**"Why is this
the best
fit for my
practice?"**

**They see
things
through
my eyes."**

ProAssurance understands your desire for more control, less uncertainty, and preservation of your hard-earned professional identity.

It's about fair treatment. You want reasonable rates with stable premiums, prompt service, easy access to valuable risk reduction information, and of course, unfettered defense of your good medicine.

The qualities you value most in a protection partner are easily within reach.

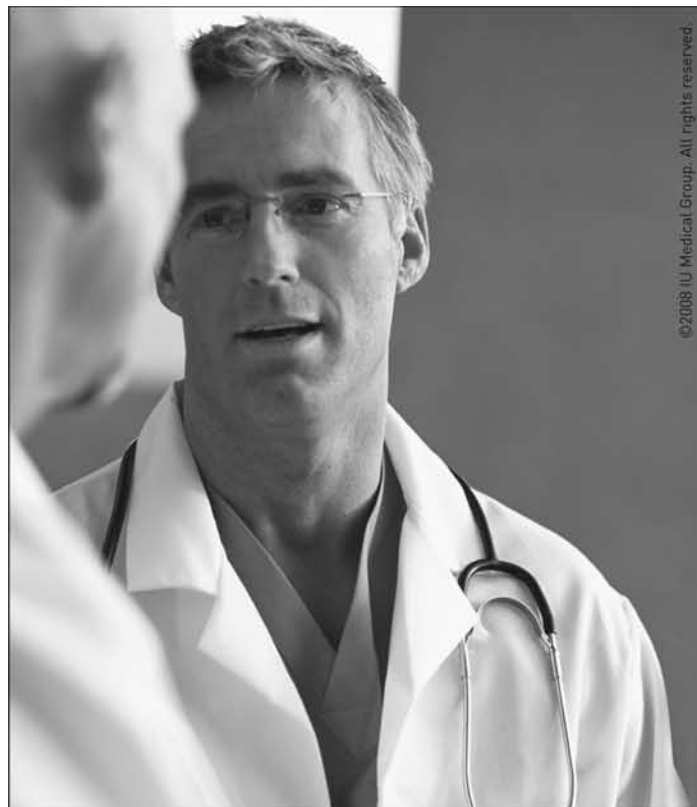
Just take a look.



Professional Liability Insurance & Risk Management Services

ProAssurance Group is rated **A (Excellent)** by A.M. Best.

For individual company ratings, visit www.ProAssurance.com • 800.284.7424



©2008 IU Medical Group. All rights reserved.

You seek the best treatments.

You know what's best for your patients

As IU School of Medicine faculty physicians, we share your commitment to provide the best possible care. We're here, as colleague and partner, when you need to consult or refer your patient for further treatment.

IU Medical Group and You.
Partners for a healthier life.

**IU  MEDICAL
GROUP**

1-800-622-4989 • IMACS One Call

www.iudocs.org

2009 IAFP Annual Meeting Report

New Condensed Schedule and Activities for the Whole Family a Recipe for Success!



Increased attendance at the leaner, meaner 2009 IAFP Annual Meeting was a sure sign that the Academy's changes to the meeting format were what our members had been looking for. Physicians from across the state traveled to French Lick, many with their families in tow, to enjoy:

- **New Shorter Schedule** – Our members participated fully in the meeting and spent less time out of the office
- **Evidence-Based CME** – Members earned double CME credits for many lectures
- **MC-FP SAM Session of Asthma** – The Knowledge Assessment portion of the Asthma SAM was completed at our group session
- **All-Member Congress of Delegates** – Attendees helped direct their Academy's future policy
- **Fellowship and Networking Opportunities** – Members spent quality time with colleagues and friends from around the state
- **Exhibit Show** – Info on the latest clinical advances and practice management advice were dispensed in the Exhibit Show
- **Spectacular and Luxurious Hotels** – French Lick is totally transformed
- **Fun Events for the Whole Family** – Programs for kids and activities for adults

Join us next year! Mark your calendars now for the 2010 IAFP Annual Meeting, **July 22-25, 2010, in French Lick.**

Thanks to Our 2009 Annual Meeting Exhibitors

Abbott
Allscripts
Alzheimers Association
Anthem BCBS
Astellas Pharma US, Inc.
Atlantic Heath Partners
Biosphere Medical
Boehringer Ingelheim Pharm Inc.
Bristol Myers-Squibb
Center for Diagnostic Imaging
Clarian Health
Community Physicians of Indiana
Forest Pharmaceuticals
Humana, Inc.
Indiana Health Information Exchange
Indiana Hemophilia and Thrombosis Center, Inc.
Indiana Spine Group
Indiana State Department of Health, Immunization Program
Indianapolis Neurosurgical Group
Institute of Comprehensive Pain Management
ITPC
McKesson
MDWise

Medical Protective
 Medical Reimbursement Consultants, Inc
 Medimmune
 Medtronic
 Merck
 MidAmerica Clinical Laboratories
 MidAmerica Pathology Services
 Northwest Radiology Network, Inc.
 Novartis Pharmaceuticals
 Physician Practice Alliance
 Premier Surgical/Premier Bariatrics
 PriCara
 ProAssurance
 Roche Labs
 St. Vincent
 Summit Medical Technologies
 Takeda Pharmaceuticals
 Verathon Medical
 Visiting Physicians Association
 Wyeth
 National Government Services
 Managed Health Services
 Purdue Pharm, L.P.

