

VIRGINIA FAMILY PHYSICIAN



Virginia's Family Physicians

The Official Publication Of The Virginia Academy Of Family Physicians

Cynthia C. Romero, MD, Installed As President Of The Virginia Academy Of Family Physicians

IN THIS ISSUE

Officers And Directors

President's Message

Board Briefs

Annual Meeting & Exposition

Annual Business Meeting

Academy Awards

Thanks To Sponsors And
Exhibitors

Committee Reports

Charlottesville Childhood
Obesity Task Force

Virginia General Assembly

Caring-Where Has It Gone?

Resident And Student News

PETAC Update

VAFP Networking
Opportunities

Tax Tips

Cynthia C. Romero, MD, Virginia Beach, was installed as President of the Virginia Academy of Family Physicians at the Installation Ceremony held during the VAFP Annual Business Meeting at the Williamsburg Marriott Hotel in Williamsburg, Virginia. As VAFP President, Dr. Romero leads the largest medical specialty society in the Commonwealth.

Dr. Romero received her undergraduate degree from the University of Virginia and her medical doctorate from Eastern Virginia Medical School. She completed her family practice residency at the Riverside Family Practice Residency Program. In addition to numerous volunteer activities, Dr. Romero served as the 2002-2003 New Physician Director on the Board of Directors of the



Dr. Michael Fleming, AAFP President-Elect, installs Dr. Romero as the Virginia Academy of Family Physicians President.



American Academy of Family Physicians. She currently serves on the Board of the Medical Society of Virginia and as President of the Tidewater Academy of Family Physicians. Dr. Romero's partner in practice is her mother Aleli G. Romero, MD.

Dr. Romero is congratulated by her parents, Aleli and Cris Romero and her brother, Al Romero.

Officers And Directors

PRESIDENT

Cynthia C. Romero, MD, Virginia Beach, VA

PRESIDENT ELECT

Dena R. Hall, MD, Norfolk, VA

FIRST VICE PRESIDENT

Kurtis S. Elward, MD, Charlottesville, VA

SECOND VICE PRESIDENT

Cynthia B. Bettinger, MD, Midlothian, VA

IMMEDIATE PAST PRESIDENT

Shane J. Kraus, MD, Glen Allen, VA

TREASURER

David A. Ellington, MD, Lexington, VA

SECRETARY

Ginger B. Boyle, MD, Pearisburg, VA

EXECUTIVE VICE PRESIDENT

Terrence J. Schulte, CAE, Richmond, VA

2004 DIRECTORS

Christopher J. Ciccone, MD, Yorktown, VA

Shirlene Moten, MD, Petersburg, VA

Chad Thompson, MD, Blacksburg, VA

2005 DIRECTORS

Michelle E. Kingsbury, MD, VA Beach, VA

Jennifer Sharp-Warthan, MD,

Newport News, VA

Randolph Merrick, MD, Orange, VA

2006 DIRECTORS

Larry H. Kagan, MD, Virginia Beach, VA

Janice E. Ragland, MD, Herndon, VA

Sterling N. Ransone, MD, Deltaville, VA

RESIDENT DIRECTORS

Ann Townsend, MD, Eastern Virginia
Medical School

Heather Sojourner, MD, Medical College of
Virginia

Theresa Pugh, MD, University of Virginia
Medical School

STUDENT DIRECTORS

Sharon Diamond, Eastern Virginia Medical
School

Kevin Dawson, Medical College of Virginia

Chrissi Shugart, University of Virginia
Medical School

AAFP DELEGATES

Mitchell B. Miller, MD, Virginia Beach, VA

David A. Ellington, MD, Lexington, VA

AAFP ALTERNATE DELEGATES

Roger A. Hofford, MD, Salem, VA

Shane J. Kraus, MD, Glen Allen, VA

MSV DELEGATE

Michelle Whitehurst-Cook, MD, Highland
Springs, VA

MSV ALTERNATE DELEGATE

Thomas Eppes, MD, Forest, VA

EX OFFICIO MEMBERS

Sim S. Galazka, MD, Charlottesville, VA

Christine Matson, MD, Norfolk, VA

Anton J. Kuzel, MD, Richmond, VA

Gail Dudley, DO, Blacksburg, VA

Committee/Task Force Chairs

BYLAWS

Wayne J. Reynolds, DO, Gloucester Point, VA

EXECUTIVE

Cynthia C. Romero, MD, Virginia Beach, VA

FINANCE

David A. Ellington, MD, Lexington, VA

CHILDHOOD OBESITY

Michelle Whitehurst-Cook, MD,

Highland Springs, VA

CONTINUING MEDICAL EDUCATION

Mitchell B. Miller, MD, VA Beach, VA

HONORS & AWARDS

Dena R. Hall, MD, Norfolk, VA

INSURANCE & MANAGED CARE

Jennifer Sharp-Warthan, MD,

Newport News, VA

IPA

J. Douglas Smith, MD, Harrisonburg, VA

LEGISLATIVE AFFAIRS

Shane J. Kraus, MD, Glen Allen, VA

Virginia Family Physician

Fall
2003

LETTERS TO THE EDITOR

The Virginia Family Physician welcomes reader commentary on each issue, as well as local, state and national topics of interest to Academy members. Letters to the Editor should be addressed to the Virginia Academy of Family Physicians, 2301 N. Parham Road, Ste. 4, Richmond, VA 23229 or faxed to (804) 968-4418. Letters should include the writer's full name, address and day-time phone number, and may be edited for the purposes of clarity or space.

MEDICAID ADVISORY

Wayne J. Reynolds, DO, Gloucester Point, VA

MEDICARE CARRIER ADVISORY

Cynthia B. Bettinger, MD, Midlothian, VA

NEW PHYSICIAN

Christopher J. Ciccone, MD, Yorktown, VA

OB TASK

Ginger B. Boyle, MD, Pearisburg, VA

QUALITY

Kurtis S. Elward, Charlottesville, VA

RESIDENCY PROGRAM

Terri Babineau, MD, Norfolk, VA

RESIDENT & STUDENT ISSUES

Michelle E. Kingsbury, MD, VA Beach, VA

RURAL HEALTH

Larry G. Mitchell, MD, Richlands, VA

Cynthia C. Romero, MD
VAFP President

Greetings Virginia Family Physicians! As mentioned during the inaugural ceremony, it is my pleasure and privilege to be serving as your VAFP President. In addition, I am eager to work with the very talented and dedicated family physicians elected to serve as leaders on the VAFP Board of Directors. Together, we will aggressively address your needs as family physicians and the needs of patients throughout Virginia.

There are many ways to identify your needs as family physicians and relay those needs to the Academy leadership. First, your elected leaders are accessible to you by contacting the Academy office. We want to listen to you and to bring your issues to the table. Secondly, the Academy staff is available to gather your information, clarify the Academy position on your concerns and relay any ideas to the leadership. Thirdly, there are opportunities for family physicians to join any committee or task force and thus directly provide input for possible further action.

The VAFP is fortunate to have a very special top-notch staff including Executive Vice President Terry Schulte, CAE. He and the staff work hard to keep our Academy services active and our membership informed. Please take advantage of their knowledge and let them direct you to Academy resources that can help you and your patients.

Additionally, the VAFP website www.vafp.org is a tremendous site. Filled with updates, links to associated medical organizations and other information, this website can be your starting point for practical action. Staying informed is vital to surviving in such a complicated and ever-changing healthcare system. However, this site also provides the opportunity to "SPEAK OUT" and contact your public elected officials as well as to share health plan complaints.

As family physicians in Virginia, we must cooperate with our colleagues in other med-

ical organizations including the Medical Society of Virginia to address Virginia's healthcare issues. This year, we are proud to see family physicians holding many leadership positions. We are particularly pleased to recognize Dr. Mitch Miller as President, Dr. David Ellington as President-Elect, Dr. Ren Roysten as Speaker of the House of Delegates and Dr. Joe Leming as Vice Speaker of the House of Delegates. The family physician perspective leading the MSV can truly help improve the quality of medical care throughout the Commonwealth.

As you serve your patients everyday and discover frustrations or revelations about medical care, please share those thoughts with the VAFP. We are here to work with you, to help each other and to improve care for our patients. Your opinion and input are invaluable and we appreciate this opportunity to work with you.



As family physicians in Virginia, we must cooperate with our colleagues in other medical organizations including the Medical Society of Virginia to address Virginia's healthcare issues. This year, we are proud to see family physicians holding many leadership positions.

VAFP Board Of Directors Actions

Pre Conference Meeting

~ Approved minutes from the April 12, 2003 meeting of the Board of Directors held in Norfolk, Virginia.

~ Heard report from Dr. Chris Ciccone, Director, on the results of the VAFP All Member Survey including demographics, challenges and continuing medical education meeting related issues. Discussion regarding a fall CME meeting was positive.

~ Heard report from Dr. Mitchell Miller, AAFP Delegate, on the potential for Academy endorsed regional CME meetings and/or CME opportunities via the Virginia Family Physician quarterly publication. A motion was made and seconded to continue the due diligence on regional and direct mail CME offerings.

~ Heard report from Mr. Marshall Cook, General Counsel, on the Board of Medicine proposed legislation which Dr. Harp asked for comments from the VAFP Board. The legislation involved scope of practice issues, BOM disciplinary procedures and licensure.

~ Accepted the request from Dr. Shane Kraus, President, to sponsor Dr. Kurt Elward's participation at the National Healthcare Research and Quality Conference held September 18-19 in Chicago.

~ Heard report from Drs. Kuzel and Galazka on the state's medical school system issues and proposed the medical school department chairs report to the Board on a rotating basis.

~ Heard a report from Dr. Ginger Boyle, Secretary, focused on student and resident interest levels, recruitment issues and retention issues. Dr. Boyle generated a report on the statistics of the match and recommended that the Board evaluate and use as a basis for action items in the future.

