

The VIRGINIA

FALL • 2007

family physician



Dr. Ransone is pictured with his wife Karen Ransone, MD and children, Sterling III (Scooter), Katherine and Elizabeth.

**STERLING N. RANSONE, JR., MD
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VIRGINIA'S FAMILY PHYSICIANS



FALL • 2007

The VIRGINIA

family physician

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VAFP MISSION STATEMENT

The mission of the VAFP is to:

- Improve the health care of patients, their families and the citizens of Virginia.
- Serve the unique needs of members with professionalism, leadership and creativity.
- Advance and represent the specialty of family medicine.

VAFP VISION STATEMENT

The Virginia Academy of Family Physicians strives to ensure quality, accessible health care, dedicated to the dignity and well being of the citizens of Virginia and guided by the principle that the family physician is the specialist of choice.

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PRESIDENT'S MESSAGE

STERLING N. RANSONE, JR., M.D.



Like many of you, I have had the fortune of being able to teach and mentor medical students in my clinical practice. When I have spoken to them in groups, I have told them: “I have the best job in the world.” The joys of practicing family medicine are well known to you, but that leads me to ask, what can we, as an Academy, do to make this job even better for each member?

I think we can improve by concentrating on four goals.

1. Remembering who we are.
2. Becoming more politically active.
3. Enjoying ourselves.
4. Passing it on.

Who are we?

Are we providers? Are we (gasp) gatekeepers? Are we any of the myriad monikers which have been ascribed to our profession? I did not work hard to attend “provider school”, nor dream of being a gatekeeper as a youth. Unfortunately, we have allowed ourselves to be defined by others, ranging from insurers and businessmen to bureaucrats and legislators. We are doctors. We are trained physicians of the healing arts. Too often, in the hectic world in which we practice, that is forgotten. How can we fight this trend? I do it by practicing small acts of rebellion in dealing with those who demand my time yet refuse to compensate me for it. Each time I fill out a form (for the benefit of my patient) to which I must sign my name, I scratch out the term “provider” and fill in the word “Physician.” This act may not register to the questionably-trained person whose job it is provide barriers to appropriate medical care, but it gives me satisfaction. When asked by an administrator or vendor to justify my medical decisions on a form, I will write “Because the doctor says so.” I have yet to be further questioned.

We must take pride in who we are and what we do in the service of our patients. A criticism of us, as a specialty, may be that we are too nice, and in fact family doctors are the some of the nicest people I know. Our feeling often seems to be, that if we keep our heads down, mind our own business, do a good job and do the right thing, then everything will go our way in the end and turn out fine. Frequently, on those occasions when we do keep our heads up and see hazards to our profession, we feel powerless to confront them and do not act in our own best interests. This may be for fear of seeming self-serving or indulgent. We must realize that if we do not act on our own behalf, no one else will.

We must become more politically active.

Our profession is becoming increasingly legislated and regulated by those who are not trained in the intricacies of medical care. Whether it is in the legislative arena, through lobbying issues or campaigning for medicine friendly candidates, or in the regulatory arena, through inclusion on boards and committees, we must make our voices heard. The entire Virginia General Assembly is up for re-election this year and we must, through campaign support or monetary donation, make our presence known. We also need to represent our profession by becoming active locally, by running for school boards or town councils, and if one of us were to run for Lieutenant Governor of the Commonwealth; huzzah! To those of you are hesitant, I offer a quote from the ancient Greek statesman and general, Pericles (430 B.C.): “Just because you do not take an interest in politics does not mean that politics won’t take an interest in you.”

There are many issues and political concerns of which we must be cognizant over the coming year. The maturation of the Medical Malpractice Cap on July 1, 2008 and the ban on cigarette smoking in public restaurants are two of the legislative issues in which we must actively engage. Regulatory concerns affecting the quality of patient care, such as the emergence of retail health clinics and pay for performance (or as our

Physician of the Year Steve Spence put it: “Pray for pay”) likewise must be addressed. However, the largest issue which we must confront is: How do we get adequately reimbursed for our services rendered? As much as we all would like for our societal worth to be realized by all through appropriate compensation, it will not happen. We must be creative in addressing this issue, and we best face this challenge collectively and collaboratively – as an Academy. Though it is illegal due to anti-trust laws for us to collectively bargain, we can come together as a group to assert ourselves for what is in the best interests of ourselves and our patients. I fear that if this issue is not acted upon, our patients will no longer have access to competent, caring family physicians. Our patients will support us in this endeavor and we need to leverage this good will to effect a positive change.

Enjoy ourselves.

The issues I have mentioned above are serious ones for our profession and frequently result in the frustration we feel daily in our practices. It is quite easy to get mad about our circumstances and have this anger spill over into other aspects of our lives. It was anger, in fact, over an insurance company’s refusal to honor my prescriptive authority as a physician, which led me to become involved in organized medicine. How do we leave this anger behind? I have managed to do it by remembering what originally attracted me to the practice of medicine, namely- helping my fellow man. We must remember the respect and honor that our patients have placed in us by choosing us to help them with their most precious possession, their lives. We also must remember the joy and excitement we felt in medical school when we first aided a patient in a clinical situation and retain that joy in our current jaded practice environment.

How can we as an Academy accomplish this? We must utilize our greatest asset, our membership. We are the largest medical specialty society in the Commonwealth. We are diverse in nature and background and we are smart. The problem is that we don’t communicate among ourselves. The nature of our specialty is to seclude ourselves in our offices, away from common meeting areas, such as hospitals, and not interact with one another. We are busy, with little time to talk, and considerate, not wanting to bother others. We need to realize that there are many others that are experiencing the same frustrations and joys as us. Several may have found solutions to vexing problems, yet have no way to inform others. If we begin to break these barriers between us, we can learn from and teach one another, give each other support, reduce our uncertainty about clinical and non-clinical matters, or even just gripe about the world. Together, we can more effectively run our practices and enjoy the good fortune with which we have been blessed. The job of the Academy is to remind each member: You are not alone.

To facilitate this communication, your Academy board has developed a unique, online interactive forum for Academy members only, entitled “The Doctor’s Lounge.” Please visit and become an active contributor.

Pass it on.

Once we have accomplished the goals set forth above, we need to spread the rewards and joys of family medicine to succeeding generations of physicians. This can be most easily done by taking a student or volunteering as a mentor. Most of us have been fortunate to have had a role model in family medicine who we have tried to emulate. We need to present ourselves to those at the beginnings of their careers for them to realize the inherent worth of our specialty. This will also allow us to pass on a portion of our knowledge and enthusiasm for family medicine to others, and hopefully, they will be able to tell their students one day that **they** have the best job in the world.

INTRODUCING THE VAFP DOCTOR'S LOUNGE

The VAFP invites you to visit and participate in a unique interactive online forum entitled "The Doctor's Lounge."

