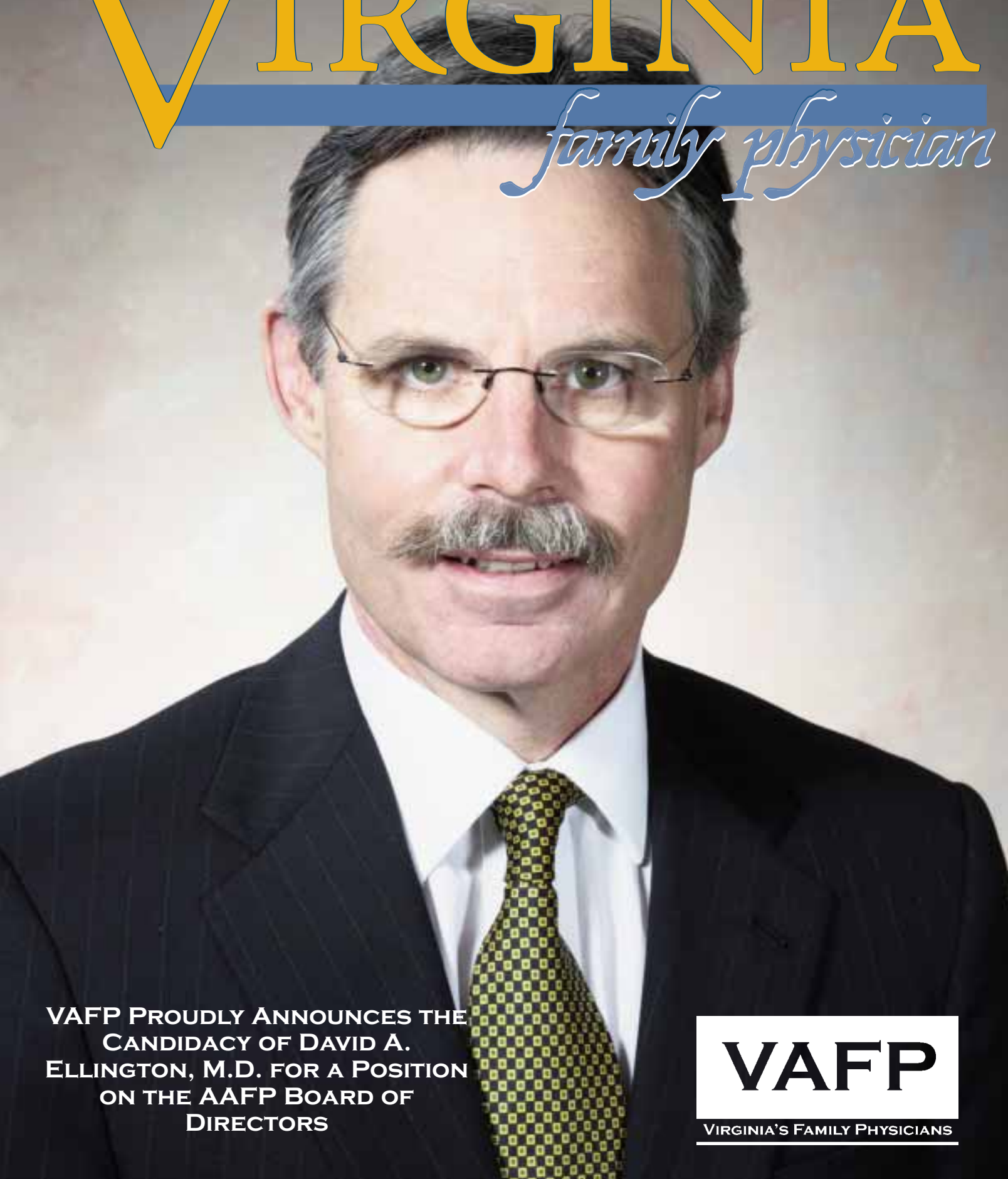


The VIRGINIA

family physician



**VAFP PROUDLY ANNOUNCES THE
CANDIDACY OF DAVID A.
ELLINGTON, M.D. FOR A POSITION
ON THE AAFP BOARD OF
DIRECTORS**

VAFP
VIRGINIA'S FAMILY PHYSICIANS

There's a better way
to **protect** your practice.



Pat Michael, M.D.

Our goal in providing comprehensive risk management educational services is to offer real solutions. That's one reason why so many Doctors look to Professionals Advocate for tools to help minimize their potential liability exposure as health care providers. Created by one of the nation's oldest and most respected Doctor-owned and directed liability insurers, ProAd is dedicated to protecting careers, practices and professional reputations. If they need us, Doctors know we'll be ready. With more than luck—with answers—for whatever comes their way.



Insurance Company

804 Moorefield Park Drive, Suite 105
Richmond, Virginia 23236
804|320-6790 888|411-0444
www.weinsuredocs.com



MARK YOUR CALENDARS!

VAFP Annual Meeting and Exposition

August 9-12, 2007

The Homestead Resort
Hot Springs, Virginia

The VIRGINIA family physician

SUMMER • 2007

OFFICERS

PRESIDENT

Wayne J. Reynolds, D.O.

- Gloucester Point

PRESIDENT ELECT

Sterling N. Ransone, Jr., M.D.

- Deltaville

FIRST VICE PRESIDENT

Larry Kagan, M.D.

- Virginia Beach

SECOND VICE PRESIDENT

Janice Ragland, M.D.