Congratulations to Our Exhibit Hall Prize Winners!

- Carolyn Cooke, MD, and Darla Grossman, MD, won two tickets to the 2009 U.S. Senior Open donated by the Indianapolis Neurosurgical Group
- Teresa Lovins won a "Dinner and a Movie" gift basket donated by MidAmerica Clinical Laboratories
- Rosenberg Reyes, MD, won two tickets to the Indianapolis Colts vs. the Tennessee Titans December 6 football game
- Sarah Schwen, MD, won a digital camera donated by ProAssurance
- Phil Goshert, MD, won a Sony Blu-Ray DVD player
- Don Wagoner, MD, won a Wii game system and Active set
- Phil Goshert won a Vera Bradley bag
- Windel Stracener, MD, won an iPod
- Rosenberg Reyes, MD, won our grand prize of an HP mini computer
- At our Product Theater Breakfast, Richard Feldman, MD, won an LCD TV/DVD combo

Acknowledgements

*2009 Annual Scientific Assembly
 Educational Grants & In-Kind Support*
 Lilly USA, LLC.
 Merck Pharmaceuticals, Inc.
 Newby Consulting, Inc.



Ed Langston, MD, receives the A. Alan Fischer Award from Larry Allen, MD.



Christopher Louck, MD, receives the Outstanding Resident award from Larry Allen, MD.



Windel Stracener, MD, Teresa Lovins, MD, and Larry Allen, MD, enjoy the President's Reception.

Changes to Your IAFP's Leadership

At the 2009 IAFP Annual Meeting, new members of the IAFP's Executive Committee were elected and installed. Your new president is Ash Hanna, MD, of Fort Wayne. Your president-elect is Jason Marker, MD, of Wyatt, followed by Deanna Willis, MD (Indianapolis), and Risheet Patel, MD (Fishers), as first and second vice presidents. Teresa Lovins, MD, of Columbus, now serves as immediate past president and chairman of the board. Speaker of Congress is Kenneth Elek, MD (South Bend), vice speaker is Maria Fletcher, MD (Indianapolis), and treasurer is Windel Stracener, MD (Richmond).

Your directors at-large are now Sarah Schwen, MD, Kevin Gebke, MD (both Indianapolis), Larry Allen, MD, and Tom Kintanar, MD (both Fort Wayne).

Our AAFP Delegates are as follows:

H. Clif Knight, MD, Delegate (Indianapolis)
 Richard Feldman, MD, Delegate (Beech Grove)
 W. David Pepple, MD, Alternate Delegate (Fort Wayne)
 Worthe Holt, MD, Alternate Delegate (Indianapolis)

The IAFP congratulates these members for their appointment and thanks them for their continued involvement.



Jason Marker, MD, of Wyatt, was one of many members who enjoyed a staycation with his family in French Lick this year, as well as participating in our Annual Meeting events.



Newly installed President Ashraf Hanna, MD, and his family attended the Annual President's Banquet.



Mark Souder, MD, receives the IAFP Family Physician of the Year Award from Larry Allen, MD.



Past presidents of the IAFP pictured on the terrace of the new conference center

Solvay Pharmaceuticals, Inc.
St. Vincent Health

- Indiana Spine Group

Texas Academy of Family Physicians and the TCL Institute, with support from:

- Takeda Pharmaceuticals, Inc.
- Sucampo Pharmaceuticals, Inc.
- Pfizer, Inc.

IAFP Strategic Partner and Corporate Partners

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

Thanks to our Strategic Partner:



St Vincent Health

Thanks to our corporate partners:

Abbott
Anthem
Atlantic Health Partners
Center for Diagnostic Imaging
Indiana State Department of Health, Immunization Program
Indiana Tobacco Prevention and Cessation
Medical Protective
Medtronic
ProAssurance
Roche

The Indiana Academy of Family Physicians wishes to give special recognition to the following companies/organizations as sponsors for special events at this year's Annual Meeting:

Ent & Imler CPA Group
Hall Render
IAFP Foundation
Visiting Physicians Association



2009 IAFP Award Winners

Indiana Academy of Family Physicians 2009 IAFP Family Physician of the Year Mark Souder, MD

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.

Auburn, Indiana, is so fortunate to have Dr. Mark Souder. A graduate of Manchester College and the Indiana University School of Medicine, he was a resident at the Fort Wayne Medical Education Program before settling down as a practicing physician, now practicing in Auburn, Indiana. When not in the office, at the hospital or visiting a patient at home, Dr. Souder is often found volunteering in his community, where he has served on the board of the YMCA and volunteers as the medical director for the Auburn-Cord-Dusenberry Festival.

Dr. Souder is a mentor and role model to his colleagues, showing selfless sacrifice of time and service. He is truly the proverbial family physician.