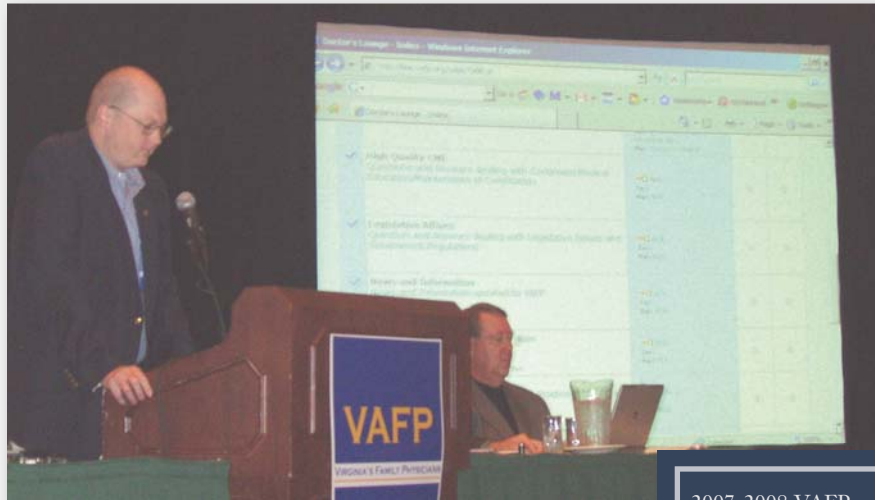
It was developed by the VAFP Board of Directors to facilitate communication among the VAFP's membership.

Frequently, Family Physicians practice in locations where they do not have easy access to colleagues and their wealth of knowledge. This forum will allow the exchange of ideas and opinions on a variety of both clinical and non-clinical subjects in a friendly environment.

Please end your isolation and join your peers in this exciting new member benefit.

To register for The Doctor's Lounge, go to www.vafp.org and click the Doctor's Lounge GO button on the left hand side of the site.

Please note that the VAFP must verify your membership in the Academy before granting full access to the Doctor's Lounge. If you register after Academy business hours, your account will be verified the next business day.



2007-2008 VAFP President Sterling Ransone, Jr., M.D., introduces the Doctor's Lounge at the 2007 VAFP Annual Business Meeting.

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1-800-QUIT NOW

Urge your patients who smoke or use tobacco to call the Virginia quitline and speak to a trained counselor today!

*Funded by the Virginia Department of Health Tobacco Use Control Project www.vahealth.org/cdpc/tobaccouse



VIRGINIA ACADEMY OF FAMILY PHYSICIANS BOARD OF DIRECTORS MEETING

Board Briefs August 10 & 12, 2007, The Homestead Resort Hot Springs, VA

August 10, 2007

Approved the minutes from the April 28, 2007 VAFFP Board of Directors meeting held in Richmond, Virginia.

Reviewed 2007 VAFFP Annual Report

Heard report from VAFFP CME Committee Chair, Mitchell B. Miller, M.D., on the 2007 VAFFP Annual Meeting held August 9-12, 2007 at The Homestead Resort.

Approved a motion to accept the 2006 VAFFP audit.

Heard report from VAFFP Lobbyist Mr. Seth Ginther on the 2008 session of the Virginia General Assembly.

Heard report from VAFFP Residency Program Committee Chair, Delmas Bolin, M.D., Ph.D., on the AAFP National Conference of Family Medicine Residents & Medical Students held August 1-4, 2007 in Kansas City, MO. Dr. Bolin also reported on the potential of a VAFFP sponsored statewide Residency Fair in 2008. Approved a motion to proceed with planning a residency fair in 2008.

Heard report from VAFFP Quality Task Force Chair, Kurt Elward, M.D., MPH on the TO GOAL program and the Practice Enhancement Forum to be held in November 2007.

Heard report from VAFFP President-Elect Sterling Ransone, M.D. on the 2007-2008 Slate of Officers and Directors.

Heard report from VAFFP Honors & Awards Committee Chair, Wayne Reynolds, DO on the 2007 Academy Award winners.

Heard report on the AAFP Annual Leadership Forum and National Conference on Special Constituencies held May 1-4, 2007 in Kansas City, MO from those physicians that attended.

Heard report from VAFFP Treasurer, David

A. Ellington, M.D. on the status of his candidacy for the AAFP Board of Directors.

August 12, 2007

Approved the appointment of Dr. Jesus Lizarzaburu to fill the unexpired Board of Directors term of James Thompson, M.D.

Heard final report from VAFFP CME Committee Chair, Mitchell B. Miller, M.D. on the 2007 VAFFP Annual Meeting held August 9-12, 2007 at The Homestead Resort and discussed options for the 2008 VAFFP Annual Meeting and celebration of the Academy's 60th Anniversary.

Approved a motion to grant the Executive Committee the power to approve the location for the 2008 VAFFP Annual Meeting.

Heard Board feedback on The Doctor's Lounge.

Approved a proposal from The Prescriber's Letter to offer subscriptions at a discounted rate to VAFFP members.

Heard motivational presentation by Mr. Chic Thompson.



2007-2008 VAFFP BOARD OF DIRECTORS PICTURED LEFT TO RIGHT FRONT ROW ARE KENT WILLYARD, MD, CHRISS SHUGART, MD, LYNNE DEANE, MD, JANICE RAGLAND, MD, CYNTHIA ROMERO, MD, DENA HALL, MD, Ms. HILLARY SHEMES, MARK WATTS, MD AND TONY KUZEL, MD. PICTURED LEFT TO RIGHT BACK ROW ARE ANDY MACFARLAN, MD, CHARLES FRAZIER, MD, DAVID ELLINGTON, MD, ROGER HOFFORD, MD, WAYNE REYNOLDS, DO, STERLING RANSONE, MD, KENT DIDUCH, MD, MITCH MILLER, MD, JESUS LIZARZABURU, MD, Mr. BEN MARCUM AND GREG VANICHKACHORN, MD. NOT PICTURED ARE MARLENE CAPPS, MD, ALBERT FRANCIS, MD, SIM GALAZKA, MD, LARRY KAGAN, MD, CHRIS LUPOLD, MD, VIVIAN MAPANA, MD, CHRIS MATSON, MD AND Ms. STEPHANIE JELLISON.

JENNY SHARP- WARTHAN, M.D. CHAIR INSURANCE & MANAGED CARE COMMITTEE

Anthem BC/BS in its July newsletter made physicians aware of the 2008 Performance Extra program. The program is almost a mirror of the 2006 and 2007 reports with a few exceptions. The final criteria are still being prepared, and hopefully we will report on this at the end of this year, or very early in 2008. While a very different program was discussed in the past for a Pay for Performance Program, the program will continue in its current configuration.

FYI...

PHYSICIAN RULES FOR SELF-PRESCRIBING AND TREATMENT OF FAMILY

The practice of some Virginia physicians treating or prescribing for themselves or family members is a dangerous one. Complaints considered by the Virginia Board of Medicine often involve this conduct. Current regulations of the Board now are more specific than they ever have been in defining acceptable parameters for a physician prescribing for, or treating, him/herself or a family member.

Current regulations of the Virginia Board of Medicine require that any treatment of, or prescribing for, a physician's self or family member shall be based on a "bona fide practitioner-patient relationship." This requires, at a minimum, that the physician shall:

- (i) ensure that a medical or drug history is obtained and recorded in the medical records maintained on him/herself or the family member,
- (ii) provide information to the patient about the benefits and risks of the drug being prescribed,
- (iii) perform or have performed an appropriate patient examination, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically (except for medical emergencies, the patient examination must be performed by the physician, within the medical group in which the physician practices, or by a consulting physician prior to issuing a prescription), and
- (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects.

A physician prescribing for him/herself or a family member further is required to maintain a patient record that documents compliance with the criteria

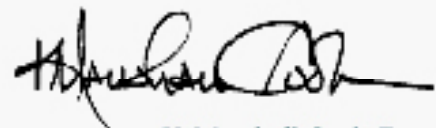
described above for a bona fide practitioner-patient relationship.

The Board's regulations also require that prescribing shall meet the criteria described in Virginia law. Specifically, this means that the prescription is required to be issued for a medicinal or therapeutic purpose. Any prescription issued by a physician with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes will be subject to criminal prosecution.