- Herndon

SECRETARY

Roger A. Hofford, M.D.

- Salem

IMMEDIATE PAST PRESIDENT

Kurtis S. Elward, M.D., MPH

- Charlottesville

TREASURER

David A. Ellington, M.D.

- Lexington

EXECUTIVE VICE PRESIDENT

Terrence J. Schulte

- Richmond

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.

DIRECTORS

P. Marlene Capps, M.D.

- West Point

Albert Francis, Jr., M.D.

- Hampton

Jesus L. Lizarzaburu, M.D.

- Grafton

Chris Lupold, M.D.

- Charlottesville

D. Andrew Macfarlan, M.D.

- Charlottesville

James E. Thompson, M.D.

- Roanoke

E. Mark Watts, M.D.

- Vinton

Kent Willyard, M.D.

- Newport News

John A. Witman, M.D.

- Harrisonburg

RESIDENT DIRECTORS

Wayne Stoutenger, M.D.

Virginia Commonwealth University

Feroz Tamana, M.D.

Eastern Virginia Medical School

Sharon Diamond-Myrsten, M.D.

University of Virginia

STUDENT DIRECTORS

Mr. Mark T. Umstott

Eastern Virginia Medical School

Ms. Melissa J. Fullerton

University of Virginia

Ms. Ronna Compton

Via College of Osteopathic Medicine

Ms. Zeina Saliba

Virginia Commonwealth University

ADVISORS

AAFP DELEGATES

Mitchell B. Miller, M.D.

- Virginia Beach

David A. Ellington, M.D.

- Lexington

AAFP ALTERNATE DELEGATES

Cynthia C. Romero, M.D.

- Virginia Beach

Dena R. Hall, M.D.

- Suffolk

EX OFFICIO MEMBERS

Sim S. Galazka, M.D.

- Charlottesville

Christine C. Matson, M.D.

- Norfolk

Anton J. Kuzel, M.D.

- Richmond

Michael Sampson, D.O.

- Blacksburg

The Virginia Family Physician is published by the Virginia Academy of Family Physicians

1503 Santa Rosa Road
Suite 207
Richmond, VA 23229

Edition 8



Created by
PUBLISHING CONCEPTS, INC.

Virginia Robertson, President
vrobertson@pcipublishing.com

14109 Taylor Loop Road • Little Rock, AR 72223
501.221.9986 or 800.561.4686

For advertising information contact:

Scott Perciful at
501.221.9986 or 800.561.4686
sperciful@pcipublishing.com

Treatments your patients demand...

COSMETIC LASER WORKSHOP

EARN **16.5** PRESCRIBED CREDITS! **CME**

July 14-15 • New York, NY
September 8-9 • Boston, MA

Topics Include:

- Microdermabrasion, Acoustic Wave Therapy™, Skin Resurfacing, Tattoo Removal, Hair Reduction
- Principles of Lasers, Intense Pulsed Light, Radiofrequency, Laser Instrumentation
- Laser Safety Fundamentals and ANSI Requirements

Register today!

Call 877-310-0363 or online at www.aestheticmedicinecme.com for these or other classes.



GEAR UP FOR 2007 AESTHETIC LASER WORKSHOPS

July 21-22 • Orlando, FL
September 15-16 • New York, NY

Earn 16.5 AMA PRA Category 1 Credits™ and learn the skills needed to perform in-demand cosmetic laser procedures

- + Permanent Hair Reduction
- + Cellulite treatments
- + Laser and light treatments for acne
- + Chemical peels
- + Skin rejuvenation ablative procedures
- + Vascular and pigmented lesions treatment
- + Injectables including BOTOX® and Cosmeceuticals

Sponsored by



Class size is limited and space is filling quickly. To assure a place in these or other Workshops register today!

Two Ways to Register!

online at

www.aestheticlasercme.com

or call: 877-823-0495



PRESIDENT'S MESSAGE

WAYNE J. REYNOLDS, DO



Welcome summer to our family of Family Physicians in Virginia! Hopefully everyone is finding some time to get out and enjoy the summer sun (with proper sunscreen, of course) and the fresh ocean or mountain air, depending on your location. Summer vacation can be a busy and hectic time of year, with the kids out of school looking to be entertained in spite of the demands of running a busy practice. The balancing act can be a real challenge sometimes, but as family physicians, it is a challenge we are used to facing on a day-to-day basis, and one we take PRIDE in and are proud to accept.

It is certainly a challenge the Board and Virginia Academy has been proud to accept, and it has been a busy and productive year for the VAFP. On the heels of the Rally on Capital Hill, working with the Virginia Legislature on the various bills, and serving as Family Physician of the Day during the General Assembly, the Academy continues to strive to support and move forward with its Vision and Mission Statements.

For the first time ever, the VAFP was represented by a full delegation at the Annual Leadership Forum and National Conference of Special Constituencies held in Kansas City, MO. A special thanks goes out to our hard working delegation, which included Jesus Lizaraburu, M.D., Chris Lupold, M.D., Kent Willyard, M.D., Janice Ragland, M.D., and Dharmesh Shah, M.D. Also attending this meeting in support of Dr. David Ellington's campaign for the National AAFP Board of Directors were Sterling Ransone, M.D. and Larry Kagan, M.D. It was a great pleasure to accept on behalf of the Virginia Academy, not one, but two National Membership Awards this year, which included 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 the active membership category, in addition to a full NCSC Delegation Award. These awards to our Academy reflect the high regard we place in our membership and appreciation for their ongoing support, as well as the continued outstanding efforts of our Executive Vice President and staff, without whose efforts we would not be as strong an Academy.