~ A motion was made and seconded to accept the new proposed logo as the Academy's official logo. (logo printed on the cover of the newsletter)

~ Heard report from Dr. Shane Kraus, President, on an on-going plan for the VAFP to develop training programs to speak to community group on health issues.

~ Heard request from Dr. Anton Kuzel, Ex Officio Member, to consider a celebration marking the 2,000th Family Practice Residency Graduate from Virginia Residency Programs be held in conjunction with the 2005 summer meeting.

Post Conference Meeting

~ Welcomed new Board of Directors members and introductions were made from all Board members present.

~ Heard an update on recruitment and retention activities at the Virginia Department of Health. Dr. Roger Hofford, AAFP Alternate Delegate, reported in the absence of Rene Daniels that the VDH now has a fulltime person in recruitment. Dr. Michelle Kingsbury, Chair, Resident and Student Issues Task Force, commented that her task force's main focus is recruitment and retention of residents and students in the upcoming year.

~ Hear request from Dr. Randolph Merrick, Director, that the Academy staff make available the Mission and Vision Statements in a format that could be placed in physician waiting rooms.

~ Heard report from Childhood Obesity Task Force Chair, Dr. Michelle Whitehurst-Cook. Dr. Whitehurst-Cook reported on the progress of the task force and will make the final report at the fall Board meeting. The focus is to coordinate a statewide effort to combat obesity. Recommendations will come in forms of legislation, public relations and community service groups. Dr. Whitehurst-Cook mentioned specifically targeting legislation focused on the physical activity requirement differences across the state in the form of adding requirements to the SOL tests. Dr. Ellington recommended that the Board members develop a resolution

outlining our position and submit it to the MSV House of Delegates. The Academy developed a resolution that has been submitted to the MSV House of Delegates.

~ Heard report from Quality Task Force Chair, Dr. Kurt Elward on the VAFP/VHQC heart collaboration.

~ Heard report from Insurance & Managed Care Task Force Chair, Dr. Jenny Sharp-Warthan, on the Healthkeepers \$2.00 per member per month bonus issue and on Anthem's pharmacy benefits versus what Trigon had previously. Dr. David Ellington, AAFP Delegate, recommended that all members utilize the Anthem Point of Care product. (see article on page 11)

~ Heard report from Mr. Marshall Cook, General Counsel, on the previously discussed Board of Medicine legislation. Mr. Cook outlined the process a physician goes through if placed before the Board of Medicine. Mr. Terrence Schulte, Executive Vice President recommended that an item be placed on the February BOD agenda soliciting Family Physician nominees to sit on the Board of Medicine.

~ A motion was made and seconded with all in favor and two opposed to investigate the possibility of a Presidential stipend. The report of the investigation will be discussed in one year.

VAFP's Annual Meeting And Exposition A Tremendous Success

This year's Annual Meeting and Exposition was held at the Williamsburg Marriott Hotel. Participants enjoyed a well-balanced slate of continuing medical education topics coupled with outstanding family events. The group attended Busch Gardens Williamsburg theme park for the All Member Party and were entertained over the weekend on Saturday night by Stuart & Lori, an amazing act of magic, audience participation and family fun. The photos below capture what was truly a premier educational conference, which included outstanding social events for the entire family.

Mark your calendars for next year's Annual Meeting and Exposition scheduled July 22-25, 2004 at the Williamsburg Lodge in Colonial Williamsburg, Virginia.



Meeting participants get ready for the start of a wonderful conference and comment on the new VAFP logo.



Nate Miller son of Dr. Mitchell Miller, VAFP CME Committee Chair, enjoys the luxury of "riding" through Busch Gardens.



John Warner, Colonial Balladeer, entertains the meeting participants as they enter the foyer of the Marriott Hotel.



Healthcare professionals enjoy the chance to learn the latest and greatest about the many products and services offered by the exhibiting organizations.



Meeting participants and their families enjoy the Black Forest at Busch Gardens for an all member picnic.



Dr. Shane Kraus, VAFP Past President, presents a general session lecture



The VAFP Annual Banquet participants meet their entertainers, Stuart & Lori.



Dr. Ronald Goings participates in one of the many stunts performed by Stuart and Lori.



Is this exactly what Dr. Goings expected from his evening?



Colonial Balladeers stroll from table to table entertaining the large crowd prior to the magic show.



Michael Fleming, MD, 2002-2003 AAFP President –Elect installed the 2003-2004 Virginia Academy of Family Physicians Board of Directors.

Pictured on the front row from left to right are: David Ellington, M.D., Lexington, Treasurer; and AAFP Delegate; Shane Kraus, M.D., Glen Allen, Past President and AAFP Alternate Delegate; Ginger Boyle, MD, Pearisburg, Secretary; Janice Ragland, MD, Herndon, Director; Michelle Whitehurst-Cook, MD, Highland Springs, MSV Delegate and Larry Kagan, MD, Virginia Beach, Director

Pictured on the second row from left to right are: Kurt Elward, MD, Charlottesville, First Vice President; Dena Hall, MD, Suffolk, President-Elect; Cynthia Romero, MD, Virginia Beach, President; Cynthia Bettinger, MD, Midlothian, Second Vice President and Sterling Ransone, MD, Deltaville, Director



2002-2003 VAFP President Shane Kraus, M.D. presents a President's Award to Kurtis Elward, MD, Charlottesville, Chair VAFP Quality Task Force. The award reads: "In recognition and appreciation for your continuing and outstanding efforts as Chair of the VAFP Quality Task Force and for elevating the VAFP in the National Quality initiative arena."



Academy member, Dr. Katherine Law, Virginia Beach, is the winner of the PDA awarded each year to a meeting participant that visits the required number of exhibit booths during the conference. Dr. Dena Hall presents the PDA.



2002-2003 AAFP President-Elect Michael Fleming, MD, Shreveport, LA, addresses the audience on the AAFP initiatives at the national level prior to installing the 2003-2004 VAFP Officers and Directors.



2002-2003 VAFP President Shane Kraus, M.D. presents a Distinguished Service Award to Harold M. Horden, M.D., Norfolk, 1997 – 2003 VAFP Treasurer. Dr. Horden's award reads as follows, "In recognition and deep appreciation for your six years of outstanding service as Chair of the VAFP Finance Committee. The Academy's enviable financial condition is the direct result of your exemplary leadership, conservative fiscal approach and focus on excellence in financial management."

2002-2003 VAFP President Shane Kraus, M.D. presents the Legislator of the Year Award to The Honorable John M. O'Bannon, III, M.D. Dr. O'Bannon, a neurologist in Richmond, has been a long time friend to Family Medicine. The award reads: "In recognition of your outstanding service as a member of Virginia's House of Delegates and in appreciation for sharing the Academy's mission of dedication to the health, well-being and dignity of the citizens of the Commonwealth."



Aleli G. Romero, MD Receives F. Elliott Oglesby, MD, Volunteer Of The Year Award



Dr. Shane Kraus, 2002-2003 VAFP President, presents Dr. Aleli G. Romero with the F. Elliott Oglesby, MD, Volunteer of the Year Award.

Aleli G. Romero, M.D., Virginia Beach, was selected by the Virginia Academy of Family Physicians as the 2003 recipient of the F. Elliott Oglesby, MD, Volunteer of the Year Award. The award is presented annually to an Academy member whose outstanding service to his or her profession and community exemplifies the true nature of volunteerism. Recipients must also possess those unique and special qualities that are indicative of a truly outstanding family physician. Dr. Romero has shared her time, talent and voluntary resources in multiple community settings. She has volunteered in the realms of community healthcare activities, civic organizations, and religious events. The award reads, "In recognition and in admiration of your unparalleled service to others through the donation of your time, energy and expertise. Your remarkable accomplishments

exemplify the true nature of volunteerism and are indicative of a truly outstanding Family Physician."

James F. Redington, MD, Hot Springs, Named Virginia Family Physician Of The Year

James F. Redington, MD was selected as the 2003 Virginia Family Physician of the Year. This award is the Academy's highest honor and is presented annually to a family physician whose dedication and commitment to his or her patients, family, and community is unparalleled. Recipients must also possess those unique and special qualities that exemplify a truly outstanding family physician. The award reads, "In recognition of unparalleled dedication and commitment to your patients, family and community and in appreciation of possessing those unique and special qualities of a truly outstanding Family Physician."

Dr. Redington is Board Certified in the specialty of Family Practice by the American Board of Family Practice and also holds a certificate of added qualifications in Geriatrics by the ABFP. Dr. Redington received his medical Doctorate from Eastern Virginia Medical School and completed his Family Practice Residency at Riverside Family Practice Residency Program. Since the completion of his residency, he has practiced medicine in Hot Springs, Virginia. Dr. Redington and his wife Sarah have two children, Rebecca and West.



Dr. Redington accepts the Family Physician of the Year Award from Dr. Kraus as his family and friends applaud in the audience.

Portsmouth Family Physician Receives Teacher Of The Year Award

Richard M. Bikowski, MD, Portsmouth, was as the 2003 recipient of the VAFP James P. Charlton, M.D., Teacher of the Year Award in Family Medicine. The award is presented annually to a family physician who exemplifies excellence in the teaching of family medicine to family practice residents and medical students. The award reads, "In recognition of your exemplary skills as a teacher of family medicine and in appreciation of your dedication to teaching and mentoring both residents and medical students. Your comprehensive approach to education truly exemplifies the high ideals for whom this award is dedicated."

Dr. Bikowski joined the faculty of the Portsmouth Family Medicine Residency in 1984. Since then he has contributed to Eastern Virginia Medical School and Portsmouth General/ Maryview Hospital including Chair of the Home Health Advisory Committee from 1988 to 1996 and Chair of the Department of Family Practice from 1994 to 1996. He served the community as an ACLS instructor and as faculty at Old Dominion University's nurse practitioner program. He is known in the community as a television personality, having developed and hosted a television show for seniors entitled, "What's up Doc?"