The regulations limit prescriptions by a physician to him/herself or a family member only to Schedule VI drugs, unless the prescribing occurs in an emergency, in an isolated setting where there is no other qualified practitioner available to the patient, or for a single episode of an acute illness through one prescribed course of medication.

A physician who writes a prescription for, or treats, him/herself or a family member is doing so at fairly substantial risk to his/her medical practice. As mentioned above, the Virginia Board of Medicine's regulations now are quite specific concerning what conduct is and is not permitted in Virginia.

FYI... is a summary of health care market information that will appear regularly in the Virginia Family Physician. Although it is written by the Academy's General Counsel, it is not legal advice. The Academy and I hope its contents will be informative and helpful in your medical practice.



K. Marshall Cook, Esq.
VAFP General Counsel
p. (804) 784-1900
f. (804) 784-1903
e. mcook@ht-law.com

2008 VIRGINIA GENERAL ASSEMBLY FAMILY PHYSICIAN OF THE DAY

Volunteers are needed to serve as Family Physicians of the Day during the 2008 Virginia General Assembly. As the Family Physician of the Day, you will be responsible for staffing the courtesy medical station for 9:00 a.m. – 3:30 p.m. on your chosen day. Directions and more specific information will be provided with confirmation of your assigned date. Reimbursement for participation as family physician of the day includes \$100.00 per day per diem and mileage.

Please select the date you are available and indicate it below. You may also sign up for the Family Physician of the Day Program on the VAFP Website at www.vafp.org.

Please return the completed Participation Form to:

VAFP
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Suite 207
Richmond, VA 23229
Phone: 800-843-8237
Fax: 804-968-4418
Email: mschulte@vafp.org

JANUARY 2008

MON	TUES	WED	THU	FRI
		9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

FEBRUARY 2008

MON	TUES	WED	THU	FRI
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

MARCH 2008

MON	TUES	WED	THU	FRI
3	4	5	6	7

Preferred Date(s): _____

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2007 VAFP ANNUAL MEETING

Family Physicians and their families from numerous states enjoyed the premier CME offerings and fabulous Homestead Resort at the 2007 VAFP Annual Meeting & Exposition held August 9-12, 2007, at The Homestead Resort in Hot Springs, Virginia. Comments from attendees capture the Annual Meeting:

Excellent meeting - my family really enjoyed having the meeting at The Homestead!

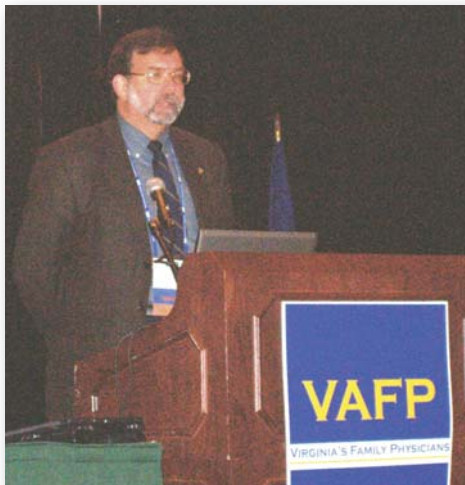
Another excellent program of speakers and CME topics!

This was my first year and I will definitely be back!



Annual Meeting

HIGHLIGHTS AND PICTURES!



Evidence-based CME was fantastic.

Great variety of pertinent CME topics.

The perfect vacation for my family before heading back to school!

A special thanks to all of the companies listed below for their tremendous support of the 2007 VAFP Annual Meeting.

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FARLEY CENTERA SPECIAL *Thanks* TO EXHIBITORS

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WYETH

WYETH WOMEN'S HEALTHCARE

Family Physician of the Year

**STEVEN N. SPENCE, M.D.,
BLACKSTONE**

**NAMED 2007 VIRGINIA FAMILY
PHYSICIAN OF THE YEAR**



Dr. Spence accepts with great pleasure this truly outstanding award from 2006-2007 VAFP President Wayne J. Reynolds, DO.

Steven N. Spence, M.D. was selected as the 2007 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.

Dr. Spence's award reads, "In recognition of your exemplary patient care, your dedication and devotion to rural communities and your outstanding efforts as a leader and role model in both residency training and faculty development. Your unparalleled commitment to your patients, family, community and the specialty of Family Medicine represent the qualities of a truly remarkable family physician."

Dr. Spence currently practices in Blackstone, Virginia where he and his wife Birdena and children (Kate, Ben and Lauren) have lived since 1984. Dr. Spence is a graduate of the University of Virginia School of Medicine and the VCU-Riverside Hospital Family Medicine Program in Newport News, Virginia. He was an Associate Director at Riverside before moving to the Blackstone Residency where he directed the residency for a total of 14 years. Dr. Spence served as Director of the Bon Secours St. Francis Family Medicine Residency during its start up year in 2005-2006.

During his years in Newport News and Blackstone, he has worked with hundreds of residents and VCU medical students. He is a Clinical Professor of Family Medicine with the VCU Department of Family Medicine and continues

to teach residents of St. Francis Family Medicine Residency during their rural rotations in Blackstone. He is a board member of the Southwest Virginia Graduate Medical Education Consortium. Throughout his career he has been focused on rural healthcare and education. Dr. Spence has twice served as an Elder in the Blackstone Presbyterian Church and participated in a Habitat for Humanity build last year.



Pictured with Dr. Spence from left to right are his daughters Kate and Lauren, his wife Bird and son Ben.

Teacher of the Year
STEVEN S. LEBLANG, M.D.,

**RECEIVES THE 2007
JAMES P. CHARLTON, M.D.
TEACHER OF THE YEAR IN
FAMILY MEDICINE AWARD**



Dr. Leblang addresses the audience after accepting his award thanking his family, his mentors, Riverside Family Medicine Residency Program, and the Academy.

Steven S. Leblang, M.D., Newport News, was named the 2007 recipient of the James P. Charlton, M.D., Teacher of the Year in Family Medicine Award. Dr. Leblang accepted the award at the VAFP 2007 Annual Meeting and Exposition's Awards Ceremony held at The Homestead Resort in Hot Springs. The award is presented annually to a family physician that exemplifies excellence in the teaching of family medicine to family medicine residents and medical students.



Dr. Leblang is pictured with his wife Linda.

Dr. Leblang's award reads, "In recognition of your exceptional and exemplary dedication as a teacher of family medicine and in deep appreciation of your service as a role model, mentor, and leader to those who have been blessed by your boundless energy and professionalism. Your tireless support for your residents and your unparalleled passion for the specialty of family medicine has contributed immeasurably to the continuing accomplishments of the Riverside Family Medicine Residency program and to the success of the specialty across the Commonwealth.

Dr. Leblang currently serves as the Residency Program Director at the Riverside Family Medicine Residency Program in Newport News, VA.

Volunteer of the Year

MARK H. RYAN, M.D.,

**RECEIVES THE F. ELLIOTT
OGLESBY, M.D., VOLUNTEER OF
THE YEAR AWARD**



Dr. Mark H. Ryan graciously accepts the award from 2006-2007 VAFP President Wayne J. Reynolds, DO. Accompanying the award is a \$1,000 contribution to the organization of Dr. Ryan's choice.

Mark H. Ryan, M.D., Richmond, was selected by the Virginia Academy of Family Physicians as the 2007 recipient of the F. Elliott Oglesby, M.D., 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. Ryan's award reads, "In recognition and deep appreciation of your significant efforts to help others in need. The donation of your time, energy, and leadership to those who are underserved and often forgotten exemplifies the true nature of volunteerism and is indicative of a truly outstanding family physician."