For those yet unaware, our Headquarters Office completed its relocation in April, and while we have a new address, our email and phone numbers remain the same. As our staff completes our unpacking and decorating, they would be happy to have any of our membership stop by and checkout our new digs, which is just a short drive from our old office in Richmond.

With summer comes our traditional Annual Meeting & Exposition,

which is usually held in July, but this year will be held August 9-12, to take advantage of the very favorable rates at The Homestead Resort in Hot Spring, VA. If you have never been to this resort for a meeting or vacation, I highly recommend the experience at least once to experience the atmosphere of a time long ago in a grand hotel that still upholds the traditions of the 1920's and 1930's. The hot springs and spa beacon to satisfy the time spent with our families away from the hustle and bustle of our busy medical practices and is invaluable in re-energizing our bodies and minds while earning quality CME credits. For those who enjoy golfing, we have organized an Early Bird "Captains Choice" Golf Tournament on Thursday afternoon at the Old Course. For those who do not enjoy golfing, other activities abound, including tennis, bowling, hiking, horse back riding, fishing, or sporting clays, just to name a few. While the meal plan is optional, the resort dining is truly an exceptional experience, and not to be missed with many dining options to chose from. I hope everyone will consider this year's Annual Meeting as we try out this new venue for our summer meeting. Our Board of Directors and staff try to create programs to appeal to our broad range of members and look forward to hearing your feedback on this new program as we try out The Homestead for the first time.

Also as tradition, during our Annual Meeting will be the passing of the leadership torch to our President-Elect, Sterling Ransone, M.D. I would ask for you to continue in your support during his year as president as you have shown me during this year, as well as to the new Board of Directors, without whom so much of the hard work of the Academy would not have been completed. It has truly been an honor to serve as president of the largest medical specialty society in Virginia this past year, and I have felt very privileged to work with such a fine group of physicians on the Board as the VAFP strives to fulfill the vision of ensuring 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. Taking PRIDE in and being proud to move forward in our profession remains a theme for me, and I hope for you under our new leadership and I look forward to continuing to serve the Academy in my new role as past president of the VAFP.

Again, it has been an honor and a privilege to serve this year, especially as the Academy's first Osteopathic President. Thank-you for giving me this opportunity to serve you, and I look forward to spending time with you all at the Homestead this August at our upcoming Annual Meeting. Best wishes for a safe and peaceful summer.



VAFP RECEIVES NATIONAL MEMBERSHIP AWARDS

VAFP Members attending the AAFP's 2007 Annual Leadership Forum and National Conference of Special Constituencies accepted three national awards on behalf of the VAFP. The Academy received the 2nd Place Award nationally for chapters with over 1,000 active members who had the highest percentage increase in active members and the 2nd Place Award nationally for chapters with over 1,000 active members for the highest retention in the active membership category. The VAFP was also recognized as one of the few constituent chapters represented by a full delegation to the conference.

Accepting the awards pictured left to right are Chris Lupold, MD, VAFP Director, Jesus Lizarzaburu, MD, VAFP Director, Wayne Reynolds, DO, VAFP President, Rick Kellerman, MD, AAFP President, Sterling Ransone, MD, VAFP President Elect, Jan Ragland, MD, VAFP Second Vice President, Larry Kagan, MD, VAFP First Vice President and David Ellington, MD, VAFP Treasurer.

Vafp Receives National Membership Awards

PHYSICIAN QUALITY REPORTING INITIATIVE

CMS has posted detailed specifications for the 74 measures included in the 2007 Physician Quality Reporting Initiative (PQRI). PQRI establishes a financial incentive for physicians and other health practitioners to participate in a voluntary quality reporting program. Eligible professionals who successfully report data for a designated set of quality measures may earn a bonus payment, subject to a cap, of 1.5 percent of total allowed charges for covered Medicare physician fee schedule services provided during the reporting period of July 1, 2007 to December 31, 2007.

The 2007 PQRI quality measures relate to important processes of care that are linked to improved healthcare quality outcomes. They are evidence- and consensus-based measures that reflect the work of national organizations involved in quality measure development, consensus endorsement, and adoption. These include the American Medical Association Physician Consortium for Performance Improvement, the National Committee for Quality Assurance, the National Quality Forum, the AQA Alliance, and other physician and non-physician professional organizations. The professional organizations are also assisting CMS in providing PQRI education and assistance to their members.

The PQRI measures apply to services that eligible professionals provide to Medicare beneficiaries in their offices and other settings. CMS is implementing an extensive outreach and education plan to assist eligible professionals to understand the program and the measures and to implement processes to efficiently capture the quality data that is to be reported under the PQRI program.

The measure specifications document can be found at www.cms.hhs.gov/PQRI/Downloads/Specifications_2007-02-04.pdf.

General information on the PQRI can be found at www.cms.hhs.gov/PQRI.

MORE PATIENTS LIKELY TO ASK ABOUT MEDICARE PREVENTION BENEFITS

The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) have launched A Healthier US Starts Here campaign, which is an initiative focused on motivating seniors and others with Medicare to make the most of Medicare's prevention services and maintaining healthy lifestyles.