Dr. Bikowski accepts the award from 2002-2003 VAFP President Shane Kraus, MD.

A Special Thanks To Sponsors And VAFP Partners

Special recognition must be given to "VAFP Partners." These organizations are deserving of our highest level of appreciation. Noted below are this year's "VAFP Partners."

Diamond Level

Aventis Pharmaceuticals

Platinum Level

GlaxoSmithKline

Gold Level

AstraZeneca

PhillipsCox Insurance & Financial Services

Schering

Wyeth Pharmaceuticals & Wyeth Women's Health

Silver Level

Pfizer, Inc.

Sanofi Synthelabo

Solvay Pharmaceuticals

Bronze Level

Carilion Health System

ECR Pharmaceuticals

Organon Pharmaceuticals USA, Inc.

Roche Labs

Southeast United Dairy Industry Association, Inc.

The Historic Triangle Substance Abuse Coalition through a grant from Demand Treatment!

The Academy also expresses its sincerest appreciation and thanks to the following organizations for their invaluable support of educational related activities:

American Cancer Society

Aventis Pharmaceuticals

Children's Hospital of the King's Daughters

GlaxoSmithKline

Mid-Atlantic Virginia HIV/AIDS Center

Organon Pharmaceuticals USA, Inc.

Pfizer, Inc.

PhillipsCox Insurance & Financial Services

Prime Source Healthcare / BSN Medical

Roche Laboratories

Sanofi Pharmaceuticals

Schering

Solvay Pharmaceuticals

Southeast United Dairy Industry Association, Inc.

The Historic Triangle Substance Coalition through a grant from Demand Treatment!

Tidewater Physicians Multispecialty Group

Virginia Health Quality Center

Wyeth Pharmaceuticals

A Special Thanks To Exhibitors

The Academy gratefully acknowledges the participation and support of those organizations who chose this meeting to display their products and services.

Abbott Laboratories	Forest Pharmaceuticals	Roche
Adams Labs	GlaxoSmithKline	Sankyo Pharma
Advanced Orthopaedic Centers	Health Data Services-Practice Management Systems	Schering
Alliance for Prevention and Treatment of Nicotine Addiction, Corp.	Historic Triangle Substance Abuse Coalition	Schwarz Pharma
American College of Nuclear Medicine-NMIA	InteCardia Lifecare Imaging Center	Sentara Healthcare
American Homepatient	Janssen	Solvay Pharmaceuticals, Inc.
Anthem Blue Cross and Blue Shield	KOS Pharmaceuticals	Southwest Virginia GMEC
AstraZeneca	LipoScience	TAP Pharmaceuticals
Atlantic Orthopaedic Specialists	Medical Billing Solutions	The Horizon Group
Aventis Pasteur-Immunizations	Medical Manager Health Systems	The Jefferson Hotel
Aventis Pharmaceuticals	MSV Insurance Center	Tidewater Physicians Multispeciality Group
Bayer Pharmaceuticals	Medical Society of Virginia	U.S. Army Health Care Team
Benchmark Systems	Medical Society of Virginia Foundation	UCB Pharma
Berlex Laboratories, Inc.	Medicare B	Valley Health Plan
Bertek Pharmaceuticals	Merck & Company	VCU HIV/AIDS Center
Boehringer Ingelheim	Meretek Diagnostics	Virginia Academy of Physician Assistants
Bristol - Myers Squibb	MGIS	Virginia Beef Industry Council
Carilion Health System	Monarch Pharmaceuticals	Virginia Health Quality Center
Celltech Pharmaceuticals, Inc.	Mountain States Health Alliance	VPN Solutions
Centra Health - Mental Health Services	National Diabetic Pharmacies	WB. Saunders/Mosby
Central Virginia Association of Diabetes Educators	Nikken Independent Wellness Consultants	Waddell & Reed
Central Virginia Recovery, L.L.C.	Novartis Pharmaceuticals	Watson Pharma
Children's Hospital of the King's Daughters	Organon Pharmaceuticals USA, Inc.	Williamsburg Place & The William J. Farley Center
Claim Works	Ortho McNeil	Wyeth Pharmaceuticals
Claude Moore Health Sciences Library	Pan American Laboratories, L.L.C.	Wyeth Women's Healthcare
ECR Pharmaceuticals	Pfizer, Inc.	ZT Technical Services, L.L.C.
Eisai, Inc.	PhillipsCox Insurance & Financial Services	
Elan Corp	Professional Risk Associates, Inc.	
Eli Lilly and Company	Professionals Advocate Insurance Company	
Fleming & Company	Purdue Pharma	
	Reliant Pharmaceuticals, LLC	

Managed Care And Insurance

Jenny Sharp-Warthan, MD, Chair

Anthem Point of Care is a FREE service provided by Anthem for its participating providers. The program is an easy way to get information while saving time, improving accuracy, and reducing overhead costs.

How can Point of Care help me and my patients?

- ~ You can view claims data in detail
- ~ You can view eligibility information for PAR, PPO, POS, HMO, and Medicaid HMO policyholders.
- ~ You may look at details of patient benefits such as copays and deductible information.
- ~ Family Physicians can submit referrals and fax referral information to specialists and hospitals.

~ For attending physicians, they can submit requests for admissions reviews; update clinical information which can be used to extend hospital stays.

~ Where applicable, view authorization of outpatient procedures.

~ Submit a 151 form (claims form) electronically and receive an answer quickly.

Provider physicians can also view weekly remittance vouchers from Anthem, view capitation reports, and other important reports. In order to use this service, you must have an internet hookup. Follow Anthem's website, www.anthem.com, under provider tab, then Virginia will bring up the Point of Care pro-

gram. By going to the registration process, you will be given information of minimum requirements necessary for your computer system. Again, the program is free and you may register by contacting your Provider Network Representative. If you do not know your Provider Representative, you may contact: Eastern area- Sandy Self 757-326-5289, Central area- John Syer 804-354-4480, Northern area- Darryl Day 703-227-5307, Western area- Bob Brown 540-853-4186.

According to Anthem, there are still many family physicians who are not taking advantage of this system in their offices. Review your office practices and consider putting Point of Care to work for you.

Excellence in Specialized Orthopaedic Care

Hand Center

William H. Bowers, M.D.
Keith A. Glowacki, M.D.
T. Paul McDermott, Jr., M.D.

Sports Medicine Center

Kenneth R. Zaslav, M.D.
Geoffrey B. Higgs, M.D.

Joint Replacement Center

Richard L. Worland, M.D.
Douglas E. Jessup, M.D.

Foot & Ankle Center

J. William Van Manen, M.D.

Occupational Orthopaedic Center

William D. Brickhouse, M.D.

Spine Disorder Center

Steven M. Fiore, M.D.
Douglas A. Wayne, M.D.

Therapy Center

Michael Kelo, MPH, PT, OCS
Brad Bryan, MS, PT, CHT

Congratulations to the Physicians and Staff of Advanced Orthopaedic Centers

AOC has achieved a 3-year accreditation by the Accreditation Association for Ambulatory Health Care, Inc. We are the only Orthopaedic practice in the Richmond area to have achieved this status.

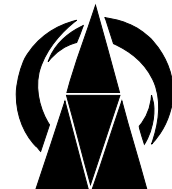
AAACH accreditation is awarded to those who have met a very rigorous and nationally recognized set of standards for the provision of quality care, patient privacy, as well as, patient and employee safety. This accreditation underscores our commitment to providing the highest possible level of quality care to the patients we serve.



Newest Office
With Surgery Suite
7858 Shrader Rd.
Richmond, VA 23294

Advanced Orthopaedic Centers

West End	Newest Office	Southside	Therapy Center
7650 E. Parham Road Richmond, VA 23294 (804) 270-1305 - Phone (804) 273-9294 - Fax	7858 Shrader Rd. Richmond, VA 23294 (804) 270-1305 - Phone	9100 Arboretum Pkwy. Suite 140 Richmond, VA 23236 (804) 270-1305 - Phone	9100 Arboretum Pkwy. Suite 130 Richmond, VA 23236 (804) 320-4064 - Phone



Advanced
Orthopaedic
Centers

www.aocortho.com

IPA

J. Douglas Smith, MD, Chair

The IPA Task Force has chosen at this time to narrow its focus to the feasibility of forming a purchasing group for office supplies. It was felt this was the best avenue to provide direct value to Academy members who are trying to operate a medical practice (business). The all member survey results will guide the committee in determining what realistic possibilities exist for such a purchasing group. If you have any information or input regarding the formation of a purchasing group, please e-mail me at dsmith1500@aol.com or call (540)828-4172.

17th Annual Family Practice Weekend And Sports Medicine Conference

The Family Medicine Foundation of West Virginia will hold its 17th Annual Family Practice Weekend and Sports Medicine Conference, November 14-16, 2003 at the Radisson Hotel in Huntington, West Virginia. For more information please contact William B. (Bill) Ferrell, Jr. at 304-765-7839.

Introducing



PALGIC[®]
CARBINOXAMINE MALEATE

PALGIC[®] INDICATIONS

- Seasonal and perennial allergic rhinitis.
- Vasomotor rhinitis.
- Allergic conjunctivitis due to inhalant allergens and foods.
- Mild, uncomplicated allergic skin manifestations of urticaria and angioedema.
- Dermatographism.
- As therapy for anaphylactic reactions adjunctive to epinephrine and other standard measures after the acute manifestations have been controlled.
- Amelioration of the severity of allergic reactions to blood or plasma.

TABLETS:

Usual Adult Dosage:

1 tablet (4 mg) PRN
Maximum of 24 mg/day if given in divided doses 6-8 hrs apart.

Usual Child's Dosage

One to six years – 1/2 tablet (2 mg) PRN
Approximately 0.2 – 0.4 mg/kg/day

ORAL SOLUTION:

Usual Adult Dosage:

1 teaspoonful (4 mg) PRN
Maximum of 24 mg/day if given in divided doses 6-8 hrs apart.