Dr. Ryan has selected the Dominican Aid Society of Virginia as the recipient of the \$1,000 donation from the VAFP that accompanies receipt of this award. The Dominican Aid Society of Virginia is a non-profit organization with a mission to improve the quality of life for residents of the Dominican Republic. This mission shall be accomplished by identifying needs and expanding and developing services to meet those needs. These services will include, but not be limited to, medical care and social welfare projects.



Dr. Ryan addresses the audience during the awards ceremony and acknowledges his family and his medical training opportunities as the stimulus for his interest in volunteerism.

DEMANDS ON DOCTORS

P. Marlene Capps, MD

August 1, 2007

The Virginia Gazette

(The following opinion was written by VAFP Board Member P. Marlene Capps, MD in reply to multiple anonymous mailings regarding her practice's automated phone system)

Today our office, West Point Family Practice, received some anonymous mail from someone obviously frustrated with the modernization of our phone system. I can sympathize with the writer, even as I disagree with such an approach. I feel certain that many of our patients long for the days when someone you knew answered the phone, listened to your troubles, and promised to get you in to see the doctor immediately.

Doctors miss that too. Old-fashioned medicine, like root beer floats and grandma's biscuits, is lost to both patients and medical professionals. I wish I could practice that way.

Our phone lines were not that busy in the good old days, when you got prescriptions written during your visit, the pharmacy did not have to call three times to find a medicine your health plan would pay for, we did not have to tie up a phone line to fax authorization for the medicine we prescribed, or for the referral to your specialist, or to send copies of labs and paperwork to your insurer. We'd have open lines if we were not taking calls getting the results of your hospital tests, or getting reports from your other doctors. Medical advances are wonderful — and more work for the staff in a practice.

In the good old days, if you got well the doctor didn't see you until you were sick again. The average patient did not live long enough to be on 5 to 20 medications that have to be monitored. Patients now expect more from doctors who can do more for them. This is good.

Sometimes our office is very busy. Sometimes, in the ebb and flow that is typical in a small town, everyone shares news and the flu at the post office, and you can catch more than faith at church.

I try hard to celebrate with you the availability of health insurance to make medical costs less burdensome to you. I'm glad that there are newer medicines to help us live longer, treat diseases, stay active without pain, be happier, and not suffer indignity in aging.

I smile at the sick person who thanks me for seeing them so quickly, and steal myself for the next patient -- usually not as sick -- who is angry at the delay.

I hope that sometime in my career there will be less red tape, paperwork, hoops to jump, and, yes, automatic phone lines.

I'll be patient when I call and dial the options and get put on hold or leave a message to ask your insurance company to let you see your specialist, have the test you need or want, or take the expensive medicine that meets your need more than the cheaper version. I'll be patient when I open my mail and share your frustration with the system.

And maybe someday things will go back to the way they used to be, but history doesn't seem to repeat the good times.

Let me say thank you to the wonderful patients who make practicing medicine in a small town the joy that it can be. It is a privilege to share your lives.

I wish us all good health, and that each of you gets the medical care you dream of. Unfortunately, there is a statistical trend among primary care doctors. As more retire, few come out of school ready to fill their shoes. It's no wonder.

Dr. Marlene Capps

West Point Family Practice

CMS UPDATE

As Medicare begins to implement the National Provider Identifier (NPI) into its systems, several enumeration and billing errors have been identified that may result in claim rejections. Please share this information with your billing staff.

COMMON ENUMERATION ERRORS IN THE NATIONAL PLAN AND PROVIDER ENUMERATION SYSTEM (NPPES)

Below are some of the more frequent errors providers have been making when applying for NPIs:

Errors in Employer Identification Number (EIN): As a reminder, providers that are organizations are required to report the EIN when they apply for an NPI (on-line, paper, and electronic file interchange (EFI)). That EIN may also be the Taxpayer Identification Number (TIN). With the revised NPI Application/Update Form (CMS-10114) (to be used beginning July 10, 2007, for on-line, paper, and EFI), organizations that are subparts will be required to report the legal business name (LBN) of their “parent” and the “parent’s” TIN. The applicant will continue to be required to report its EIN. **If the EIN error is on the Medicare provider enrollment record, the provider should submit a CMS-855 to the Medicare contractor to correct it.**

Invalid or incomplete data within the ‘Other Provider Identifiers’ section of the NPPES online application, such as:

- The absence of the Medicare legacy number
- Not having the ‘Type’ listed as Medicare for a Medicare provider number
- Reporting Medicare provider numbers that do not belong to the provider applying for the NPI and, therefore, should not be linked to the assigned NPI

Reporting an Incomplete Identifier: Medicare providers/suppliers need to ensure that, if reporting their Medicare legacy identifiers to NPPES, they report the full identifier. This means that suffixes to the OSCAR/Certification Numbers are to be reported. If the full identifier is not reported, it will be impossible for Medicare to establish the linkage from the NPI to that particular Medicare legacy identifier when using NPPES data and the NPI crosswalk.

Listing Legacy Numbers that Do Not Belong to the Applicant:

The provider/supplier should make sure that any Medicare legacy identifier(s) (OSCAR/Certification Number, Provider Identification Number (PIN), Unique Physician Identification Number (UPIN), and National Supplier Clearinghouse (NSC) Number) entered in that field in NPPES are those that will need to be linked directly to the NPI to be assigned. That is, do not list in the “Other Provider Identification Numbers” section identifiers that belong to providers other than the one that is applying for the NPI. Specific examples follow in the “Do’s and Don’ts” section below.

DOS AND DON’TS WHEN REPORTING “OTHER PROVIDER IDENTIFICATION NUMBERS” IN NPPES

For a Medicare physician or other practitioner applying for an NPI: DO include your UPIN (if one was assigned) and your PIN when applying for an NPI. DO NOT include the PIN of your group practice or clinic if you are affiliated with a group practice or clinic.

For a Medicare group practice or clinic applying for an NPI: DO include your PIN. DO NOT include the PINs or UPINs of any of the members of the group practice or clinic.

Request Number: N/A

If Medicare providers/suppliers determine that they should make changes to their NPPES records, they may do so by going to NPPES at <https://nppes.cms.hhs.gov/> at any time and updating their information. Or, if they prefer, they may send updates on the paper NPI Application/Update Form (CMS-10114). Forms may be requested by calling the NPI Enumerator at their toll-free number, which is 1-800-465-3203, TTY 1-800-692-2326. The revised CMS-10114 is to be used beginning July 10, 2007. These forms can be obtained from the Enumerator, as outlined above, or you may download the form from the CMS Forms page at <http://www.cms.hhs.gov/cmsforms> on the Web.

CMS recommends that Medicare providers/suppliers make a copy of their NPPES information by doing a “print screen” of their NPPES record or make a photocopy of the completed paper NPI Application/Update form and keep it on hand for reference if they encounter problems.

COMMON ERROR IN REPORTING CHANGE OF OWNERSHIP TO MEDICARE

Delays in reporting Change of Ownership: Whenever there is a change of ownership, the provider is responsible for reporting that change to the appropriate Medicare contractor within 30 days. Providers are supposed to report that change on the CMS-855.

How to Use Your NPI When Billing Medicare Part B (Professional) Claims to Carriers and A/B MACs

For providers who submit electronic professional claims to Medicare Part B carriers and A/B MACs, CMS test data indicates that a high volume of claims have been received where the NPI/legacy identifier combinations cannot be validated by the Medicare NPI crosswalk.