The message to people with Medicare is clear: "talk to your doctor to see what services are right for you." Therefore, it is anticipated that clinicians will

be hearing from their patients about Medicare-covered prevention benefits. Below is a link to a copy of the brochure that offers a checklist of the Medicare-covered preventive services:

<http://www.medicare.gov/Publications/Pubs/pdf/11308.pdf>.

Medicare currently covers:

- A one time "Welcome to Medicare" physical (including an abdominal aortic aneurysm screening for qualifying individuals)
- Cardiovascular screenings
- Cancer tests – mammogram breast cancer screening, pap test and pelvic exam cancer screenings, colorectal cancer screenings, and prostate cancer screening
- Shots and vaccines – flu, Pneumococcal, Hepatitis B
- Bone mass measurement
- Diabetes screening, glucose monitoring supplies, and self-management training
- Medical nutrition therapy for people with diabetes or kidney disease
- Glaucoma test
- Smoking cessation counseling

CMS has also developed a quick reference chart that provides the codes for your office staff to use in billing for preventive services. To download, view and print a copy of the quick reference chart, go to

http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.

You can also go to www.cms.hhs.gov/healthierUS for a copy of a comprehensive toolkit that includes information for patients. You can also get information about coverage, coding and billing of Medicare-covered preventive services from the Medicare Learning Network Preventive Services Educational Products web page located at

http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp

The prevention initiative will also encourage people to use the CMS website, www.mymedicare.gov. This is a one-stop, user-friendly website that gives registered Medicare users access to personalized information on benefits and services that are available to them. When beneficiaries log on, they can check which preventive benefits they need; check their Part B deductible status; view eligibility and enrollment information – including for the Part D prescription drug program; and take care of administrative issues such as verifying an address, ordering replacement Medicare cards, check on the status of claims, and get on-line forms and publications. People with Medicare can also get this same information by calling 1-800-MEDICARE.

CONTINUATION OF CMS UPDATE

CENTERS FOR MEDICARE & MEDICAID SERVICES LAUNCHES DOQ-IT UNIVERSITY

New Interactive Learning Tool Educates Physicians in the Adoption and Implementation of Electronic Health Records and Care Management Practices

The Centers for Medicare & Medicaid Services (CMS) announced the national launch of DOQ-IT (Doctor's Office Quality Information Technology) University, or DOQ-IT U, to support health information technology (HIT) in physicians' offices.

DOQ-IT U is an interactive, Web-based tool designed to provide solo and small-to-medium sized physician practices with the education for successful HIT adoption, including lessons on culture change, vendor selection and operational redesign, along with clinical processes. The nationally available e-learning system is available at no charge.

DOQ-IT U will provide lessons in assessment, planning and implementation methodologies that will be disease and population specific, incorporating clinical decision support and evidence-based medicine guidelines. This e-learning platform will be utilized to provide physicians with a self-paced curriculum and associated tools, based on adult learning principles, available at their convenience. Additional features, such as surveys, utilization tracking, and Continuing Medical Education/Continuing Education Unit (CME/CEU) offering/issuing capabilities will also be included in the near future.

The first learning sessions (modules), available now, focus on physician office

workflow redesign, culture change, and communication necessary for successful Electronic Health Record (EHR) adoption, implementation of care management, and the incorporation of a strong patient self-management component to clinical care. Disease specific modules, starting with diabetes, will include a patient self-management component, which is critical to successfully managing patients with chronic disease.

For more information, please see CMS' DOQ-IT U Web site at:

<http://elearning.qualitynet.org>.

To view the related CMS press release, please click here:

http://www.cms.hhs.gov/apps/media/press_releases.asp

WOUND CARE

TrailBlazer considered a local coverage determination (LCD) on wound care that would have arbitrarily limited Medicare coverage of wound care to three debridements per wound. In response to comments from the AAFP and others, TrailBlazer removed the offending language from the final LCD. The remaining coverage limitation on debridement is limited to just two CPT codes (both of which are extensive debridement and done infrequently by family physicians), and it has been increased from three to five times.

THE VAFP WELCOMES NEW MEMBERS

ACTIVE

Shantha Das, MD
Lubna Rana, MD
Ivy Savoy-Whitfield, MD
Michael Szilagyi, MD
David Wu-Pong, MD

RESIDENT

Machell Beach, DO
Micah Crouse, MD

STUDENT

Katherine Apostolakis
Navid Behrooz
Craig Buchanan
Robin Caperton
David Carter
Jennifer Cunningham
Mark Eakes
Emily Harbin
Brett Hesse
Jasper Hillhouse
Peter Howland Gibbs
Ann Hundley

STUDENT

Angela Jung
Erynn Layman
Adam Ligler
Elizabeth Lunsford
Jared March
Lara Pawlow
Stefan Pomrenke
Jennifer Skorupa
Ben Smith
Sabrina Solomon
Thuy-Anh Vu
Christopher Worley

New Members



Vafp proudly Announces...

THE VAFP PROUDLY ANNOUNCES THE CANDIDACY OF DAVID A. ELLINGTON, M.D. FOR A POSITION ON THE AAFP BOARD OF DIRECTORS

A native Virginian, David was born in Charlottesville in 1949. His family settled in Lexington in 1961 where he has lived ever since except for his years in medical school and service in the Army. David graduated from the Virginia Military Institute in 1971 with a degree in Biology. He was a Distinguished Military Graduate and was commissioned into the U.S. Army Reserve upon graduation. He then attended and graduated from the Medical College of Virginia in 1975. While in medical school, he married Jane, his high school sweetheart, to whom he is still married. He next completed a Family Practice Residency while on active duty in the Army at Silas B. Hays Hospital at Fort Ord, California. Three years of overseas service followed this at the 67th Evacuation Hospital in Wuerzburg, Germany, during which time two sons, David and Peter, were born. David returned to Fort Ord in 1981 and served first as a staff physician on the residency training program. He then became Director of Residency training and later Chairman of the Department of Family Practice at Fort Ord.