Usual Child's Dosage

One to six years – 1/2 teaspoonful (2 mg) PRN
Approximately 0.2 – 0.4 mg/kg/day

www.palgic.com

Please see our website or package insert for full prescribing information.

Quality

Kurt Elward, MD, FAAFP, Chair

The Quality Task Force has continued its involvement with the Virginia Health Quality Center, to provide the perspective of the Family Physician in Medicare's quality improvement efforts. We are providing input into the Physician Office quality advisory panel. The Centers for Medicare and Medicaid Services (formerly HCFA) will be developing quality improvement programs for physician offices in a variety of areas including diabetes, congestive heart failure and preventive services. It is essential that family physicians are prepared for these initiatives and advise the development of the quality indicators and their measurement.

We continue to play an active role in the VHQC's CHF Collaborative. Dr. Elward participated in the VHQC CHF presentation at the Annual Meeting in Williamsburg, presenting an array of practice-based tools for CHF quality enhancement. Materials may be obtained by contacting Dr. Elward at kseward@aol.com.

The VAFP leadership is participating in an asthma care self assessment project, sponsored by the American Academy of Family Physicians Foundation. We are partnering with physicians from the Minnesota AFP in this project, which is intended to create an easy-to-use tool for self assessment in asthma care which can be used to target key areas of quality care in asthma. Participants in this project include Drs. Shane Kraus, Michelle Whitehurst-Cook, Randy Merrick, Chris Ciccone, Wayne Reynolds and Cyn Romero. National data suggests that less than 30% of asthmatics receive standard care, and much of this is due to the inability of primary care physicians to identify patients with asthma who need more intensive treatment according to national guidelines. It also means a significant amount of lost revenue for family physicians whose asthma patients who would benefit from regular visits but are slipping through the cracks, or showing up in the ER when they could be seen (and appropriately billed) for recommended care.

Dr. Elward recently presented the work of the AAFP's National Asthma Quality Collaborative to the annual meeting of the National Association for Health Quality.

The VAFP, through the leadership of Dr. Shane Kraus and the assistance of Dr. Elward,

has been actively involved in the Virginia Asthma Coalition as it plans its statewide plan for asthma. This is an exciting opportunity to help guide the statewide asthma initiatives in ways that will be useful to our patients.

The proposed changes in certification by the American Board of Family Practice have sparked a great deal of discussion locally and on a national level. Whatever happens as a result of this process, the mandates for maintenance of certification and the quality initiatives of CMS and other insurers will require family physicians to be ready and able to assess their performance on key quality indicators and have the tools necessary to ensure the quality of care they provide. Your VAFP Quality Task Force is working to positively influence this process wherever possible and to place our membership in the best possible position not only to "survive," but to benefit from the changes that are developing.

To do this more effectively, we need members willing to serve on the Task Force in areas in which they have specific interest. This is a key time to be involved. Please contact Kurt Elward (kseward@aol.com) or the academy staff if you have interest or questions about the Task Force. We need YOU!

The Centers for Medicare and Medicaid Services (formerly HCFA) will be developing quality improvement programs for physician offices in a variety of areas including diabetes, congestive heart failure and preventive services.

VIRGINIA COMMONWEALTH UNIVERSITY AUTISM CENTER OF VIRGINIA REGISTRY

If you treat or diagnose patients with autism-spectrum disorders, please share information with them about the VCU Autism Center of Virginia Registry.

The Registry is an organization that facilitates autism research by matching investigators with families who are willing to participate in research projects. Historically, registries have been extremely helpful in learning more about the pervasiveness of certain diseases and disorders, their progression, and ways to cure them. Now it is time to do that with autism. Enrollment in the Registry is easy, and each family chooses whether or not they would like to participate in a given research project. Additionally, enrolled families will periodically receive our newsletter that highlights autism-research topics. For more information and enrollment materials that you can distribute to your patients, you may go to our website at www.vcuhealth.org/vtcc/vcu_autism_center.html or you can contact us by e-mail, phone, fax, or snail mail at:

Coordinator, VCU Autism Center
Registry
Autism Center of Virginia
P.O. Box 980489
Richmond, VA 23298-0489
Telephone: 804-628-2268
Toll-free: 1-866-628-2268
Fax: 804-827-3822
E-mail: autismreg@vcu.edu

Charlottesville Childhood Obesity Task Force

Peggy Brown Paviour, MS, CHES
Chronic Disease Consultant
Thomas Jefferson Health District
VA Department of Health

Following is a summary of the action and discussion items at *The Childhood Obesity Task Force meeting held in Charlottesville, Virginia. The next scheduled meeting of the Task Force will be in early December. For information on the meeting date and location, please contact Peggy Brown Paviour, MS, CHES, at (434) 972-6232 or e-mail ppaviour@vdh.state.va.us.*

Presented, and discussed the possible use of, results of the physical activity preference student survey with principals at Walker Upper Elementary and Buford Middle schools

Began planning for school-based initiatives at Walker Upper Elementary (low-fat milk challenge), Greenbrier Elementary (activity challenge using pedometers) and Burnley-Moran (International Walk to School Day) in Charlottesville City; coordinated bike safety training for Charlottesville City elementary school PE teachers

Planned and conducted training for Albemarle project school teams at Agnor-Hurt and Stone-Robinson elementary schools for the upcoming school year and height/weight training for Albemarle School physical education teachers

Participated in meetings with parties interested in standardizing and promoting use of pedometers community-wide

Printed a new "Safe Routes to School" brochure as part of the efforts of the Alliance for Community Choice in Transportation (ACCT) to promote walking to school

Continued to see overweight children and their families in the monthly free clinic manned by COTF volunteers

Presented at the Virginia Department of Health's Chronic Disease Prevention Conference and the Virginia Department of Education's Health and Physical Education Institute '03

Worked on developing a standard presentation for local PTOs this school year

Interviewed for article in obesity series featured in the Charlottesville Weekly

Taped an interview with Senator Creigh Deeds as part of his Community Focus series on public access TV (to be aired in October)

Contributed to nutrition recommendations for school vending, a la carte and snack bar sales that are being compiled for future dissemination by the Virginia Action for Healthy Kids

Dissemination of Healthy Snack Pyramid handout developed by the COTF to all Charlottesville City School students in grades K through 10

Participation in the planning/implementation of one elementary school in the International Walk to School Day (10/8/03) at one Charlottesville City elementary school (two schools participated citywide)

Training of Albemarle County PE personnel in the correct equipment and techniques for measuring heights and weights

Promotion of the new UVA Children's Fitness Clinic, which uses an interdisciplinary approach to treating overweight children

For more information on the Charlottesville Childhood Obesity Task Force please contact Peggy Brown Paviour, MS, CHES, at (434) 972-6232 or e-mail ppaviour@vdh.state.va.us.

The Deadline for
submissions to the
Winter 2003
issue of
The Virginia Family
Physician
is
December 5,
2003.

Perinatal Substance Abuse Resources

A brochure has been developed for Virginia health providers, hospitals and service providers entitled, "*Perinatal Substance Abuse: Virginia Legal Requirements and Practice Implications.*" The brochure addresses the requirements set forth in the Code of Virginia for hospitals and health providers to screen pregnant women for HIV and substance use; report substance exposed infants to child protective services; and develop written discharge plans that include referring substance using postpartum women to Community Services Boards for substance use assessment and services.

To request copies of this brochure, contact your local department of social services or the Virginia Department of Social Services at (804) 692-1259 or e-mail: mlk@email1.dss.state.va.us.

Virginia General Assembly Family Physician Of The Day

Volunteers are needed to serve as Family Physicians of the Day during the 2004 Virginia General Assembly. As the Family Physician of the Day, you will be responsible for staffing the courtesy medical station from 9:00 am to 3:30 pm on your chosen day. Directions and more specific information will be provided with confirmation of your assigned date.

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Mon	Tues	Wed	Thurs	Fri
		14	15	16
19	20	21	22	23
26	27	28	29	30

January, 2004

Mon	Tues	Wed	Thurs	Fri
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27

February, 2004

Mon	Tues	Wed	Thurs	Fri
1	2	3	4	5
8	9	10	11	12

March, 2004

I will participate in the 2004 General Assembly Family Physician of the Day Program sponsored by the Virginia Academy of Family Physicians.

I have chosen the following 3 dates from the calendar that I will be able to participate. I have listed the dates in order of preference. (Note: Every effort will be made to provide you with your first choice.)

1. _____
2. _____
3. _____

Please return the completed Participation Form to:

VAFP / 2301 N. Parham Rd. / Suite 4 / Richmond, VA 23229
 Phone: 800-843-8237 / FAX: 804-968-4418
 E-mail: admin@vafp.org

Caring — Where Has It Gone? Will Family Medicine Follow?

J. Albert Hagy, MD, VAFP Past President

For as long as we can go back in time, people have cared for one another. People have cared for their children and their parents, for their loved ones, for their friends, for others whom they knew not. People have cared for human beings found alone and in pain; they have cared for people at home and in institutions. Care, in all of these settings, involves *caring*—listening, understanding, empathy, compassion, counseling, and providing emotional support. Caring is an element of basic human decency, and most people would agree that it is part of being a good person.”

— Joel D. Howell M.D., Ph.D., *The Lost Art of Caring*

As a medical practitioner for over forty years, I have seen change; some good, some spectacular, some marginal, if not bad. The disappearance of caring from the practice of medicine falls into the category of change that disturbs me most.

Using Howell’s definition, too many examples of lack of caring can be found in medical offices and institutions. Technology is there; *caring* is absent! Doctors are “providers.” Patients are “consumers.” And critical care specialists are “managers.” Each of these designations points to the erosion of caring from the doctor/patient equation.