Even if you have validated your NPPES data, failure to properly submit the NPI in the correct loops may cause the claim to reject. Group providers should utilize the GROUP NPI in the 2010AA or 2010AB loop. The INDIVIDUAL or MEMBER OF GROUP NPI should only be submitted in the 2310B or 2420A loops.

Below is a guide to use when submitting primary NPI's:

Name/Loop	Legacy Information	NPI Information
Billing Provider 2010AA Loop	Group PIN Individual PIN	Group NPI Individual NPI
Pay to Provider 2010AB Loop (this should only be submitted if different from Billing Provider)	Group PIN Individual PIN	Group NPI Individual NPI
Rendering Provider 2310B Loop (this should only be submitted if a group practice)	Individual / Member of Group PIN	Individual / Member of Group NPI
Rendering Provider 2420A Loop (this should only be submitted if a group practice)	Individual / Member of Group PIN	Individual / Member of Group NPI

Some carriers and A/B MACs will return the informational messages or edits below when the NPI and legacy identifier combination submitted does not match the NPI crosswalk. As of the date of this article, claims with NPI/legacy identifiers are not rejecting because Part B contractors, (except CIGNA Tennessee and Idaho), have “crosswalk bypass” logic in their system that will allow invalid pairs to process on the legacy number. The informational edits you are receiving are a warning that your claims will reject when the logic is removed. Providers are encouraged to verify that the NPI/legacy identifier combination is valid on NPPES at <https://nppes.cms.hhs.gov> prior to submission of Medicare claims.

NETWORKING OPPORTUNITIES



Recently graduated FM resident seeking outpatient practice opportunities without OB in Loudoun County for Fall 2007. If interested, please call Rhoda Tootell at (703)254-9316 or email rdtootell@yahoo.com.

Virginia Beach, Virginia. Practice looking for a BC/BE family physician to join a doctor owned group. Practice is well established, one of the first in Virginia Beach. Call is about one in eight or nine and is telephone based, utilizing our excellent relationship with a local hospitalist. This is a wonderful and unique opportunity to join a collegial group of family doctors. If interested, please call Dana Congdon, administrator at 757-481-2339 and/or send your C/V: c/o Dana Congdon, First Colonial Family Practice, 1120 First Colonial Rd., Suite 100, Virginia Beach, VA 23454.

MEMBERS IN THE NEWS

CARILION CLINIC FAMILY MEDICINE RESIDENCY RECEIVES 2007 AAFP-F/WYETH IMMUNIZATION AWARD

Carilion Clinic Family Medicine Residency (Roanoke) received the 2007 American Academy of Family Physician-Foundation/Wyeth Pediatric Immunization Award in the Most Improved Category on June 10, 2007. CCFMR implemented a new reminder system using their electronic medical record system to improve their pediatric immunization rate for 205 children in their practice. The award included a \$5000 monetary grant, \$1000 resident scholarship to the National Conference, and a plaque honoring CCFMR. More information about this award can be found at www.aafpfoundation.org/wyethimmunization.xml.

CCFMR DIRECTOR RECEIVES FIRST-PLACE AWARD AT ASSOCIATION OF FAMILY MEDICINE RESIDENCY DIRECTORS ANNUAL MEETING

Roger A. Hofford, M.D., Carilion Clinic Family Medicine Residency Director, received a First-place award for his poster presentation "Pre-rotation Self-Assessment Tool" at the Program Directors' Workshop in Overland Park, Kansas, on June 10, 2007. The winning poster and handouts can be found at the AAFP website www.aafp.org

Congratulations to Dr. Hofford and the Carilion Family Medicine Residency Program!

THE VAFP WELCOMES NEW MEMBERS

ACTIVE

ACTIVE

RESIDENT

RESIDENT

STUDENT

Faiza Akbar, M.D.	Jennifer Lee, DO	Tania Akers White, M.D.	Jo Anne Llavore, M.D.	Trevor Adams
Mouwaffac Awada, M.D.	Edward Lewis, M.D.	Andrei Androssov, M.D.	David Mahoney, M.D.	Nnemdi Baird
Mona Ballayan, M.D.	May Joy Lim, M.D.	Alexander Antonenko, M.D.	Marek Marcinkiewicz, M.D.	Neem Bhatt
Derwood Basham, DO	Charles Line, M.D.	Sandra Bolanos, M.D.	Constant Masere, M.D.	Sarah Corley
Matthew Billups, DO	Syed Mahboob, M.D.	Julie Buchner, M.D.	Arlene McCain, M.D.	Patrick Fox
John Boone, DO	Sarah McGinley, DO	Christopher Burri, M.D.	Patricia McNulty, M.D.	Scott Harrison
Jennifer Brammer, M.D.	Derek Melby, DO	Allison Burton, M.D.	Rudo Mombeyarara, M.D.	Ashley Lescanec
Laura Brand, M.D.	Angela Middleton, M.D.	James Campbell, M.D.	Eswar Moparty, M.D.	Christopher McCracken
Victor Brugh, M.D.	Jeanette Millner Carpenter, M.D.	Aurora Canlas, M.D.	Takahiro Mori, M.D.	Falicia Robertson
Sarah Carricaburu, M.D.	Nina O'Connor, M.D.	Timothy Caraher, M.D.	David Mortlock, M.D.	Hillary Shemes
Catherine Casey, M.D.	Jennifer Omaster, M.D.	Daniel Chan, M.D.	Rebecca Muminovic, M.D.	Alicia Zukas
Tokzhan Clay, M.D.	Peter Paik, M.D.	Mayumi Chatani Hinze, M.D.	Vidya Nagamangala, MBBS	
Anastasia Cleary, M.D.	Matthew Payne, M.D.	Frank Chen, M.D.	Das Narayan, M.D.	
Christopher Craig, DO	Manuel Peralta, M.D.	John Clay, M.D.	Lindsey Neal, M.D.	
Christen Crisostomo, M.D.	Rajith Rajan, M.D.	Joni Coker, DO	Jennifer Neria, M.D.	
David Crossen, M.D.	Juanita Ramirez, M.D.	Lyudmila Demko, M.D.	Paul Nguyen, M.D.	
Sharon Diamond Myrsten, M.D.	Chaitanya Reddy DO	Amy Doolan, DO	Mary Papino, M.D.	
Kimberly Dulaney, M.D.	Sean Reed, M.D.	Emily Edwards, DO	Michelle Paulsen, DO	
Luz Fernandez, M.D.	Mary Renard, M.D.	Kurt Eppley, M.D.	Ramani Rangavajhula, MBBS	
Remi Gallevo, M.D.	Mark Rogers, DO	Keith Espiritu, M.D.	Suja Sabastin, M.D.	
Terry Garvert, M.D.	Jocelyn Serrano, M.D.	Matthew Fagan, DO	Rajneet Sekhon, M.D.	
Emmeline Gasink, M.D.	Bikas Sharma, M.D.	John Favero, DO	Ahsan Siddique, M.D.	
Renato Gata, M.D.	Michael Soroka, DO	Robert Florea, M.D.	Jemille Smith, M.D.	
Patricia Geyer Wessler, M.D.	Feroz Tamana, M.D.	Bambi Gladfelter, DO	Myrint Soe Hsiao, M.D.	
Jeffrey Goode, M.D.	John Tanner, M.D.	Saima Habib, M.D.	Lina Sosoian, M.D.	
Mary Graham, M.D., MPH	Tessa Thompson, DO	Athena Jane Halol, M.D.	Bobbie Sperry, M.D.	
Samer Hawari, M.D.	Stephen To, M.D.	Sheikh Haque, M.D.	Tamara Spriggs, M.D., MPH	
Joel Hodges, M.D.	Hernani Valerio, M.D.	Abdurahman Hassan, M.D.	Siobhan Statuta, M.D.	
Abla Hussein, M.D.	Walter Waugh, M.D.	Jordan Hill, DO	Jessica Swank, M.D.	
Malak Isaac, M.D.	Elizabeth Weingarten, M.D.	Joseph Hostetler, M.D.	Sharita Trimuel, M.D.	
Ashkan Javaheri, M.D.	Sarah Woessner, M.D.	Gale Jackson, M.D.	Katrina Tsang, M.D.	
Rosa Javier, M.D.	Charles Woodward, DO	Jacqueline Judd Flack, DO	Stephen Vandenhoff, M.D.	
Britta Johnson, M.D.	Pamela Wratchford, M.D.	Sanjeev Kakkar, M.D.	Stephanie Witt, DO	
Vincent Johnston, M.D.	Erica Young, M.D.	Iryna Kuramshyna, M.D.	Tian Xia, M.D.	
Namrata Joshi, M.D.	Da Zhang, M.D.	Lisa Larkin, M.D.		
Shahbaz Khan, M.D.		Anna Lin, M.D.		