The IAFP congratulates Dr. Souder for being named 2009 IAFP Family Physician of the Year!

A. Alan Fischer Award Presented to Edward Langston, 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 Purdue University and the Indiana University School of Medicine, Dr. Ed Langston has been contributing to the education of family physicians across the country for many years. Following residency training at St. Mary's Graduate Medical Center and 10 years of private practice in rural Indiana, Dr. Langston joined the Family Practice Residency Program at Community Hospital in 1988. He went on to serve a number of appointments in Texas and Illinois before returning to Indiana in 2000. Since then, he has practiced part-time while continuing to further the education of the medical community, serving as the coordinator of the Lafayette Medical Education Foundation and as an instructor at Purdue University.

In addition to his direct involvement in the education of medical students and practicing family physicians, Dr.

Langston has been actively involved in shaping the future of family medicine, serving as president of IAFP, vice president of the AAFP Board of Directors and, most recently, chairman of the Board of Directors of the American Medical Association (AMA). He is currently a candidate for president-elect of the AMA.

We are privileged to count Dr. Langston among our membership and look forward to many more years of his dedicated service to the specialty of family medicine and the medical profession.

The IAFP congratulates Dr. Langston for being selected to receive the 2009 A. Alan Fischer Award, and we thank him for his longstanding commitment to the education of the newest members of our specialty.

Outstanding Resident Award Presented to Christopher Louck, 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.

Christopher Louck, MD, is a graduate of University of Indianapolis and Wright State University Boonshoft School of Medicine and just completed his residency at the St. Francis Family Medicine Residency Program, where he was chief resident. Growing up in Rensselaer as the son of a family physician, Dr. Louck began his training at a very young age. He understands the role that a family physician plays not just in one's medical care but also in the local community, church, school and family. As a resident, he focused his training so that he could return to his hometown and practice with his father, providing the full spectrum of family medicine.

Dr. Louck is known as a knowledgeable and skilled physician, a leader and a teacher. To those close to him, he is a friend, a husband and a father of two. A member of the St. Francis faculty said this: "He practices medicine with compassionate concern for his patients. He possesses an unwavering positive attitude and is greatly respected and admired by his fellow residents, faculty, support staff, nurses and patients."

The IAFP congratulates Dr. Louck for being named the 2009 Outstanding Resident and looks forward to his many contributions to family medicine in Indiana in the coming years.

Visit www.in-afp.org to Become Our Facebook Fan and Learn About the PCMH



Visit www.in-afp.org today for updates and links:

Become Our Fan on Facebook

On the IAFP's homepage, you'll find our Facebook Fan Box — updates on the great stories and photos we post on our Facebook page, a list of our fans and a button to click so you can be one of them!



TransformMED and the PCMH

Just next to the Facebook information, find a link to a video about the Patient-Centered Medical Home and a link to TransformMED's Web site for tons of information on the medical home concept.

The IAFP Needs You!

Plan Now to Serve as Physician of the Day in 2010

The Indiana Academy of Family Physicians and the Indiana State Medical Association will once again sponsor the Physician of the Day program at the 2010 General Assembly. Your assistance is needed! In the current fast-changing health care climate, it is most important that family medicine make an impression on our legislators. This important program allows you to observe the legislative process firsthand and to meet with your area representatives.

The Physician of the Day program is one in which IAFP members volunteer to spend one or more days at the Statehouse during the legislative session. The purpose of the Physician of the Day Program is to provide episodic primary care services, as a convenience, for the governor, legislators and their staffs during the time the state legislature is in session. The Physician of the Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of January and March. The program operates Mondays through Thursdays only.

If you are interested in serving as the Physician of the Day, please e-mail Chris Barry (cbarry@in-afp.org), or feel free to call the IAFP office at 888.422.4237 (toll-free, in-state only) or 317.237.4237 to schedule your Physician of the Day shift.

LEGISLATIVE WRAP-UP – 2009 SPECIAL SESSION

The Indiana state government narrowly avoided shutting down nonessential state services by passing a budget on June 30, 2009. On June 30, 2009, both the House and Senate passed a budget for the 2010 and 2011 fiscal years. The budget took effect July 1, 2009, which is the start of the 2010 fiscal year. The governor signed the bill into law a few hours after both houses adjourned.

The Democrats finally conceded funding a two-year budget instead of a one-year budget, and deals were struck on the major stumbling block of K-12 education funding. In the House, the final vote was 62 in favor, 37 opposed. Those in favor were the entire Republican Caucus and 14 of the House Democrats. In the Senate, the final vote was 34 in favor, which included all the Senate Republicans and one Democrat. Sixteen Democrats in the Senate opposed the budget.

In the health field, there were some winners and losers. The IAFP was able to keep the Medical Education Board's Family Medicine Residency funding in the budget at \$2.24 million, taking only a minor cut to the fund. Area Health Education Center funding re-

mained in the final budget after initially being cut out completely by Gov. Daniels earlier in the special session.