Technology is sensational and often amazing, as well as being seductive. In the clinical arena, it is too often convenient to order a test or scan. Not infrequently, this test replaces patient interaction and examination. Thus, the potential for “all test, no touch.” The worship of technology has replaced the necessity of relationships and further devalues the art of caring. Technology has become self-perpetuating and an inexorable force. It is a force we need to manage.

Patients want us to relieve their pain and suffering, but they also expect us to pay attention to them as individuals at a time when they feel most vulnerable. In the case of chronic disease, this vulnerability can become prolonged. There is clear evidence that we are becoming progressively more fixated on disease and symptoms. If this is true, then we are forgetting about illness. Here, I would define illness as the combination of disease and the psychosocial burden of that process. I am struck, when reviewing charts, by the paucity of infor-

mation that exists under the heading of Social History. The same is true for Family History. I believe this is symptomatic of a systemic problem.

The skill needed for the collection of information — including the history, physical examination, ordering and the interpretation of laboratory and imaging test results — and the assimilation of these data, is the province of medical education. Traditionally, this has been accomplished through guided didactics and mentoring. It is through the mentoring process that students gain most of their patient interaction skills. Native intellect, basic personality and stated or unstated motivation will shape the student from doctor into physician. Economic pressures are affecting academic centers and undoubtedly having an effect on developing minds and their philosophies and behaviors. Mentoring is being impacted by the need for “clinical productivity,” which can prevent optimal learning. This is true in both the outpatient and in-patient settings. Students are trying to learn in an atmosphere of “market-oriented competition.” Too often, this dampens any innate desire they may have to serve in a caring fashion. Furthermore, the student selection of specialties away from those of primary care, the traditional “caring” specialties, has been profound.

It is also difficult to truly “care” for the acutely ill who find themselves in the intensive care unit. There, strangers are treating strangers. Indeed, the providers are highly skilled and capable of “intensive” application of technology. Howell’s definition of caring, however, is not likely to be found.

Traditionally, family physicians would be in the units with their patients, working along side the hospitalist, intensive care specialist or consultants. The economic incentives and expectations of health systems, which own family physicians practices, obviates many, if not most, family doctors from following their patients to the hospital. The chance for continuity disappears and, with it, all too often the ear to which might be disclosed sensitive information, fears and important questions. Francis Peabody in his famous treatise, *The Care of the Patient*, states, “One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring

for the patient.”

Other factors must include the economic pressures experienced within corporate and medical offices. The cynical side of me wants to call this, “in service to the bottom line.” The justification for such cynicism lies in information gathered anecdotally from physician or financial managers. For example, the doctor who gives up nursing home practice for the more rewarding financial income by staying in the office. Or, the financial consultant who advises doctors to avoid “sick” patients because “there is no money in it.” Or, the dictum to avoid new “Medicare” patients because of poor reimbursement (sad but true). As previously noted, many family doctors and general internists are avoiding hospital practice because of increased “efficiency” of remaining in the office and generating income. Each of these strategies exacts a toll on *caring* and the following questions must be asked: have we traded *caring* for commerce? have we been trapped by the “coding games?” Do we focus too much on the “billable commodities,” e.g. the EKG, the blood test, the extra block to be clicked on the electronic medical record? As we succumb to these allurements, have we avoided and abdicated our moral responsibility to give care?

Time and money have become inextricably intertwined and they are in direct conflict with sensitivity and caring. The average office visit is around 8 minutes and is driven by “production.” A fundamental prerequisite for caring is sufficient time. Time for uninterrupted listening, time to ponder and to allow the patient to establish the trust necessary to share sensitive concerns. Most physicians entered medicine with the desire to serve humankind. The encroachment of outside forces or, even personal preference, has dampened that spirit.

We need to be reminded that the practice of medicine is predicated on the bedrock principles of beneficence and benevolence. Medical practice, being an enterprise requiring human interactions, brings with it moral responsibility. President Dwight D. Eisenhower once said: “When privileges are put before principles, you will soon have neither.” In my judgement the discipline of Family Medicine, cannot survive in the current environment. *CARING* is the essence of our specialty and the

essence is being squeezed out. We, as family doctors, are dancing, but others are in control of the tempo and tune. I believe this renders our position in medicine as unsustainable.

A quote from Woolhandler and Himmelstein, two internists from Harvard Medical School: "Our main objection to investor-owned care is not that it wastes taxpayer money, not even that it causes modest decrements in quality. The most serious problem with such care is that it embodies a new value system that severs communal roots and samaritan traditions of hospitals, makes doctors and nurses the instruments of investors, and views patients as commodities. In non-profit settings, avarice vies with beneficence for the soul of medicine; investor ownership marks the triumph of greed. A fiscal conundrum constrains altruism on the part of nonprofit hospitals: no money, no mission. With for-profit hospitals, the money is mission; form follows profit....health care is too precious, intimate, and corruptible to entrust to the market."

Health care systems wrestle continuously with issues of resource allocation and, from my perspective, make frequent mistakes because technology will always get primary attention, at the expense of certain neglected humanitarian needs.

One of the critical markers for hospitals is the average length of stay (ALOS). This is monitored carefully as an indicator of quality and efficiency, and it underscores the hospital's romance with acute illness and brief stays. ALOS is regarded by some as an indicator of disregard of the doctor/patient relationship. Moreover, measuring adherence to clinical guideline parameters misses a major point. Determining whether or not a patient received a beta-blocker and an aspirin following a myocardial infarction is an incomplete answer. These measures of quality are aimed at curing, not caring! The patient goes home with fear and unanswered questions.

We have chosen as a society, or the government has chosen for us, to create a system that pays for highly expensive, intensive and acute interventions at the end of life but that makes it difficult to help an elderly woman care for a chronically ill spouse at home. Wouldn't it be better to settle for a little less intense intervention in order to provide for more caring?

Of course, health care executives, physicians and other health care providers do have some discretion in the way they spend their time and money. (e.g. should a health care system pay millions to subsidize a new type of cardiac care while ignoring palliative care for the chronically ill and dying patients?) Financial incentives will win again.

In all fairness, some of the attitude shift concerning caring can be derived from looking at societal changes. Scattered and fractured nuclear families; changed neighborhoods, where fear presides; single parents, who depend on surrogates to nurture and provide care for their children; both adult members of the family gainfully employed outside the home, etc. Each of these factors negates the time-honored traditions and atmospheres of caring.

As John Geyman so aptly stated, "It is hard to be a good doctor in a bad system." Single-payer health insurance may be the only affordable alternative to universal access, a shared goal of Family Practice, and the salvation of Family Practice and the values inculcated within our discipline. Otherwise, I predict, we become as dinosaurs. The current environment daily devalues our traditions and suppresses the essence of our *raison d'être*.

References:

Joel D. Howell, *The Lost Art of Caring*, page 77, Johns Hopkins Press

Peabody, F.W. (1927). *The Care of the Patient*. Journal of the American Medical Association 88: 877-82

Woolhandler S, Himmelstein DU. *Healthcare Crisis and Opportunity: 2002 PNP* Newslett 2002;Jan:6-8

Geyman J *Family Practice in a Failing Health Care System: New Opportunities to Advocate for System Reform* JABFP September-October 2002 Vol.15 No.5: 407

REPORTING CME HOURS IT'S A MUST!



Don't let yourself get caught out on a limb! Remember that all Active members of the Academy are required to report at least 150 hours of CME every three years, of which at least 75 must be Prescribed (AAFP approved) credit and at least 25 of the 150 must be obtained from group activities.

You can now review and report your CME hours online via the AAFP website. To access your CME record online, first go to the AAFP's website which you'll find at this address:

<http://www.aafp.org>

and select AAFP Online. Your user name or user ID is your AAFP identification number. Your password is your last name all in caps with no punctuation. Then click on "What's New" or "CME" and follow the directions.

National Conference Of Family Practice Residents And Medical Students

Jennifer McCord, MD
Riverside Family Practice Residency
VAFP Resident Chapter President

The National Conference of Family Practice Residents and Medical Students was held August 6-9, 2003 in Kansas City. Students and residents, including several of our own Virginia residents, were elected to leadership positions. Janine Brown of Fairfax Family Practice will serve as Resident Chair for next year's National Conference, and Nancy Pandhi of Shenandoah Valley Family Practice was chosen to be Resident Representative to the Association of Family Practice Residency Directors. Many resolutions were debated in the Resident and Student Congresses: lively discussions centered on issues such as considering a fourth year of training for rural medicine track family practice residents and whether or not to support the availability of over-the-counter "morning-after" contraception. In addition to the Congress, there were many well-attended educational workshops and procedure courses. The Future of Family Medicine Project was a major topic of discussion. Every level of the AAFP is concerned with finding ways to promote family practice among medical students as well as to increase the public's knowledge about our specialty. Plans for next year's conference are underway for July 28-31, 2004.

Ann Townsend, MD
Portsmouth Family Medicine Residency Program
VAFP Board of Directors Resident Director

I had the pleasure of returning to the NCFPR for the second time this year. As was true for last year, I was again impressed with the enormous organizational effort it takes to bring together family practice residency programs and interested students from all over the country. I took advantage of this annual conference to enjoy seeing old friends and to meet new people who share an interest in this medical specialty from all across the nation.

One of the biggest issues on the minds of many people was student interest in family medicine. Applications to family medicine residencies are down nationwide. There is a similar trend in declining student attendance at the NCFPR. While there are probably many reasons for this, I still think that it is worthwhile to have an annual national conference. The students that I met and talked with still found the lectures, workshops, and exhibits helpful to affirm the decision to pursue a career in family medicine. I thought the conference was a great way to keep promoting the specialty and to let people know about all of the great opportunities we have here in Virginia.

Resident Chapter Meeting

11:00 a.m. Nov. 14, 2003

Richmond Marriott West

Lunch Lecture Topic — "Personal Financial Planning"

The lecture will be followed by Resident Chapter Business Meeting.
All interested VAFP Resident members are encouraged to attend.