In the mid 1980's, he returned to Lexington and entered into private practice with a partner with whom he had gone to school ever since the 7th grade. Since returning home to Lexington, David has been active at local, state, and national levels. Locally, he is an elder in the Lexington Presbyterian Church, was a founder and has been the volunteer Medical Director for the Rockbridge



Dr. Ellington speaks at a press conference in Washington, DC asking Congress to Block the Medicare Physician Payment Cut.

Area Free Clinic for the past 15

years, and has served on the local hospital Board of Directors, Community Services Board, and as President of the local Medical Society. On the state level, he has served for many years on the Boards of both the Virginia Academy of Family Physicians and the Medical Society of Virginia. He has been President of both of these organizations and presently serves as Treasurer of the VAFP. He has also served on the Board and as Secretary of a statewide physician run managed care organization, served on Quality Councils for other managed care companies, and also presently serves as chair of the governance committee of the Medical Society of Virginia Foundation. Nationally, he has served on the AAFP Commission on Healthcare Services (now

COPE), as the AAFP Advisor to the CPT Panel, and as an alternate and now Delegate to the AAFP COD. He is also an alternate delegate to the AMA from Virginia.

In his spare time, David enjoys gardening, reading, travel and just relaxing with his wife. He tried golf at one point but realized that the old adage of every golf shot makes someone happy, truly did apply to his game. Only it was his competition that was always happy with his shots, not him!

The AAFP Congress of Delegates will elect three members to the AAFP Board of Directors in Chicago this October.



Dr. Ellington discusses health care issues with Virginia's Governor Timothy Kaine.

A TRIP BACK IN TIME

Greg Vanichkachorn, MD

Chief Resident

St. Francis Family Medicine Residency

vanichkachorn@gmail.com

In most circumstances, wind speed and visibility would not be factors to consider when setting up a meeting between an attending and a resident. However, if that meeting takes place in a helicopter and is with Dr. David Nichols, weather becomes a crucial consideration. Luckily, the unusually warm and sunny Saturday in January that I set aside to discuss with Dr. Nichols his work on Tangier Island was nothing short of perfect, and it wasn't long after our first handshake that we were climbing into the sky. As he turned his helicopter towards the Chesapeake Bay, Dr. Nichols pointed to a small slither of land in the middle of the bay that was Tangier Island. Every week for over 25 years, Dr. Nichols has flown to that small island to deliver health care, an experience he described as "a trip back in time." Perhaps it was the hovering a thousand feet above the Chesapeake Bay or my increasing motion sickness, but at the time, I truly didn't appreciate his description. It would be months later, when I had the honor to accompany him to the island, before I finally began to understand the meaning of his words.

After touching down on Tangier, we were whisked through narrow streets via golf carts to the island's solitary clinic. A single story building built in the early 1950s, the clinic's age was immediately apparent from the outside. Its fading sign spelled out "The Gladstone Memorial Health Center;" the "m" had long since fallen away. After passing a collection of precariously perched and empty O2 canisters by the clinic's door, we entered into the building's waiting area. The room was in stark contrast to the hotel like accommodations I was used to at St Francis Medical Center outside Richmond. There was no coordinated furniture or flat screen TV's looping medical programs. Instead, a medley of chairs from used office furniture to throw-me-out couches stood haphazardly arranged. Just beyond the waiting room, there was a single narrow hallway from which you could enter the clinic's three patient rooms, each in various stages of disrepair. In one room, some of the ceiling tiles above the exam table had fallen, leaving

an aperture that, at least, provided waiting patients an entertaining view of the clinic's historic structure. In another room, barely larger than a closet, the wall's wood paneling sagged as if kept together by termites holding hands. Half way down the hall, I came across a hazy window roughly the size of a standard sheet of paper. Peering through it, I was both elated and concerned to find an antiquated radiology room that seemed only slightly larger than the window itself. Last but not least, I stumbled upon the clinic's single toilet bathroom. Not to be outdone by its neighboring rooms, it was replete with a leaking faucet, and a commode that gently rocked on its base like a fresh Jell-O mold. With the aging facilities, my first trip to Tangier was certainly beginning to feel like a voyage back in time. However, as the waiting room filled with old-English accented voices and charts found their way into cubbies outside the exam rooms, I would soon see that the clinic's dated structure was not the only remnant of the past I would encounter that day.