Unfortunately, the Indiana Tobacco Prevention and Cessation agency funding was not able to be completely saved and suffered a 32 percent cut from its current budget. In addition, the IU School of Medicine expansion project will have to work with the \$3 million provided in the final budget instead of the \$5 million the school requested. The \$5 million was requested to enable all its centers to host students for four years of medical schooling.

Although the legislature has adjourned and will not return to session until November for Organization Day, legislative activities have not ceased. Interim study committees began in late summer. Interim study committees will be covering open-access clauses in insurance contracts, direct payment to out-of-network physicians and the standardization of procedures and forms for Medicaid. Currently, the IAFP is writing testimony and working with our partners on political strategy in preparation for the study committees.



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, 2009 PAC Donors, for your dedication to family medicine's work at the Statehouse!

Debra McClain, MD
Jason Marker, MD
Tom Felger, MD
Richard Feldman, MD
Doug Kinser, JD
Daniel Walters, MD
Peter Nalin, MD
Larry Allen, MD
Bernard Richard, MD
Alan Sidel, MD
Ray Nicholson, MD
Debbie Allen, MD
C.G. Clarkson, MD

Don Wagoner, MD
David Pepple, MD
Meredith Edwards
Deeda Ferree
Missy Lewis
Risheet Patel, MD
H. Clifton Knight, MD
Edward Langston, MD
David Schultz, MD
Ashraf Hanna, MD
Windel Stracener, MD
William Mohr, MD

2009 IAFP All-Member Congress of Delegates

The 2009 IAFP Congress of Delegates heard more than 25 resolutions and recommendations from the IAFP members on July 24 and 25 during the annual meeting. During the next year, the IAFP Commission and Committees will take action on the mandates.

The IAFP Commission on Legislation (COL), which uses the IAFP mandates to determine what legislation to seek and support, has added several new policies.

The COL has been tasked to work with the attorney general and support legislation for medical work phone and fax numbers and hospital room numbers to be on the "no-call list." In 2009, the IAFP worked on a primary-care physician loan-forgiveness program; the IAFP Congress has reemphasized the need to create more primary care physician incentive programs and fund the primary care loan-forgiveness program.

The Congress voted for the IAFP to support or seek legislation banning the use of wireless communication devices while driving except in emergencies. The COL is also tasked to work with hospitals and possibly the legislature to ensure that primary care physicians are alerted to their patients' admission to and discharge from hospital facilities.

The IAFP Commission Health Care Services (CHCS) priority is assisting members with private and public payors and other primary care office issues. This year, the CHCS will be working with the Commission on Legislation on encouraging both private and public insurers to rebuild their prior authorization procedures and simple and unify forms. The CHCS and COL will also work on the issue of Medicaid auto-assignment for newborns, with the goal of stopping auto-assignment for newborns, have Medicaid assignment be based on family choice or physician or record and having Medicaid assignment be retroactive to birth.

The Commission on Membership and Communications' mandates from the 2009 Congress mostly concern students, residents and new physicians. The Commission on Membership and Communications will work on 100 percent resident membership in the academy, creating a welcome gesture for all students who match in an Indiana family medicine residency, offering a focused



communication for new family physicians, determining whether to reduce membership dues for new family physicians and planning events where medical students, residents and new family physicians can network.

The Commission on Membership and Communications will also plan and implement new options for the 2010 IAFP region meetings and the elections held at those meetings.

The IAFP officers who comprise the IAFP Executive Committee have been given three mandated assignments from the Congress. The first is that family physicians across the state are to be personally contacted by a member of the IAFP Executive Committee. The Executive Committee has been mandated to continue to keep family medicine resident outreach a priority, including educating family medicine residents about the IAFP. The Executive Committee is also charged with developing talking points on the value of family medicine for use in the media and other outlets.

The Congress assigned the Board of Directors several resolutions with the task of deciding appropriate future actions and feasibility, when the Congress required more information and study to make a decision. These include whether the Indiana Academy needs specific policies to be drafted on decreasing the cost of end-of-life care, a physician's rights of conscience and the performance of body modifications by non-medical professionals.

The Board of Directors has also been assigned to host a strategic planning session, create a new physician at-large seat on the Board of Directors, study the possibility of creating a convenience care model within physician offices, and change the IAFP dues to \$350 a year for active members, a \$200 one-time fee for life members and \$100 a year for inactive member dues.

Resolutions concerning national policy are forwarded onto the AAFP Congress; the AAFP Congress then determines the appropriate action. Two resolutions will be sent to the AAFP Congress from the IAFP. The first requests the AAFP representative on the RUC to ask for a revaluation and increased valuation of the RVUs for the E&M services for home visits. The second requests the AAFP to establish a subcommittee on emergency medicine to support emergency medicine workforce issues.

All the resolutions and officer recommendations that are summarized here were submitted to the IAFP and voted on in the All-Member Congress of Delegates (COD) during the 2009 Annual Meeting. If you are interested in IAFP policy formation, please join us for next year's All-Member Congress of Delegates in French Lick, Indiana.

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.