Please call Mary Lindsay White
804-968-5200 to RSVP or e-mail mlwhite@vafp.org.

Hope to see you there!

New Resident Board Members

Theresa Jones Pugh, MD
Carilion Family Practice Residency
VAFP Resident Director

Dr. Pugh is currently a third year resident with the Carilion Family Practice Residency Program in Roanoke. She was born and raised in the Roanoke area and is delighted to be training at home! Dr. Jones attended Washington and Lee University for undergraduate work then moved on to the Medical College of Virginia at VCU. Her hobbies include horseback riding and other outdoor activities and her professional interests include sports medicine and recruiting medical students into the specialty of Family Medicine.

Heather Sojourner, MD
Riverside Family Practice Residency Program
VAFP Resident Director

Dr. Sojourner is currently a second year Family Practice resident at Riverside Family Practice. She and her husband, Matt, moved to Virginia from Little Rock, Arkansas where she attended medical school at the University of Arkansas for Medical Sciences. Heather has been extremely active in organized medicine for the past several years. As a medical student, she served on the Arkansas AFP Board of Directors, AAFP Delegate to the AMA, and as the delegate to AMA-Medical Student Section for the Arkansas Medical Society. She was a recipient of the AMA Foundation National Leadership Award in 2001.

Ann Townsend, MD
Portsmouth Family Medicine Residency
VAFP Resident Director

Dr. Townsend is currently a third year resident with the Portsmouth Family Medicine Residency Program. She is originally from South Carolina and attended Eastern Virginia Medical School. Dr. Townsend is interested in practicing in Virginia in a rural location upon completion of her residency program. She is married and her interests include horseback riding, running and camping.

Shenandoah Family Practice Resident Wins the AAFP/Bristol Myers Squibb Award for Excellence in Graduate Medical Education

Nancy Pandhi, M.D., Shenandoah Family Practice Residency, has been selected as one of twenty 3rd year residents nationwide to receive the prestigious AAFP/Bristol-Myers Squibb Award for Excellence in Graduate Medical Education. The award is presented each year at the American Academy's Annual Meeting. The criteria for selection are based on demonstrated leadership abilities, community involvement and social commitment and exemplary patient care and personal relationships.

Nancy Pandhi, M.D., received her medical degree from Virginia Commonwealth University in Richmond and is completing her residency at Shenandoah Valley Family Practice Residency Program in Front Royal, Virginia. In 2002, Dr. Pandhi received the John Templeton Spirituality and Medicine Award for Primary Care Residency Programs, which provided a grant to create a full educational program on spirituality in medicine.

Currently, Dr. Pandhi is a member of the ACGME Residency Review Committee for Family Practice, the ACGME Resident's Council, and Shenandoah Valley Family Practice Residency Graduate Medical Education Committee. Upon completion of residency, Dr. Pandhi hopes to find a position that combines clinical practice with medical education. She would like to join the faculty at a medical school and pursue an academic fellowship.

The Academy congratulates Dr. Pandhi and wishes her well in future endeavors.

Jennifer McCord, MD Riverside Family Practice Residency Program VAFP Resident Chapter President

Jennifer McCord, MD, grew up in Ann Arbor, Michigan, studied English at Williams College in Massachusetts, and then worked in London, England, and Washington, DC, before returning to school to study medicine. She graduated from Brown Medical School in Providence, RI, and moved to Virginia for her residency at VCU/Riverside Family Practice in Newport News. She is currently in her third year at Riverside. Her husband, Rob, is originally from Williamsburg, and works as CTO for a company that provides handheld software for medical associations. Jennifer and Rob have two sons, ages 5 and 8. When she is not at the hospital, in the office, or spending time with her family, Jennifer is volunteering for Health Care for the Homeless, practicing T'ai Chi and yoga, or reading voraciously. Her medical interests include integrative medicine, nutrition, behavioral medicine, and women's health.



Marcus Speaker, MD Carilion Family Practice Residency Program VAFP Resident Chapter Vice President

Dr. Speaker received his undergraduate degrees in Electrical Engineering and Computer Engineering from West Virginia University in 1995, and a Masters in Community Health Education in 1997. He received his Medical Degree from West Virginia University in 2001. He is currently Chief Resident at the Carilion Family Practice Residency Program in Roanoke, Virginia. His interests include informatics, chronic disease management, and complementary/alternative medicine.

Riverside Resident Appointed AAFP Alternate Delegate to the AMA

Heather Sojourner, MD, 2nd year family practice resident at Riverside Family Practice Residency Program and a Resident Member of the VAFP Board of Directors, was recently appointed AAFP Alternate Delegate to the American Medical Association-Resident Fellow Section by the AAFP Board of Directors Executive Committee. The appointment is a one year term. Congratulations to Dr. Sojourner.

Resident to Lead 2004 AAFP National Conference of Family Practice Residents and Students

Janine Brown, M.D., 2nd year family practice resident at Fairfax Family Practice Residency Program in Northern Virginia, was elected at the 2003 AAFP National Conference by her peers to lead the 2004 AAFP National Conference. The Academy's congratulations are extended to Dr. Brown.

Provider Communications Advisory

Mary Lindsay White, VAFP Staff

A meeting of the Provider Education and Communication Advisory Group was held, Tuesday, June 24, 2003 at the Medical Society of Virginia's office. The committee serves in an advisory capacity reviewing Medicare Part B issues, plans, and activities which have a direct impact on the provider and beneficiary communities. The committee is comprised of representatives from state medical societies, large multi-specialty group billing services, medical and professional organizations, EDI vendors, teaching facilities and other CMS contractors. The committee meets quarterly the day following the Medicare Carrier Advisory Committee. The meeting is facilitated by Co-Chairpersons from Trailblazer Health Enterprises, LLC., Virginia's CMS contracted carrier and intermediary.

Agenda items discussed at the meeting include:

CMS Update

The CMS Regional office has created a provider outreach newsletter. To be added to the distribution list, please call 215-861-4186.

Due to increased call volumes to Customer Service Representatives at TrailBlazer Health, a business decision was made to move the telephone appeals from Virginia to the TrailBlazer office in Timonium, Maryland. This move was invisible to the providers as callers can still place the call to the same telephone number but the call will be routed automatically to the Timonium office. This change resulted in seven telephone appeals representatives in Maryland versus one in Virginia.

Carrier Advisory Committee Meeting (John Daniel, MD, Medicare Medical Director)

Peter Boling, MD, representing the Medical Society of Virginia, was elected as co-chair of the Carrier Advisory Committee. Providers were reminded to test for HIPAA compliance with Medicare contractors. New policies discussed: Chemotherapeutic drugs, frequency of laboratory testing, Laser Coherence Tomography, nail avulsion, psychiatric codes, radiation therapy service, cardiac catheterization, and paravertebral facet joint denervation. Of these draft policies discussed,

laboratory testing frequency, chemotherapeutic drugs, and psychiatric codes were the items most debated and discussed.

Comprehensive Error Rate Testing (CERT) - Advanced Med is the CMS Program Safeguard Contractor tasked with evaluating the contractor's performance at applying local and national policies correctly. The CERT will be taking a sample of paid claims and sending requests to providers asking them to supply documentation to support the claims sample. Providers are encouraged to submit the records promptly. Those claims where no documentation is submitted will be counted as errors and the payments already made will be requested back from the providers.

All vendors that have passed HIPAA testing are posted on the TrailBlazer web site at www.trailblazerhealth.com.

CMS Change Requests

- ~ Diagnosis coding for screening pap smear and pelvic examination services
- ~ Additional documentation requests requirements for ordering provider of laboratory services
- ~ Expanded coverage for PET scans
- ~ New requirements for ICD-9-CM coding on claims

Future Meeting

The next meeting of the Provider Communications Advisory Committee will be held October 28, 2003 at the Medical Society of Virginia office. If you have questions or concerns that the VAFP should raise at the next meeting, please forward those to Mary Lindsay White mlwhite@vafp.org or fax 804-968-4418.

Practice Opportunity



Established family practice group expanding with a new location seeks an experienced family physician new to the area or a recent family practice residency graduate for a full time office/hospital practice. 1 in 10 call schedule. All start up requirements and office management provided by an experienced team.

- * Competitive Salary Guarantee
- * Full Benefits
- * Moving Allowance
- * Signing Consideration
- * Richmond Area

Contact Cathy Brown, Administrator (804) 794-5411 ext. 155 or vpi-cbrown@ehsmed.net

Midlothian Family Practice is a division of Virginia Physicians, Inc.

Please shoot logo in this space.

We Offer A Better Way Of Working, And A Better Way Of Life

The Right Practice

The freedom to devote adequate time to the care of patients; practice support services, including legal counsel, coding, electronic medical records, billing and collections, equipment acquisition, practice development and promotion; practice management services without being micro-managed; the independence to develop protocols and help establish practice parameters for preventive and disease management case modules.

The Preferred Lifestyle

Western Virginia offers affordable living, ample outdoor recreational activities, nearby cultural centers and is home to nationally and internationally acclaimed colleges and universities.

Excellent Benefits

Includes a competitive salary, insurance, annual vacation days, CME and Student Loan Repayment Program.

Family Practice Opportunities

Rocky Mount, VA/Franklin County
20 miles from Roanoke, via US 220
Join group of 5 FP's and 2 OB's Call 1:5; no OB
Start Fall 2003
Virginia Medical Scholars are encouraged to apply

Staunton, VA/Augusta County
Virginia's Shenandoah Valley
Join group of 3 FP's
Call 1:4, no OB
Applicants with interest in Women's Health and/or Geriatrics
are encouraged to apply

Christiansburg, VA/Montgomery County
Virginia's New River Valley
Next to Radford University and VA Tech
Join group of 5 FP/OB's
Call 1:5
ABMS-BC with 3-5 years practice experience, including an
active OB practice

To apply, submit cover letter and resume to:

Rhonda Creger, Physician Recruiter
Carilion Health System (www.carilion.com)
PO Box 40032
Roanoke, VA 24022-0032
540.951.0718 office
540.951.0719 fax
rhondac@carilion.com

VAFP Networking Opportunities

VAFP Placement Opportunities

Board Eligible 10-1-2003 FP wants to help meet your outpatient demands.