New Members

2007 VAFP ANNUAL REPORT

OUTGOING PRESIDENT'S MESSAGE

WAYNE J. REYNOLDS, DO, GLOUCESTER POINT

Dear Virginia Academy Members, Family, and Friends,

Another very busy year and exciting chapter is wrapping up for the VAFP. It is hard to believe this year is coming to a close so soon. I want to publicly thank each and every one of our dedicated Board members for all their hard work this year on behalf of the Virginia Academy, for without all of their efforts, we would not be as strong an organization that we are with over 2500 active members representing the largest medical specialty Academy in the great Commonwealth of Virginia. It is with great PRIDE I have worked along side such a wonderful group of dedicated physicians and staff of the VAFP this past year. I would like to ask each of our members, families, and friends to let them know how much they mean to Virginia and our patients through the work they have done this past year on our behalf.



My theme for this year was taking PRIDE in Family Medicine and being proud to be a family physician each and everyday. I hope at least some of you kept these thoughts in mind as you moved through your day-to-day routines.

We tried, and I believe we were very successful in bringing that theme to the Capital Hill Rally and congressional breakfast for our state legislators and staffs at the Capital Building in September during the AAFP Annual Scientific Assembly in Washington, D.C. We also promoted that theme during the Virginia General Assembly with the help of our new legislative lobbyist, Mr. Seth Ginther, whose expertise facilitated numerous introductions and meetings for our members with their local legislative representatives helping to forge new relationships and making ourselves available regarding any health related issues. The VAFP also once again provided the Family Physician of the Day for the General Assembly, which continues to be extremely appreciated by the legislators and their staffs while they are visiting Richmond and are away from their primary care physicians. Once again, a tremendous debt of gratitude goes to all those who served in this capacity at this year's General Assembly.

While helping to promote and support Senator Brandon Bell's bill entitled the Smoke Free Air Act of 2007 and its sister bills, they were not successful in their passage, but the efforts were not without merit. Many new relationships were established and education was provided to promote future efforts to help Virginia become a smoke free state for the health of each and everyone of us and our patients and their families. The Assignment of Benefits legislation also again did not pass, but additional education was also promoted and the VAFP is sure new legislation will be introduced again next year, along with new legislation regarding the malpractice cap as it is set to reach its legal maximum of \$2 million in 2008. The VAFP will keep members posted as these issues continue to develop throughout the year and the possible impact on family medicine.

Financially, the VAFP remains a strong and fiscally sound Academy thanks so much in part to the incredible support from our membership and extremely hard work of our Executive Vice President and his staff in keeping our cost and expenses to a minimum, while running an efficient organization. This in part is reflected in two National Membership Awards we received this year at the Annual Leadership Forum and National Conference of Special Constituencies held in Kansas City, MO. The VAFP received Awards for 2nd Place for chapters with over 1000 active members who had the highest percentage increase in active members and 2nd Place for chapters with over 1000 members for the highest retention in active membership category, no easy feat with such a large Academy!

We also received a full NCSC Delegation Award by having a full delegation represented at the conference for the first time. A special thanks goes out to our hard working delegation.

Our financial success also remains very integrated with, and has allowed us to continue to provide high quality Continuing Medical Education to our membership at continued extremely affordable rates. The evaluations of our Winter and Summer meetings continue to reflect very high member satisfaction with these programs held annually at Wintergreen Resort and last summer in Virginia Beach. We look forward to your opinions on our first meeting here at the Homestead Resort. Our programs remain well attended by our membership, as well as visiting Family Physicians from neighboring states and we look forward to your continued support. Please do not hesitate to let us know how we can continue to make our programs the best that they can be. Our SAMS programs continue to do well with national recognition for our efforts and an upcoming collaboration with the Medical Society of Virginia is scheduled for the new year.

Our Headquarters office relocated this past April just a short drive from our old office in Richmond and we would welcome our membership, family, and friends to stop by to check out our new "digs." Our email and phone numbers have remained the same.

The dedicated work of the Board of Directors that takes place during the scheduled four meetings a year is complemented by the hard work of those serving at the National AAFP level, with members serving on three National Commissions - Dr. Cyn Romero serving on the Commission of Public Policy, Dr. Kurt Elward serving on the Commission of Science, and Dr. Wayne Reynolds serving on the Commission of Continuing Professional Development, with each member also serving on a multitude of subcommittees. Our Commission members would welcome any comments or input from members at anytime to take to the national level for discussion in their commissions. Simply address these comments to our Headquarters staff and they will direct the comments to the appropriate Commission member. The VAFP is also proud of all of our members who are so active in the Medical Society of Virginia, many sitting on the Board helping to support and promote the vision and mission of family physicians in Virginia.

This year, the Virginia Academy is very fortunate to be putting forward a nominee for the National AAFP Board of Directors in the support of VAFP Past President David Ellington, M.D., from Lexington, VA. I would ask all of our membership to consider their support of David this year for his Board bid, as we are very proud of all his hard work as Past President of the VAFP, VAFP Treasurer, Past President of the MSV, and VAFP Delegate to the

AAFP. The high regard he is held in at the national level is a testament to this fact. We are all confident David will do well working toward his goal, but all our support would be helpful.

With such an active Academy, it is easy for me to take PRIDE and be proud everyday to be a Family Physician in the great Commonwealth of Virginia, as I hope it is for you too. It has truly been an honor and a privilege to serve this year as the Academy's President, especially as the Academy's first Osteopathic President. Thank you for giving me this opportunity to serve you this year and I look forward to my new role as a Past President of the VAFP. I would ask each of you to welcome and lend your support to our new Academy President, Dr. Sterling Ransone, whom I have known personally for many years as a colleague and friend. The Academy will do well under the leadership of this thoughtful, caring physician.

In closing, I would just like to remind everyone of the PRIDE symbolism of taking PRIDE and being proud to be a family physician. Consider research in your individual practices, consider innovation for your future and growth of your practice, embrace devotion to your patients and your families with the diversity that simulates, and finally remember without evolution leads to extinction. Keep up the great work you all do for your patients.