Determined to be un-phased by the austere conditions, I picked up a hefty chart and pushed open the creaking door behind it, ready to do my part in providing care to the people of Tangier. Upon entering the room, I was greeted by the warm smile of an 87-year-old Tangier native. For the last month, she had suffered bilateral heel pain that was worse in the morning. Skeptical that plantar fasciitis could suddenly cause problems in a patient who had walked around Tangier for nearly eighty years,

I led her to the clinic's x-ray room. Not yet having x-ray facilities in my own office, I was surprised that Tangier had imaging capabilities. However, as I helped my patient onto the x-ray table, I realized that the clinic's radiology capabilities were not as robust as I had assumed. With its retro dials and knobs, the x-ray machine seemed more ready for the Smithsonian than for patient use. Its accompanying film developer was even more historic and worked with the consistency of a magic eight ball. Thanks to the ingenuity of the nurses and some crossed fingers, the developer produced films showing only heel spurs, and my patient happily hobbled out of clinic with a prescription for stretches and arch supports to treat her newly diagnosed plantar fasciitis. While my patient's run in with radiology was uneventful, other

patient's following her were not as fortunate; the developer later stalled, leaving us with blanks instead of bones. As more patients trickled through the clinic, additional equipment shortcomings surfaced. While preparing to fluorescein stain the eyeball of a fisherman, I realized the UV light had entered the non-visible spectrum as it was nowhere to be found. When it came time to perform a urinalysis for a patient with a suspected UTI, the clinic utilized a microscope that looked old enough to have belonged to Louis Pasteur in high school. One of the most concerning equipment shortages became apparent when I attempted to use the clinic's code cart as an impromptu desk. As I balanced on the cart's edge, I was shocked not by a faulty defibrillator, but by the fact that there was no defibrillator. To ensure quick access for all the members of a community that was infamous for its hypercholesterolemia, Tangier's single defibrillator, the only one they could afford, remained in the hands of the island's EMS service.

With the outdated facilities and equipment, I felt I was truly beginning to understand Dr. Nichols' comparison of his Tangier trips to time travel. Yet, as I worked by his side to treat the last few patients of the day, I realized that these factors alone were not responsible for his description. The true

basis of his metaphor was found in the handshakes, hugs, and smiles I witnessed that day. The physicians and patients on Tangier displayed a gratitude and reverence towards each other reminiscent of an era in medicine captured long ago by Norman Rockwell, and so often lost between the paperwork and overbooked schedules in today's medical practice. Indeed, the image of Dr. Nichols cradling a newborn addition to Tangier in his vintage office would have made a quintessential cover of *The Saturday Evening Post*. Thanks to the care of Dr. Nichols and his colleagues, the adage that a book should never be judged by its cover can be applied to Tangier's Clinic; despite the clinic's fading façade, the healthcare within its walls is a shining example of compassionate medicine.

After nine hours of patients and a delicious crab-cake, I had completed the most extraordinary day of clinic in my career, and I again found myself buckled into Dr. Nichols' helicopter. With the island's fishing village atmosphere, unique dialect, and rustic healthcare, my first excursion to Tangier had undeniably been a flight through the ages.

Climbing into a sunset, I reflected on what I had experienced that day in residency, and one moment seemed particularly memorable. While interviewing my first patient, the elderly woman with heel pain, I had asked her if she had tried anything to make her heel pain better. Upon doing so, she proudly removed her shoes and showed me two heel cups she had fashioned out of dishwashing sponges. It was not her inability to obtain common orthotics that made that patient unforgettable, but rather her ingenuity and adaptability that made her so enduring. Her story highlights an often overlooked aspect of Tangier's culture. While it has vigorously held onto many of its customs, Tangier has been equally determined to incorporate the virtues of modern society necessary to meet the challenges of living on an isolated island. It is this

dichotomy between the past and present, in essence the best of both worlds, which brings thousands of visitors, each wanting to experience their own journey through time, to the island every summer. With the continued generosity and compassion of men and women like Dr.



Pictured from left to right are Drs. Tony Kuzel, Greg Vanichkachorn, and David Nichols.

David Nichols, perhaps healthcare on Tangier will evolve and embody this duality, utilizing a modern well equipped medical facility while providing care in the best tradition of family medicine, a tradition in which physicians and patients are all considered family.

Dr. Nichols and other community leaders are currently campaigning for funds and equipment to establish a new medical facility on Tangier Island. For information on how you can donate and help bring a new era of healthcare to Tangier, please visit the Tangier Island Health Foundation website at www.tangierclinic.org.

About the Author: Dr. Greg Vanichkachorn is currently the Chief Resident of St. Francis Family Medicine Residency. He is also a graduate of VCU School of Medicine and Cornell University.

NETWORKING OPPORTUNITIES

- Senior partner about to retire opening a wonderful practice opportunity for the right physician. Looking for a Board Certified or Board Eligible Family Physician to join practice in an urban setting in Newport News, VA. Fully modern practice utilizes Electronic Health Records, office lab, and X-ray. Choice of hospital privileges or Hospitalist coverage with a comfortable call schedule. Contact Ms. Stephanie Pare, Office Manager, at 757-594-4111 for more information.
- Montpelier Family Practice P.C. looking for a physician. Practice has two offices, one in Montpelier, one in Beaverdam. Rural medically underserved area that qualifies for a Department of Health Scholarship to help a physician repay school loans. For more information, please call Dr. Frank M. Sasser Jr. or Mrs. Jenny Arnold, Office Manager at 804-883-5374 or 804-883-7262.
- Brookneal Medical Center, Brookneal Virginia. Seeking a family physician to join the group. Non-profit hospital-owned practice serving Brookneal, Charlotte Court House, Volens, Gladys, and Rustburg areas located within the Campbell and Pittsylvania Counties. The three physician group provides comprehensive medical care for the entire family. On-site lab and X-ray services. No hospital rounds. Excellent compensation and benefits plan. If interested, please contact via email tammy.tweedy@centrahealth.com or fax 434-947-3650.
- Midlothian Family Practice has immediate openings for Board Certified/Eligible Family Practitioners. Practice has two offices in Chesterfield County and one in Powhatan County. Group Core Lab and full range of Radiology services including MRI & CT. Comfortable call schedule. If interested, contact Cathy Brown, Practice Administrator, at 804-795-5411x155, or cbrown@vaphysicians.com.