Part-time, outpatient continuity/ urgent care practice opportunity desired. Prefer Roanoke or Tidewater, VA regions; Nashville, Knoxville TN.

Reach at paula@carilion.com OR Dr. Paula Martin
(540)981-7000.

Graduate from accredited FP residency in Southeast Michigan, recently moved to Vienna, Virginia.

Board Eligible, just took exam this July.

Looking for full or part time opportunity in FP. Prefer outpatient. No obstetrics. Have Virginia license and DEA already. Available September 2003. Strengths in pediatrics and women's health.

Please e-mail: sabdelall@hotmail.com or
call cell: 734-717-7496.

Senior Partner of a two person Family Practice Group located in Richmond's West End plans to retire and is seeking a physician to take over his very established portion of the practice.

Excellent opportunity to assume significant patient base including office and diagnostic equipment below market value.

For information contact Michael Stephens at:
804-346-1010 extension 150.

Prime Care Family Practice, PC

Vibrant, growing, single-specialty (Family Medicine), physician-owned practice is seeking a Board Certified Family Physician for our practice in Colonial Heights, Virginia.

We currently employ four Family Physicians and three nurse practitioners serving a patient family of more than 24,000.

Office hours are 8:00 AM to 5:00 PM Monday – Friday. No evening or weekend office hours. No OB. Call is currently 1:4. Office visits are based on acuity and complexity. Practice occupies a modern, 10,000 square-foot facility located within a regional shopping mall complex footprint. Offering an attractive salary, benefits and incentive package.

For more information contact William P. Webb, CMPE @
(888) 440-4531 or e-mail @ bwebbpcfp@comcast.net.

Jobs And Growth Tax Act Provides Tax Relief

This year's tax law, the *Jobs and Growth Tax Relief Reconciliation Act of 2003* affects nearly all taxpayers. Some of the benefits are already visible. You should be seeing less tax withheld from your paychecks. The IRS started mailing checks to refund part of the child tax credit. You may see other benefits when you file your 2003 tax return next year. Here's an overview of the key provisions in the new law.

Lower Tax Rates

Rates in each of the top four tax brackets drop by 2% or more, retroactive to January 1, 2003. Rates in the 10% and 15% brackets do not change, but the 10% bracket expands to include more income—\$1,000 more for single filers, \$2,000 more for married filers.

Lower Taxes On Investment Income

The top rate on most dividends and long-term capital gains drops to 15% through 2008. If you're in the lower two tax brackets, the new rate will be 5% through 2007 and zero in 2008. Previously you paid tax on dividends at ordinary income rates. Most capital gains were taxed at 20%, or 10% for those in the lower brackets.

The new lower rates apply to dividends received in 2003 and to capital gains realized after May 5, 2003. Rates will go back to their old levels in 2009 unless Congress extends the new rules.

Increase In Child Tax Credit

The child credit increases from \$600 to \$1,000 per child. To help boost the economy, the IRS is paying the 2003 increase in advance by mailing rebate checks to eligible taxpayers. You may not receive a check for the full increase, however. Generally, the IRS is estimating the payments based on last year's returns. You can adjust for any unpaid or overpaid credit when you file your 2003 return next year.

Business Incentives

From 2003 through 2005, small businesses can take an immediate tax write-off for up to \$100,000 of most equipment purchased each year. The previous limit for 2003 was \$25,000. This benefit begins to phase out when total annual equipment purchases exceed \$400,000,

an increase from the previous \$200,000 threshold.

All businesses can claim bonus first-year depreciation of 50% of the cost of new equipment. This break applies to most equipment purchased and placed in service after May 5, 2003 and before January 1, 2005.

Other Provisions

The new law offers partial relief from the marriage penalty for 2003 and 2004. It increases both the standard deduction and the 15% tax bracket for married couples filing jointly to twice that of singles.

The law also temporarily increases the alternative minimum tax exemption to \$40,250 for single taxpayers and to \$58,000 for married couples.

How To Benefit From The New Tax Law

The new tax law offers a wealth of tax breaks for individuals and businesses. Here are some ideas to make the most of them.

~ Check whether you can reduce your estimated tax payments for the remainder of this year. If you're self-employed or have significant dividend income, the new lower rates could cut your tax bill.

~ If you're an employee, the new withholding tables that went into effect in July increased your take-home pay. Because the tax cuts in the new law are retroactive to January 1, 2003, you may also have a lower tax bill or a higher refund when you file your 2003 return next April.

~ If you have children, find out how the new child credit will affect you. Your income might be too high or too low to benefit from the full \$1,000 per child credit. The credit begins to phase out when income reaches certain levels.

The advance payment checks being mailed by the IRS are generally estimates based on last year's returns. If the check is too low or too high, you'll make the adjustment when you file your return next year.

~ Review your investment strategy, but don't make changes based solely on the new tax

rates. Remember that while taxes are important, they're only one factor to consider when making investment choices.

~ Try to maximize benefits from lower capital gains taxes when selling investments. Whenever possible, try to realize long-term gains which enjoy lower rates than short-term gains.

~ Check whether income shifting makes sense. That involves giving investments to a child or relative in a lower tax bracket, who could then sell now at a 5% capital gains tax or wait to sell until 2008 when the rate goes to zero.

~ Assess the impact of the lower dividend tax on your investment income. Taxable bonds may seem less attractive because the interest is taxed at higher ordinary income rates. But don't rush into changes that destroy the security and diversification of your portfolio.

Remember that the new lower taxes on dividends and capital gains don't directly affect your investments in traditional IRAs and 401(k) plans. You'll still pay tax at ordinary income rates when you make withdrawals from these plans.

~ If you're in business, take advantage of the new business spending incentives. Develop your equipment spending plan for the next couple of years, based on business needs.

Review your investment strategy, but don't make changes based solely on the new tax rates.

Remember that while taxes are important, they're only one factor to consider when making investment choices.

The IRS Names The “Dirty Dozen”

Every year thousands of taxpayers are misled into believing tax schemes that are too good to be true. Falling for these scams will cost you money and may subject you to civil and criminal tax penalties. The following scams have been identified by the IRS as the “dirty dozen” tax schemes currently being used by con artists.

1 Reparation Tax Credit

Con artists tell African-Americans they qualify for a reparation tax credit for slavery. They charge an upfront fee to file a refund claim for a bogus credit which doesn't exist in the tax code.

2 Social Security Tax Schemes

For an upfront fee and a percentage of the refund, these con artists offer to file a claim for all the social security taxes you have paid in your lifetime.

3 Refunds For A Fee

Again, for an upfront fee, con artists offer to give you a phony Form W-2 with false income tax withholding so it appears you qualify for a bigger refund.

4 Sharing Dependents

This scheme involves reporting one person's dependents on another person's return in order to claim the earned income tax credit for both taxpayers.

5 No Federal Income Tax Withholding From Wages

Some employers are misled into believing that they aren't required to withhold taxes from employees' wages.

6 Offshore Transactions

The IRS cautions taxpayers that using offshore credit cards, trusts or other arrangements to hide income or claim false deductions is illegal.

7 A Prize For Paying Your Taxes

Phone callers tell you to send your tax payment to a special address, and you'll receive a prize. Actually, the con artist will keep your money, and you'll still owe the IRS.

8 Phony IRS Collection Agents

The con artist shows up at your door claiming to be an IRS agent there to collect money. IRS representatives carry picture IDs, and they will normally contact you before they visit.

9 Bogus Home-Based Businesses

Promoters charge a hefty fee for the materials to start your own home-based business, alleging that you can write off most of your personal expenses as business expenses.

10 Identity Theft

Thieves use your personal data to steal your bank accounts, run up charges on your credit cards and file for tax refunds.

11 Phony Payment Checks

Con artists sell you phony checks telling you they can be used to pay your taxes and other debts.

12 Frivolous Arguments


Internet ads suggest that paying taxes is voluntary and try to sell you “untax packages.”

Tax Talk

IRS Gives K-1 Matching Program Another Try

Early in 2002, the IRS launched a program to match information reported on Schedules K-1 to the amounts reported on taxpayers' personal returns. Schedule K-1 is an IRS form that is used to report a taxpayer's share of income, deductions and credits from partnerships, trusts and S corporations. The 2002 matching program was a disaster, with the IRS sending out thousands of erroneous notices.

Now the IRS says it has corrected the flaws and will resume the matching program. The Service will be issuing notices related to tax returns for 2001.



Before making important financial or business decisions this year, be sure to contact your accountant or tax consultant to discuss these changes and any other tax concerns you may have.

Tax Update information should not be acted upon without further details and/or professional assistance. Tax Update is provided by Wells, Coleman & Co., L.L.P., 3800 Patterson Ave., Richmond, Virginia.

Should You Consider An Annuity?

Looking for more predictability in your portfolio? You are not alone. With the volatility in the stock market, it may be time to consider an old investment option: annuities.

What Is An Annuity?

In its simplest form, an annuity is a contract that you purchase in order to receive fixed, monthly distributions for life. Annuities often appeal to investors who need a steady source of income.

Like any financial product, the terms and conditions can vary significantly. You can choose to receive the payments right away (an immediate annuity) or opt for a later start date (a deferred annuity). The payments can be fixed for life or they can vary based on investment performance.

When Do Annuities Make Sense?

A deferred annuity can supplement your retirement savings even if you have already contributed the maximum allowed to your 401(k) or IRA. Earnings are tax-deferred until you begin receiving payments. Annuities that offer long-term growth through market appreciation (called variable annuities) may be well-suited for retirement saving.