INCOMING PRESIDENT'S MESSAGE STERLING N. RANSONE, JR., M.D., DELTAVILLE

I hope that all of you are enjoying a wonderful weekend at the Homestead Resort! The staff and CME committee of your Academy have worked diligently to assure that this will be one of the best Annual Meetings in recent memory. Please feel free to corner any of the staff and lavish them with praise. The Board would also appreciate any constructive criticism, so that we may make future meetings as informative and enjoyable as possible.

Over the coming year, there are many activities in which the VAFP will be involved. I encourage you to participate in any and all that might interest you.

Your Academy has established a one-of-a-kind information sharing forum on its web site called "The Doctor's Lounge." This member benefit will allow Virginia family physicians to discuss clinical and non-clinical matters, network with other physicians from across the state, as well as "shoot the bull" like you did when you were in training. It will allow you to actively engage your Academy Board and leadership in an interactive manner, as well as alert other docs to issues and concerns of which they may be unaware. It is hoped that this will be a place for exchange of knowledge and spirited discussion amongst Virginia's family doctors. Please stop by for a visit.

On the CME front, we have assorted group "SAM" (self assessment module) courses scheduled over the next year, as well as the traditional learning opportunity at Wintergreen in February. Several practices are also participating in the novel Academy-sanctioned "To Goal" program, conceived by VAFP Past President Kurt Elward, which will address "SAM" work as well as ABFM "Part 4" quality improvement initiatives. Your Academy is actively involved in searching for ways to make the foreboding MOC (maintenance of certification) process less confusing and intimidating for our members.

From the legislative and regulatory standpoint, there are diverse issues in which the Academy will be actively involved. On July 1, 2008, the Medical Malpractice Cap will reach its fruition. Both the cap situation and the Birth Injury Fund negotiations will be followed closely by the legislative committee and your lobbyist Mr. Seth Ginther. The Cigarette Smoking Ban in Restaurants bill will likely be re-introduced this year at the General Assembly with Academy support. Regulatory concerns being followed include matters such as the looming pay-for-performance issue and the emergence of retail based clinics in the Virginia market.

I encourage each member of the Academy to become active politically, from supporting any of the physicians who are currently running for public office in Virginia, to lobbying office holders in Richmond and Washington, D.C. Stay alert for articles in coming issues of "the Virginia Family Physician" on how to become an effective lobbyist. I would also encourage you to volunteer for the Academy's Family Physician of the Day initiative at the Virginia General Assembly. This is an excellent way to champion the message of family medicine as well as meet and influence people who shape the environment in which we practice.

With your help and input, any currently unforeseen burden to your practice will be considered by the Board and aggressively addressed, following the tenants of the VAFP's vision and mission statements. Please contact the Academy staff, Board members, or me with your issues and concerns, for together we can better face any challenge.

I would be remiss if I did not thank each of you for the trust you have shown in choosing me to be President of this organization, the largest medical specialty society in the Commonwealth. I only hope that I can adequately fill the shoes of those many distinguished leaders who have held this post before me. We have a superb staff and a talented Board of Directors who will make this next year an exciting and challenging one. I do promise to work diligently on your behalf and to represent family medicine favorably, to the utmost of my ability.



HONORS & AWARDS

The Honors and Awards task force coordinates promotion of the importance and availability of the various VAFP Awards to Academy members. The Award applications were promoted in several issues of the VAFP Newsletter, via all member email, and were also promoted on site during the VAFP Winter Family Medicine Weekend held at Wintergreen, Virginia, in February, 2007.

Virginia Academy of Family Physicians - 2007 Award Recipients

Virginia Family Physician of the Year
Steven N. Spence, M.D.
Blackstone

James P. Charlton, M.D., Teacher of the
Year Award
Steven S. LeBlang, M.D.
Newport News

F. Elliott Oglesby, M.D., Volunteer of the
Year Award
Mark H. Ryan, M.D.
Richmond

LEGISLATIVE

For the upcoming 2008 General Assembly session, all eyes in the medical community will be on what will happen with the medical malpractice cap here in Virginia. The medical malpractice cap is set to reach maturity at \$2 million on July 1, 2008. Accordingly, many interest groups, including the trial lawyers, are already in meetings to determine how they might propose to restructure, or even do away with, the cap. The VAFP is already aggressively advocating on behalf of its members as this controversial issue takes center stage.

Ten years ago, an agreement was reached between the medical community and the Virginia Trial Lawyers Association where the medical malpractice cap would mature from \$1.5 million to \$2 million over a ten year period. All evidence points to the fact that the cap has proven extremely effective at keeping medical malpractice rates in check. The cap has headed off a possible crisis in medical malpractice insurance being cost prohibitive or, even worse, not available at all. Additionally, the Virginia Supreme Court has ruled within the past ten years that the cap is constitutional.

Opponents of the cap are already debating the possibility of changing the cap or doing away with the cap completely. Ideas that have been floated to members of the General Assembly include raising the cap to above \$2 million, changing the structure of the cap and making it apply per defendant, thereby creating the opportunity for larger awards, or excluding certain damages from the cap like pain and suffering and lost wages.

The VAFP is playing an integral part in working with the medical community as a whole to inform legislators of the merits and successes of the current structure of the cap. Members of the VAFP can expect to be called upon in the coming months leading up to the General Assembly session, as well as during session, to reach out to their respective elected officials. You can expect to see e-mails in the coming months with talking points that can be used to have discussions with your legislators relating to keeping the cap as is.

FINANCES

The Virginia Academy of Family Physicians continues its tradition of operating under sound financial management. This effort is led by VAFP Treasurer David A. Ellington, M.D.

The VAFP is the only constituent chapter of the American Academy of Family Physicians that has not had a dues increase in the previous seventeen (17) years. The VAFP's last dues increase was in 1990. For AAFP Chapters with an active membership of 1,000 members or more, VAFP dues are the second lowest. Only the Uniformed Services chapter's dues are lower.

The percentages of dues revenue versus non-dues revenue are "water mark" numbers that reflect the financial acumen of associations. Statistics from the American Society of Association Executives indicate that on average most individual membership associations have dues revenue in the 60-70 percent of total revenue and non-dues revenue in the 30-40 percent range. For fiscal year 2006, the Academy's dues revenue was 52 percent of total revenue and non-dues revenue stood at 48 percent of total revenue. Successful associations in today's environment must become less reliant on dues revenue and increase their focus on non-dues revenue. The VAFP is committed to that philosophy.

MEMBERSHIP

The Virginia Academy of Family Physicians membership continues to increase annually. As of May 31, 2007, active membership in the VAFP stood at 1,691 active members, which is the largest number of active members in the association's history. Total VAFP membership is 2,527,

which includes 1,691 active members, 431 student members, 208 resident members, 154 life members, 36 inactive members, and seven supporting members.

The Virginia Academy of Family Physicians was the recipient of two National Membership Awards which were presented during the AAFP Annual Leadership Conference held May 4-5, 2007, in Kansas City.

- 2nd Place Nationally for having the largest percent increase in Active Member Category
- 2nd Place Nationally for having the highest retention in the Active Member Category

RESIDENTS & STUDENTS

The Virginia Academy of Family Physicians Board of Directors has three Resident members and four medical student members who serve on the Board. There is one medical student and one family medicine resident from each of Virginia's medical school systems; University of Virginia, Eastern Virginia Medical School, and Virginia Commonwealth University. With the addition of the Virginia College of Osteopathic Medicine, one student for VCOM also serves on the Board. The VAFP provides funding for these residents and students to attend all Board meetings, as well as funding their attendance at the AAFP National Conference of Family Medicine Residents and Medical Students held annually in Kansas City, Missouri.