VAFP HEADQUARTERS OFFICE RELOCATION

The VAFP Headquarters Office has moved. The new office is located at 1503 Santa Rosa Road, Suite 207, Richmond, VA 23229. The phone and fax numbers remain the same. For those of you familiar with Richmond, the office is located in the Forest Office Park across from Henrico Doctors Hospital.

FYI...

REVISED BOARD OF MEDICINE REGULATIONS BECOME EFFECTIVE APRIL 21, 2007

On April 21, 2007, revised regulations governing the practice of medicine and osteopathy were adopted by the Virginia Board of Medicine. These revised regulations now contain specific provisions concerning (i) treating and prescribing for self or family and (ii) the maintenance, transfer, and retention of patient records. These revised regulations are located in the Virginia Administrative Code (VAC) at 18 VAC 85-20-25 (Treating and prescribing for self or family) and 18 VAC 85-20-26 (Patient records). Both issues are important ones for physicians.

SELF/FAMILY TREATMENT OR PRESCRIBING

It has been the longstanding view of the Virginia Board of Medicine that any treatment or prescribing should be based on a bona fide practitioner-patient relationship – that is, one in which a practitioner prescribes controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice.

The regulation continues that a practitioner shall not prescribe a controlled substance to himself or a family member, other than Schedule VI as defined in § 54.1-3455 of the Code of Virginia, unless the prescribing occurs in an emergency situation or in isolated settings where there is no other qualified practitioner available to the patient, or it is for a single episode of an acute illness through one prescribed course of medication.

The current regulation also requires that the practitioner maintain a patient record that documents the statutory requirements in Virginia for a bona fide practitioner-patient relationship.

It goes without saying that a physician should be very cautious before writing a prescription for him/herself, a spouse, or an immediate family member. Now, the Virginia Board of Medicine has been very specific in its description of the only instances when this should occur.

PATIENT RECORD RETENTION

The Board of Medicine's newly-revised regulations now require that practitioners "post information or in some

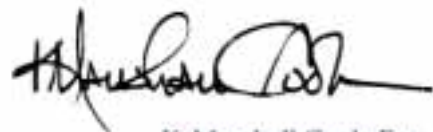
manner inform all patients concerning the time frame for record retention and destruction."

The Board's regulations also require that practitioners shall maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

1. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter, regardless of the age of the child; or
2. Records that have previously been transferred to another practitioner or health care provider, or provided to the patient or his personal representative; or
3. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

While the Board of Medicine's regulations concerning records retention should be used as a minimum standard, physicians also should remember that their professional liability insurer also may have suggestions for record retention that may exceed the new requirements from the Board of Medicine.

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@hf-law.com

TAX TIPS

Tax Tips were provided by Wells, Coleman & Company, LLP. Do not apply this general information to your specific situation without additional details and/or professional assistance.

IT'S KICK-OFF TIME FOR YOUR 2007 TAX PLANNING

Filing your 2006 tax return might signal the official end of 2006, but for tax savvy individuals, it's also the kick-off for saving taxes in 2007. Getting an early start on your 2007 tax planning will help you take maximum advantage of the latest tax breaks, inflation adjustments, and retirement options.

- First, commit to maximizing your retirement plan contributions. This will lower your 2007 taxable income and enhance your nest egg to boot. If you have an IRA, consider making contributions earlier in the year to reap extra tax deferred earnings.
- Second, minimize any surprises next year by examining your paycheck withholdings now. Are tax withholdings on track with your current financial situation? A large tax refund or amount due on your 2006 return might require an adjustment to your Form W-4 for 2007. Additional factors to consider include recent changes to family income, a new home, or children no longer qualified as dependents.
- A law enacted last year extends the age threshold for taxing children's unearned income at the parent's higher tax rate. Now the "kiddie tax" applies until the child reaches age 18. This might be a good year to consider a 529 college savings plan as an alternative to transferring funds directly to a child's account.
- And don't forget to take advantage of available energy tax credits this year. Qualified home improvements can trim your utility bills and lower taxes at the same time.
- Staying abreast of new tax laws is always a good idea, and this year is no exception. For instance, taxpayers age 70 1/2 and older can now make charitable donations directly from their IRA without paying tax on the distribution. In addition, the payments satisfy the required minimum distribution obligation. So if you are charitably inclined and don't need your IRA distributions to live on, this might be a winning strategy.
- The most common tax-related resolution – and the hardest to keep – is a vow to maintain better tax records. The deductions for higher education expenses and teacher's out-of-pocket expenses have been reinstated for 2007. These and other deductions and credits could be lost if you don't have a satisfactory recordkeeping system.

USE COMPOUNDING TO BUILD YOUR WEALTH

There are several ways to earn income on investments, but compounding may be your most reliable path to wealth. If you put \$1,000 under your mattress, it will still be \$1,000 a year later, but it probably will buy you a little less due to inflation. If you lend the money to a friend at 12 percent simple interest, at the end of the year you'll receive \$1,000 plus \$120 of interest, since simple interest is computed only on the principal.