Opening Up Your Schedule

How to Switch Your Practice to Open-Access Scheduling

by Gail Jones, AAFP

As the push for the medical home and the ability for patients to see the provider that they want becomes more commonplace, the need to determine how to provide open access comes to the forefront. Open-access scheduling has been popular in many work places and outpatient clinics for years and, in many cases, has been successful. If done correctly, it has been said that it can decrease patient wait and improve patient satisfaction and employee morale. This may be possible, but if done incorrectly, it can create more problems.

There are many types of open access and ways to handle it. One of the most common is to include a portion of the day that is open and available for work-ins. This ensures that the scheduled patients will still be seen and, if the time is not booked, will allow flexibility for staff members in finishing bookkeeping and other duties.

Others have a regular schedule during the day and then provide a stat-care clinic for the work-ins. Many are staffed into the evening and weekends and, in some cases, are staffed 24 hours a day. By doing this, it allows the physicals and long appointments to be scheduled in advance but allows what would have been scheduled further out or “worked in” to have a normal schedule.

A more radical approach has been to no longer offer scheduled appointments and instead have everything as a first-come, first-served basis for the practice. Patients start calling that morning and are told when they can come in. The problem is, of course, that everyone wants to come in that same day, and other days remain open. This also can lead to patient frustration due to planning issues. Many patients schedule doctor appointments around work, child care and other family issues. Not being able to plan in advance for many is not an option. Others love this type of setting and use clinics staffed by nurse practitioners for this reason.

A *Family Practice Management* article from 2006 titled “Scheduling in an Academic Practice” described the adaptation of a practice establishing a “five-day appointment window.” The practice featured described how many practices were offering 50 percent of appointments as same-day, while the remaining patients were seen during the next few days. This practice established a five-day policy. When patients called, instead of setting up the appointment the same day, the patient was offered an appointment within the next five-day period. This allowed greater flexibility for patients and staff members and ensured the schedule was balanced. The article reported that the practice had maintained success in this arrangement for two and a half years at the time of the article’s release.

This takes some planning in advance to switch to this type of scheduling. It is important that the scheduling staff understands the concept and is willing to follow the new guidelines. Plan ahead, and schedule the new appointments several months out. When changing the schedule, I found it necessary to look four to six months in advance. It depends upon the existing schedule and the physician’s ability to change to the new schedule. Some start-up dates will be further out than others. Take time to examine what types of appointment you typically have and how long they really take.

A problem occurs when a physician cancels office hours due to “emergencies;” in some cases, these can be personal or professional. If a practitioner regularly cancels or shortens hours, it pays to have extra open-access slots for this provider to keep from moving the patients. Another problem can occur when the physician is scheduled to be away from the office. Some offices handle this by having all appointments as open-access for one to two weeks after the physician returns. Usually two to three days before the scheduled leave, at least half of the appointments are left open. This can reduce the overbooking that commonly occurs when a physician is on leave.

During the process, reschedules should be kept to a minimum, and the staff should make an effort to track them. This may be as easy as documenting in the chart or managing electronically. However, a record should be maintained, as well as why the appointment was rescheduled. This can help show if there is a trend developing and what changes might need to be implemented to counteract the trend. Develop a policy on how many times reschedules are allowed, and alert the patients if you charge for missed appointments and if there is a time frame in which they must reschedule in order to avoid a fee.

By establishing a system to verify that patients follow up with appropriate care, you ensure that you are providing a better standard

of care. Patients should be expected to be responsible for their care, but even the best of us can miss an appointment. This is why it is good to take steps to remind patients of any upcoming appointments. While you are reminding them of upcoming appointments, it is a good time to give instructions, verify insurance and referral status and check their balance. If needed, the patient can then be referred to the medical staff or the collections department for additional information.

If the patient does reschedule or no-shows, this should be documented in the chart. A list of the rescheduled and no-show appointments should be given daily to the manager and the physician for review to ensure proper care. The physician or staff members should follow up with the patient to ensure compliance.

Some suggestions for monitoring include:

1. A tracking sheet to determine if a patient followed through with a consultation or a log of canceled/no-shows
2. A system of a physician reviewing canceled or missed appointments
3. A method to follow up with missed appointments or rescheduled appointments
4. A method of notifying a referring entity that the patient was no-show or rescheduled
5. A method to contact the patient at least two times for missed appointments or to reschedule
6. A method to ensure that a follow-up was done

When deciding to analyze the current time required for various appointment types, you should ask a few questions. Has this been a productive use of the practice's time, or would it be better as open access? Would a modified version be best? Maybe only a very limited section of the appointments should be open-access with limits to the number of visits that are time-consuming. Possibly have one provider with open access and a different one with scheduled appointments. Often, the physician will have scheduled appointments, and the nurse or physician assistant will have open access. You will need to adapt to your setting.

Steps to changing to open access:

1. Find out what types of appointments are being made and how long they really take; for example, a physical compared to a blood-pressure check.
2. Develop a timeline of when you want to go to open access and what you want to provide to help with scheduling; for example, an interactive Web site that allows patients to schedule their appointments. Many practices have reported success in doing this. Be sure to develop a policy to ensure that it is monitored.
3. Start eliminating the backlog. This may mean adding additional hours for a short time or pushing back the date of the implementation of open access.
4. Consider sending out patient forms before appointments or having them avail-

able on your Web site. This can reduce the wait time. If patients cannot fill out the forms before an appointment, ask them to come in 10 to 15 minutes early.