But annuities are not just for retirement planning. An immediate annuity may be a favorable alternative to bank CDs or other investment options.

In its simplest form, an annuity is a contract that you purchase in order to receive fixed, monthly distributions for life. Annuities often appeal to investors who need a steady source of income.

V A F P

Annual Meeting And Exposition

July 22-25, 2004

Williamsburg Lodge

Colonial Williamsburg, Virginia

.mark. .your. .calendars.

Solo 401(k) Check Out This Option

If you have always considered 401(k) plans to be retirement plans for large companies, here's some good news. Higher contribution limits and simplified administration are good reasons for one-owner businesses to look into an individual 401(k) plan. Plans designed to fit businesses where the owner is the only employee are less complex, less burdensome and less costly to manage than traditional 401(k) plans.

Both incorporated and unincorporated businesses can set up an individual 401(k) plan. Even if you're self-employed, you're still considered an employee of the business. Since they allow higher contributions than other plans, such as SIMPLEs and SEPs, 401(k)s give you more opportunity to cut your taxes while building a bigger retirement nest egg.

Under a 401(k) plan, you can elect to contribute part of your earnings to the plan. Though these contributions are subject to social security tax, they are not subject to income tax until you withdraw money from the account. This year, you can contribute up to \$12,000 of your earnings to a 401(k) plan. If you're 50 or older, you can contribute an extra \$2,000 for a total of \$14,000. These limits increase over the coming years.

Your business can also make tax-deductible contributions to your account—up to 25% of your wages, or 20% of net self-employment earnings. The dollar limit for the total contributions made by you and the business is \$40,000 (\$42,000 if you're 50 or older).

The Core Content Review Of Family Medicine

Outstanding CME ● Valuable Board Preparation Resource ● Low Cost
Now With A Convenient, Year-round 'Rolling Admissions' Plan

The Core Content Review is a unique educational resource for family physicians and other primary care professionals who desire a comprehensive, practical and affordable home-study program for earning CME Credit or preparing for the Board examination.

Approved for both 52 Prescribed hours of credit by AAFP and Category 1 credits by the AMA, this self-evaluation program can be used anywhere, anytime, at your convenience. And, it's affordable at less than \$5.00 per credit hour. Whether you are preparing for the Board Certification or Re-certification exam or simply want an update to improve your skills, Core Content Review is sure to provide a comprehensive review of the core curriculum of family practice. To learn more about the Core Content Review of Family Medicine, please call 888-343-CORE or visit us at:

www.corecontent.com

Send this form and your check to:
The Core Content Review of Family Medicine
P.O. Box 30, Bloomfield, CT 06002 ~ 860-286-0787 (Fax)

(Check one)

AAFP Member—\$230 Non-members—\$275 Physician Assistant—\$230

FP Residents when ordered by Residency Director—\$115*

* Family Practice residents may participate in groups of 4 or more at the reduced rate of \$115 per resident, provided your request for participation is received from the director of the Family Practice Residency Program.

Indicate the month/year in which you wish to begin:

Jan Feb Apr May Jul Aug Oct Nov — 2003 or 2004

Check enclosed Visa MasterCard #: _____

Exp. date: _____

Name: _____

Age: 30-40 40-50 50-60 60-70 Over 70

Year of next ABFP Re-certification exam: _____

Address: _____

City/St/Zip: _____

Signature: _____ Phone: _____

mark
your
calendars

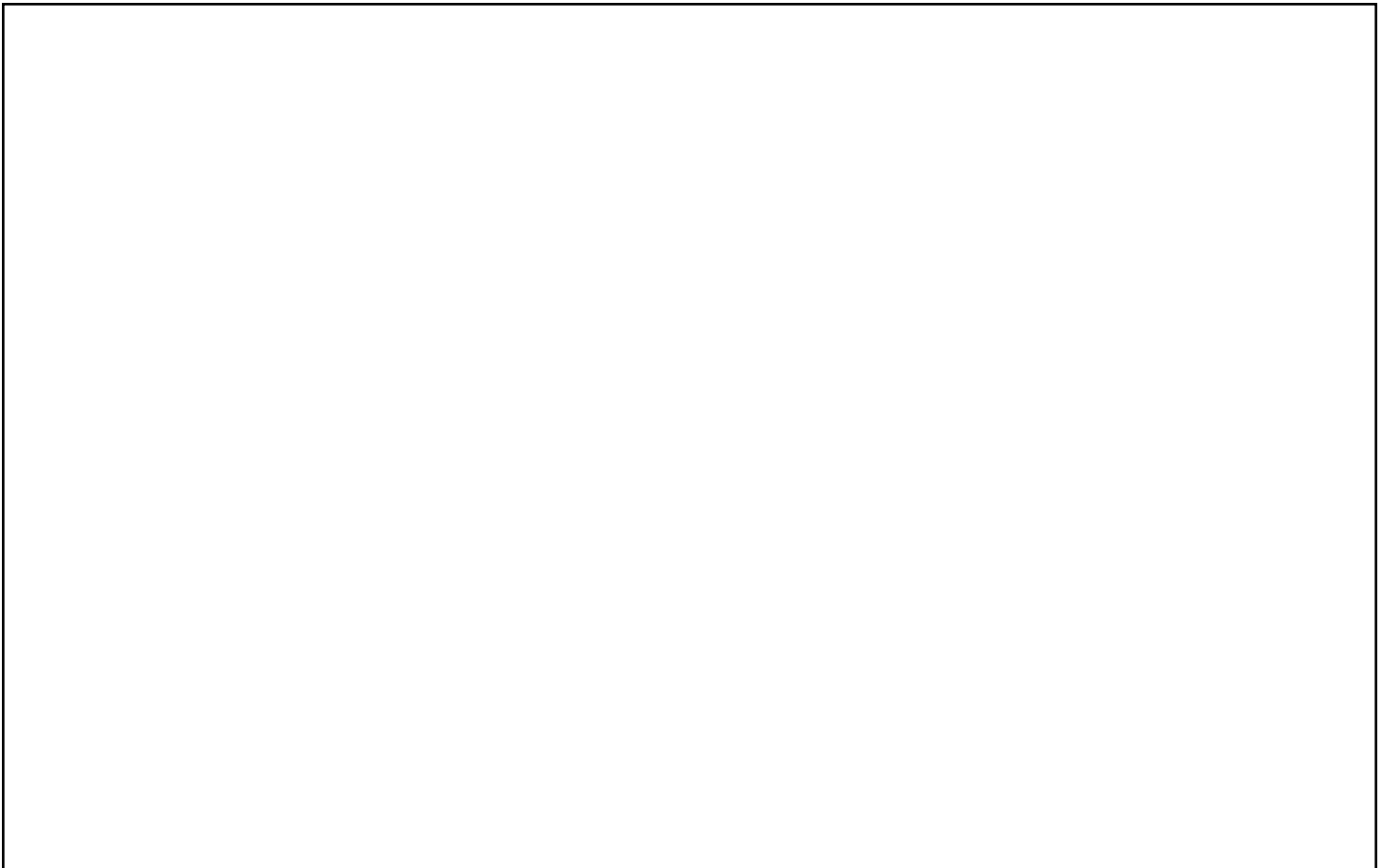
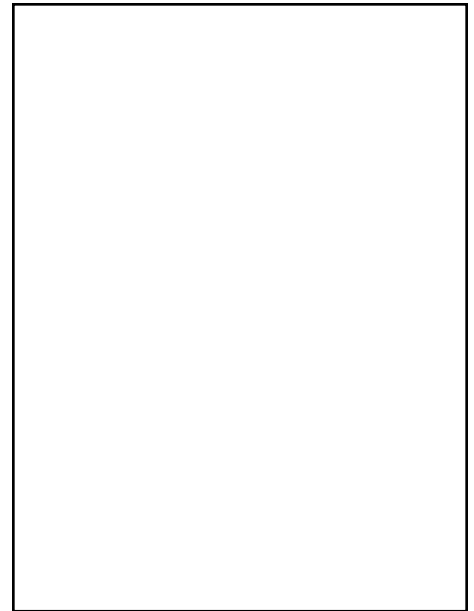


VAFP

Winter Family Practice
Weekend

February 6-8, 2004

Wintergreen Resort ~ Wintergreen, Virginia



Will your professional liability insurance company be there when you need it?



These are tough times for Physicians. The economy is struggling. Your earnings are being battered by declining reimbursements, rising practice costs and a weak economy. Now, you face higher medical malpractice premiums or, worse yet, insurance availability problems.

That's why you should depend on Professionals Advocate (ProAd). As a company founded by one of the oldest and most respected Physician-owned and directed insurers in the country, we're here for the long haul to fight your battles. We have the stability, financial strength and commitment to do it. In fact, as other insurers have withdrawn from the state, we are continuing our efforts to serve the Virginia Physician community. And we're rated "A-" (Excellent) by A.M. Best, the nation's leading rating agency.

We all face the consequences of the nationwide trend toward increasingly severe malpractice claims. But, you can be confident ProAd will be there with you, serving as a dependable ally, aggressive defender and tireless advocate.

Learn more about the ProAd Advantage. Call for a no-obligation quotation from a ProAd representative conveniently located near you.



The *Virginia Family Physician* is the official publication of the Virginia Academy of Family Physicians. The VAFF publishes information concerning Academy activities, medicine and pertinent legislation, as well as articles of interest to family physicians. Opinions expressed in articles or advertisements are those of the writer or sponsor and do not necessarily reflect the opinion of the VAFF. Readers are invited to submit comments, suggestions or articles for publication by contacting the VAFF. All submissions are subject to review. The *Virginia Family Physician* is available at no charge to members and for \$40 per year subscription to all others.

EDITOR: Terrence J. Schulte, CAE
ASSOCIATE EDITOR: Mary Lindsay
White

Virginia Academy of Family Physicians
2301 N. Parham Road
Suite 4
Richmond, Virginia 23229
(804) 968-5200