The VAFP provides complimentary housing for students and residents to attend the VAFP Winter Family Medicine Weekend held annually at Wintergreen Resort.

The VAFP pays membership dues for both the VAFP and AAFP for all medical student members. Dues are also paid by the VAFP for resident members in their first year of residency.

Just a few of the priorities that are being addressed include increasing resident membership in the VAFP to 100 percent. Currently, 95.1 percent of all Virginia family medicine residents are members, which is an increase over last year's percentage. The VAFP plans to continue investigating cost effective avenues to enhance the placement of graduating Virginia family medicine residents in positions throughout Virginia.

QUALITY AND PRACTICE ENHANCEMENT

The VAFP Quality and Practice Enhancement Task Force is pleased to report that the activities of the Task Force have benefited many Academy members over the past year. Drs. Kurt Elward, Anne Donnelly, and Mark Greenawald have been instrumental in facilitating the ABFM Self Assessment Module (SAM) Group Learning Sessions across the state. Dr. Kurt Elward, in conjunction with the Medical Society of Virginia Foundation (MSVF), developed the TO GOAL program to achieve optimization in the care of patients at risk for cardiovascular disease and Dr. Tony Kuzel provided Academy members with Practice Enhancement & Practice Redesign CME sessions at the 2007 Winter Family Medicine Weekend and the 2007 Annual Meeting & Exposition.

The VAFP SAM Group Learning Sessions have been attended by over 100 Academy members across the state. The Academy currently offers sessions on Asthma, Diabetes, and Cardiovascular Disease, and is in the process of developing a SAM on Hypertension. The sessions are hosted across the state in Annandale, Hot Springs, Norfolk, Petersburg, Richmond, and Roanoke. Drs. Elward, Donnelly, and Greenawald plan to continue these offerings and encourage physician groups to contact the VAFP about making these sessions available in their area.

Dr. Kurt Elward and the MSVF have launched the physician-driven quality optimization program TO GOAL (Together Obtaining Guidelines Optimization, Adherence, and Lifestyles). The TO GOAL program is a collaboration between Virginia's family physicians and cardiologists, as each specialty group strives to achieve optimization in the care of patients at risk for cardiovascular disease. Under the leadership

of family physician Kurt Elward, M.D., MPH, TO GOAL optimizes the American Board of Family Medicine's recertification process by implementing a group process with individualized practice support, while allowing for self-identification of opportunities for systems improvement and patient adherence. The program uses nationally recognized, expert physician and clinical faculty to guide physician participants in identifying best practices in care; developing achievable plans for integrating these practices into clinical care; and providing tools and technical assistance to sustain improvement in busy practice settings. At the end of the program, participants will have completed their Part II and Part IV requirements, as well as prepared themselves for performance measurement in cardiovascular disease.

As part of this program, Virginia was chosen as one of a few select chapters to host the AAFP Practice Enhancement Forum, a program providing state of the art skills in practice redesign, quality, and efficiency. This program supplies the hands-on skills needed to successfully implement guidelines and office redesign ideas into busy practices.

Dr. Tony Kuzel, Chair VCU Department of Family Medicine, has developed Practice Enhancement & Practice Redesign CME offerings presented by Academy members at the Winter Family Medicine Weekend and the Annual Meeting. These sessions have been attended by over 100 Academy members and have received outstanding evaluations. The sessions focus on VAFP member practices which are improving quality and enhancing their practice of Family Medicine via clinical improvements, as well as business enhancements. The topics presented in 2007 include: How Forming a MSO Could Help Your Bottom Line, Information Technology and a New Model of Family Medicine, A Simpler Life: A Successful Low Overhead Practice, "Open Access Scheduling" - What does it mean, why do it, and how to start and continue an OA system and "New Model" Family Medicine - The Experience (so far) of a TransforMed Practice. With Dr. Kuzel's leadership, the Academy plans to continue these sessions at future Academy CME meetings.

With support from the VAFP, a graduate student from VCU that Dr. Kuzel is advising will be fielding a survey of family physicians in Virginia designed to determine the prevalence of "new model" practice features, and their apparent association with practice and environmental (payer) characteristics. Dr. Kuzel is also interested in coordinating with other state chapters that are involved in similar activities.

The Task Force invites any physician interested in participation to contact the VAFP.

HEALTH PLAN

With several regional exceptions, the consolidation of health plans in Virginia has resulted in most Virginians being insured by Anthem, with several other national health plans sharing much of the rest. Even so, one in seven Virginians remain uninsured. Presidential candidates have their own proposals for universal health care.

Health plans have a proposal as well. Predictably, their proposal recommends the expansion of federal programs to insure low income families and children, rather than reducing the cost of health insurance to make it more affordable. It further suggests tax-free programs and tax credits to cover other expansion costs.

Reducing the overall cost of health care for employers has proven to be a difficult task. Health plan cost trends still are twice the rate of general inflation. Chronic disease and demand for health services are expected to increase as a result of persistent health problems, such as widespread obesity, and continuing challenges, such as an aging population. As much as physicians necessarily focus on static reimbursement levels, physician reimbursements remain only a relatively small percentage of a health plan's costs to provide health insurance coverage to its members.

The health plans with the most success in dealing with the problem of double-digit increases in health expenses understand the root cause of these high costs. They are collecting data to determine what groups, diseases, conditions, facilities, and treatments are driving cost increases and developing focused tactics to address these issues.

A good example of this is United Healthcare's new requirement for the accreditation of non-hospital based imaging facilities. Costs to health plans

for procedures performed in imaging facilities owned or leased by medical groups increased more than any other segment of the health care industry in the past five years. Regulations proposed by the Center for Medicare and Medicaid Services in July suggest increasing restrictions on these facilities to reign in these costs for federal and state governments.

As a result, the future seemingly holds little relief for physicians who now require state and federal lobbyists to obtain the most meager of increases in reimbursements. Increasing costs for health plans are predicted well into the future.

CONTINUING MEDICAL EDUCATION

The Virginia Academy of Family Physicians continues its tradition of offering first class, affordable continuing medical education conferences for Academy members and their families.

Each year, the Academy sponsors two major CME activities. The Wintergreen Winter Family Medicine Weekend is held the first weekend in February. This year, the conference drew over 247 family physicians, residents, medical students, and other health care professionals. The exhibit portion of the conference was comprised of 36 exhibiting organizations - the maximum number available - and was sold out six months in advance of the meeting.

The Academy's Annual Meeting & Exposition is held each summer. This year's Conference takes place August 9-12, 2007, at The Homestead Resort. Sixty-five exhibiting organizations will be available to discuss with members the newest in product and service developments. CME costs for Academy members average just over \$13.00 per credit hour.

The VAFP also sponsored several ABFM Self Assessment Module (SAM) Programs during 2006 and early 2007 and efforts are underway to sponsor additional workshops in 2007, with one being held in conjunction with this year's Annual Meeting. More specific information regarding these programs is included under the Quality and Practice Enhancement Task Force Report.

The VAFP's 2008 Annual Meeting & Exposition represents another milestone for the Academy. This conference will celebrate the VAFP's 60th Anniversary. Information regarding dates and location for this special event will be made available to the Membership as they become available.

The Academy expresses its deep appreciation to the Chair of the Continuing Medical Education Committee Mitchell B. Miller, M.D., and his committee for their outstanding work in creating superb CME for VAFP Members.

NECROLOGY REPORT

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Chesapeake, VA

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