5. Develop backup plans for emergencies, such as staff members calling in sick.
6. Before starting, conduct patient and staff satisfaction surveys. Provide the same individuals with the survey after open access is implemented to gauge reactions and success.

One of the biggest keys to make this work is your scheduler. Train the staff to think in the terms of seeing patients who call in that day. Having to wait for an appointment is often one of the main reasons that patients give for going to a StatCare Clinic or RediClinic. Patients are busy and want their needs met; by working a schedule correctly, you can allow the patients to achieve their goals while achieving yours.

Resources

Steinbauer J, Korell K, Erdin J, Spann J. "Implementing Open-Access Scheduling in an Academic Practice." *Family Practice Management*. March 2006.

Gail Jones is the manager of practice management in the Professional Support Division of the American Academy of Family Physicians. She assists physicians and managers with privileging and credentialing, as well as other issues. She can be reached at 800.274.2237 or gjones@aafp.org.

Online Services Offered by Major Indiana Insurers

Anthem



On Anthem's provider Web site, physicians can check patient eligibility, including deductibles, co-insurance, benefit maximums and network information. Through the same Web site, physicians can determine the status of claims and obtain pre-certifications for radiological procedures. Physicians can register at <https://www33.anthem.com/eproviderreg/welcome.do>.

Aetna



To check patient eligibility online and for online pre-certifications use, physicians can use Aetna's provider Web site, http://www.aetna.com/provider/interim_log.html.

Aetna also offers a secure online communication services called RelayHealth. With the service, members and physicians can have webvisits, order referrals, order prescription refills and schedule appointments. Reimbursement varies for webvisits, but in most non-HMO plans, it is \$30. To register to participate in RelayHealth, visit www.setyourpracticefree.com.

United Healthcare



Physicians can use the patient eligibility feature on United Health Care's Web site, <https://www.unitedhealthcareonline.com/b2c/>, to obtain dates of coverage, co-pays and deductible amounts accumulated year-to-date. Physicians also have the opportunity to estimate, submit and check the status of claims online.

Humana Online



At Humana's provider Web site, <http://www.humana.com/providers/explore/>, physicians can do the following online: determine patient eligibility and benefits, request prior authorizations and submit and check the status of referrals and claims. They offer training and tutorials on their Web site.

CIGNA



On CIGNA's provider Web site, www.cignaforhcp.com, physicians can estimate patient liability for professional and outpatient services, view and submit pre-certification requests, submit questions about fee schedules and specific member benefits and inquire about claim coding.

Family Practice Stories

In 2004, the Indiana Academy of Family Physicians Foundation designated the creation of the IAFP Historic Family Doctor's Office exhibit at the Indiana Medical History Museum as its priority fundraising project. The doctor's office, representing the practice of general medicine during the mid-20th century, proved to be the most successful fundraising initiative ever undertaken by the IAFP and its membership.



Now the IAFP Foundation has designated its companion project, the publication of the book *Family Practice Stories* and production of an accompanying interpretative video, as its next priority project. The book is on its way to completion. The compilation of stories will be finished in about a year and should be published in 2010 or early 2011.

Family Practice Stories is a collection of stories told by, and about, Hoosier family doctors practicing in the middle of the last century. It celebrates that time in America that many consider the golden age of generalism in medicine. It is a book about a time gone by, a time when professionalism, the art of medicine and the art of healing were at a zenith. It was a simpler time that conjures up Norman Rockwell's familiar archetypal images of the country family doctor. Writing this book is an important endeavor to accomplish, for it captures those stories about our founding fathers, our specialty's elder statesmen, before they are lost forever.

Together, these two projects will be tangible sources of pride in our specialty and will portray to the public who we are and the traditions from which we come. They will tell the proud story of our specialty.

The Academy Foundation goal for the *Family Practice Stories* Book Project is to raise \$22,000 to \$27,000. Thus far, \$12,000 has been raised through individual donations, an AAFP Foundation grant, and funds dedicated to the book from the Max Feldman Memorial Fund, an IAFP Foundation account.

I now ask that you consider a tax-deductible gift to this important endeavor for any amount that you feel is appropriate. Donations of \$500 or more will be recognized with the name of the donor (and those honored in the case of a memorial contribution or contribution honoring a family physician) listed on a bronze plaque that will be located at the IAFP headquarters.

Family physicians have a story to tell. Help the IAFP Foundation tell that story. Contributions will pay for the expenses necessary for collection of the stories, manuscript development and some of the publication costs. Please take a moment to submit your tax-deductible contribution payable to the IAFP Foundation (Memo: Family Practice Stories Book Fund) to:

IAFP
Attn: Missy Lewis
55 Monument Circle, Suite 400
Indianapolis, IN 46204

Most sincerely,

Richard Feldman, MD
President, IAFP Foundation

An Excerpt from the Book:



The practice of medicine has changed in many ways over the years. Although it would be generally considered unethical nowadays, giving patients a placebo was commonplace during the mid-twentieth century.

Why were placebos more likely to be prescribed? It was certainly a time of greater paternalism in medicine. Doctors felt freer to utilize patient trust

and longstanding doctor-patient relationships to improve their patients' lives, even if it meant being a bit deceptive. Certainly, we simply had fewer effective medicines available to treat many conditions. Regardless of the reasons, doctors were much freer to practice the "art of medicine." It surely must have made their day more fun.

The following story told to me by my father, Dr. Max Feldman, would improbably occur today:

One day a middle-aged man came in to see my father at his office.

My father entered the room, and after they exchanged greetings my father asked, "What can I do for you today?"

"Doc, I've lost my nature."

"You lost your nature?" my dad asked in response.

"Yeah, doc, it just doesn't seem to work anymore," replied the patient with a downcast look.

My father said that he had just the thing to help him. He left the room and returned with a small envelope full of pink aspirin. "Here is some medicine that will take care of your problem. Take one or two tablets about an hour before you plan to have sex. These pills are very strong. So, don't ever, ever, take more than two pills in one day! Do you understand? It's very important."

The man looked down at the envelope of pills as my father handed it to him. Then he looked wide-eyed up at my father and said, "Yes, sir, Dr. Feldman, I won't ever take more than two. Thank you!"

A few weeks later the gentleman returned to my father's office for a minor illness. My father asked, "By the way, how did those pink pills I gave you work?"

The patient replied, "Doc, if they worked any better you would have to tie me to a tree!"



IMPORTANT VACCINE PROGRAM REMINDER

As you know, the IAFP established a partnership with Atlantic Health Partners (AHP) to help you lower your vaccine costs. We are pleased to share that our members who joined AHP report very high satisfaction with the program, particularly from the savings and customer service.

We strongly encourage you to contact AHP. The program is available to you at no cost and provides *the most favorable pricing* for Sanofi Pasteur and Merck vaccines, which you order directly from the manufacturers (as you may do now).

AHP is widely recognized as the leading vaccine program in the country and has helped thousands of physicians, including many IAFP members, manage vaccine purchasing more effectively.

Don't delay — contact AHP today by phone at 800.741.2044 or by e-mail at info@atlantichealthpartners.com.

Atlantic
Health Partners, LLC



IAFP Continues Aggressive Push to Help Sm

Family Physicians Launch



A new and unusual ad campaign was unveiled this summer featuring family physicians urging other health care providers to make treatment a priority for their patients who smoke. The campaign was a proactive peer-to-peer education program featuring real doctors reminding their peers how important it is for them to discuss smoking and the benefits of quitting with their patients.

The “As Physicians” campaign began on June 3, 2009, and ran through September 2009. Ads were featured throughout the state in medical magazines, local newspapers and on medical Web sites.

“Two-thirds of smokers in Indiana have visited a health care provider in the past year. This presents a tremendous opportunity for doctors to intervene and give patients the help they need to quit successfully,” said Dr. Teresa Lovins, IAFP chairman of the Board.

The campaign was funded through a grant from Anthem Blue Cross and Blue Shield in collaboration with the Indiana Tobacco Prevention and Cessation State Agency (ITPC) and the Indiana State Department of Health.

While most anti-smoking efforts target smokers, this campaign spoke directly to physicians, nurse practitioners, physician assistants, dentists, dental hygienists and other health care professionals. The campaign goal was to increase the number of quit attempts among smokers who want to quit by challenging clinicians across the state to take time at every office visit to talk to their patients about the benefits of quitting tobacco use.

“As a physician, I have seen the toll tobacco use takes on individuals and their families,” said State Health Commissioner Judy Monroe, MD. “Health care professionals have a great influence on their patients’ behaviors. In fact, 41 percent of smokers said they

wanted to quit or were trying to quit simply because their doctor or dentist asked them to stop. I urge all health care providers to advise patients at every visit to quit smoking or using tobacco products and guide them to resources to help them quit.”

Tobacco addiction is the leading preventable cause of disease and death in Indiana. Nearly 10,000 Hoosiers die every year from smoking. Studies have found that when health care providers take the time to talk to their patients about smoking and offer assistance with quitting, long-term success can be dramatically increased. Sixty-five percent of current smokers intend to quit smoking within six months, yet only 33 percent of the smokers who visited their health professional in the past year received any specific quitting advice.

Karla Sneegas, executive director of Indiana Tobacco Prevention and Cessation (ITPC), said, “Every time a patient is advised to quit using tobacco, they move closer to actually quitting. Doctors spend a lot of time treating smoking-related health problems. If we can change the system and be more proactive at helping patients who are ready to quit — successfully quit — we could save thousands of lives and alleviate a great deal of suffering.”

Several organizations have stepped forward to help educate physicians regarding the use of the five “A”s (ask, advise, assess, assist

okers Quit New Campaign



and arrange for follow-up) to approach their patients to encourage them to quit smoking.

Some professionals see this as moving one step closer to health care reform and preventive medicine. Many times doctors can feel ineffective when talking about smoking with their patients. It's important for physicians to know that when they speak their patients do listen. Clinicians have a tremendous amount of influence with patients.

Research shows that most smokers try to quit without effective treatment and, as a result, the majority will relapse to smoking. Evidence suggests that helping patients to overcome chronic tobacco dependence is one of the most cost-effective interventions clinicians can provide to improve their patients' health. Robert Hillman, president, Anthem Blue Cross and Blue Shield, Indiana, said, "engaging physicians in an aggressive cessation program is a big step toward preventive health care. Patients trust their doctors; they are the front line in the fight to improve their patient's health, and we want to support that."

The "As Physicians" campaign encouraged physicians to join the Quit Now Provider Network to receive free materials and proven, professional resources to help patients break their addiction to tobacco.

The campaign tagline was, "This may be our greatest opportunity to save lives."

This program was patterned after a successful campaign launched in New York state called "Don't Be Silent."

Visit www.in-afp.org/tobacco to see the campaign for yourself.

Tobacco Use Could Be Job Security for Physicians

But job security is not why we practice!

Tobacco use is the leading cause of preventable disease and death in Indiana. There are over one million smokers in Indiana who say they want to quit. The problem is, only 33 percent of the smokers who visited their health professional in the past year received any specific cessation advice. It is vital for all physicians to ask every patient, at every visit, "Do you smoke?" Each time a patient is advised to quit using tobacco they move closer to actually quitting.

Our patients trust us and they need our guidance.

Tobacco addiction is the greatest health threat facing patients that smoke. Roughly 65 percent of current smokers intend to quit smoking within 6 months. Physicians have significant influence over smoking behavior; a short three minute intervention can increase a person's motivation to quit. If a physician advises a patient to quit just one time, it doubles their chance for success. Patients are listening. Don't be silent, talk to your patients.

This may be our greatest opportunity to save lives.



1-800-QUIT NOW
Indiana's Tobacco Quitline



Anthem 
FOUNDATION

Daniel Walters, M.D.
2008 Family Physician of the Year
Seymour

Student Survival Skills Day



The IAFP Foundation and five residency programs hosted 93 third-year medical students for Student Survival Skills Day at the IUPUI Campus Center. Stations ranged from knot-tying to admission orders to vaginal delivery of a baby in preparation for clinical rotations. Dr. Jeffery Kons joined us during lunch to discuss his life as a family physician and share some pointers for getting through the next two years.



Tar Wars®



McKenzie Freeman, of Greenfield, participated in the Tar Wars® National Poster Contest in Washington, D.C., in July. Her grandmother accompanied her on the trip and was able to see her take home third place in the nation! McKenzie was then honored at the August 9 Indianapolis Indians game, when she threw out the first pitch as a representative of Tar Wars® in Indiana. However, the

highlight for her was probably taking the stage prior to the Demi Lovato concert at the Indiana State Fair on Tobacco-Free Kids Day.

Our sincere congratulations go out to McKenzie for this great honor. Thank you for representing Indiana so well!

Discover Indiana's Best Value



Across the state, Indiana doctors are discovering what many of their colleagues have known for years . . . American Physicians offers the superior value, uncompromising defense and regional expertise that leading practices seek.

Claims-Free Discount up to 15% – you may be eligible for discounts of 5% - 15% for practicing three years or more without a malpractice claim. You may also qualify for additional discounts available for the best practices.

Uncompromising Defense – you need a partner to stand behind you with the best defense, top legal representation and a long-standing commitment to upholding your interests. No one does this better than American Physicians.

Midwest Headquarters – American Physicians knows the Midwest best because we've made this our home since the company was founded in 1976. We have earned the confidence of our policyholders and are the medical liability provider of choice for the members of various physician groups and organizations.

Best Practices Deserve Great Value – for a free professional liability rate quotation, call 800-748-0465, or e-mail assistance@apassurance.com.

Rated A- "Excellent" by A.M. Best
Endorsed by Medical Societies

American Physicians
ASSURANCE CORPORATION
Practices That Set The Standard

STRENGTH IN NUMBERS

To be successful in any organization,
you need the right kind of help.
Let us help you create a magazine
that your business can be proud of.

To find out how your business can have
its own magazine, contact Aran Jackson at
502.423.7272 or ajackson@ipublishing.com.

innovativepublishingink
www.ipublishing.com

IAFP
55 Monument Circle, Suite 400
Indianapolis, IN 46204
RETURN SERVICE REQUESTED

PRSRT STD
U.S. POSTAGE
PAID
LOUISVILLE, KY
PERMIT NO. 1477



Northwest Radiology

We measure up to the
competition for ALL your
imaging needs.

With our exceptional quality, unbeatable costs, and numerous accreditations, it's easy to see that Northwest Radiology Network measures up to the competition in every area. Come see for yourself at any of our locations.

Centralized Scheduling
317 XRAY NOW (972-9669)
800-400-XRAY (9729)

www.northwestradiology.com