Compound interest is computed on both the principal and the interest earned. If you invest the \$1,000 in a bond that earns 12 percent interest compounded monthly, in the first month it will earn 1 percent (1/12 of 12 percent), or \$10. Now you will have \$1,010, which will earn 1 percent interest in the following month, only now the earnings will be \$10.10. At the end of the third month, you'll earn 1 percent interest on the \$1,020.10 (\$1,000 plus \$10 plus \$10.10), and so on. By the end of the year, you'll have \$1,126.83, or \$6.83 more than you would earn if you loaned out the money at the same rate but at simple interest.

TIME MATTERS

An additional \$6.83 doesn't sound like much, but things change over time. After 10 years at 12 percent simple interest, your \$1,000 would be worth \$2,200, which is the original \$1,000 plus 12 percent, or \$120, multiplied by 10 years. At 12 percent interest compounded monthly for 10 years, your \$1,000 would be worth \$3,300, or half again as much as it would without monthly compounding. After 30 years, your \$1,000 would be worth \$35,950!

Rate of return is also important. Since after 10 years your \$1,000 would be worth \$3,300 at 12 percent interest compounded monthly, it would have earned \$2,300. At 6 percent, after 10 years, the \$1,000 would be worth \$1,819, earning only \$819 rather than \$2,300.

Now suppose the \$1,000 came from your net wages. If you're in a 25 percent income tax bracket, you earned \$1,333 to get \$1,000 after taxes were withheld. But what if you could have invested the entire \$1,333 for 10 years? Then you would have had an additional \$1,100.

COMPOUND BENEFITS

The above examples suggest the following ways to use compounding to increase your earnings:

- Start saving and investing now. Time is your most powerful multiplier.
- Shop for the best rates of return, consistent with your risk tolerance.
- Set up your investments to automatically reinvest interest and dividends earned.
- Use tax-deferred programs like IRAs and 401(k) plans to the fullest possible extent.

TAX NUMBERS 2007

2007

2006

Standard deduction		
- Single	5,350	5,150
- Married filing jointly	10,700	10,300
- Married filing separately	5,350	5,150
- Head of household	7,850	7,550
- Additional deduction –		
Single 65 and older/blind	1,300	1,250
Married 65 and older/blind	1,050	1,000
Personal Exemption	3,400	3,300
Personal exemption phase-out (AGI)		
- Single	156,400 - 278,900	150,500 - 273,000
- Joint returns & surviving spouses	234,600 - 357,100	225,750 - 348,250
- Married filing separately	117,300 - 178,550	112,875 - 174,125
- Head of household	195,500 - 318,000	188,150 - 310,650
Limit on itemized deductions (AGI)		
- Single/joint/head of household	156,400	150,500
- Married filing separately	78,200	75,250
Automobile standard mileage rate		
- Business	48.5 cents	44.5 cents
- Charitable work	14 cents	14 cents
- Medical/moving expense	20 cents	18 cents
Business equipment expensing limit	112,000	108,000
Total purchase limit for full expensing deduction	450,000	430,000
Social security tax wage base	97,500	94,200
Medicare tax wage base	No limit	No limit
Social security earnings limit		
- Under age 65	12,960	12,480
- Age 65 and over	No limit	No limit
Retirement plan contribution limits		
- IRA (under age 50)	4,000	4,000
- IRA (age 50 or over)	5,000	5,000
- SIMPLE (under age 50)	10,500	10,000
- SIMPLE (age 50 or over)	13,000	12,500
- 401(k) (under age 50)	15,500	15,000
- 401(k) (age 50 or over)	20,500	20,000
IRA deductibility phase-out (AGI)		
- Single/head of household	52,000 - 62,000	50,000 - 60,000
- Joint returns & surviving spouses	83,000 - 103,000	75,000 - 85,000
- Married filing separately	0 - 10,000	0 - 10,000
- When spouse has company pension	156,000 - 166,000	150,000 - 160,000
Annual Gift Tax Exclusion (per donee)	12,000	12,000
Top estate tax rate	45%	46%
Estate tax exemption	2 million	2 million
Nanny Tax Threshold	1,500	1,500
Adoption Credit	11,390	10,960
Kiddie Tax threshold	1,700	1,700

Tax Numbers 2007

Inflation adjustments are made to various tax numbers each year, and tax laws with phase-in and phase-out provisions cause some numbers to change annually. The numbers for 2006 in the chart above apply to your 2006 returns, and the numbers for 2007 should be used in your 2007 tax planning.



VIRGINIA ACADEMY OF PHYSICIAN ASSISTANTS

Physician Assistants (PAs) are licensed health professionals who

- Practice medicine with physician supervision
- Provide a broad range of diagnostic and therapeutic services
- May also perform educational, research, and administrative activities

Physician Assistants: Partners *in medicine*

THINKING OF HIRING A PA CONTACT THE VAPA AT :

VAPA
950 NORTH WASHINGTON STREET
ALEXANDRIA, VIRGINIA 22314-1552

OR

1-866-VAPA-ORG

E-MAIL: VAPA@VAPA.ORG

WWW.VAPA.ORG (SEE PA JOB LINK)



- Perform physical exams and take patient histories
- Diagnose and treat illnesses
- Order and interpret laboratory tests
- Assist in surgery
- Write prescriptions (in nearly all states)
- Provide patient education and counseling



Your practice.
Your assets.
Your reputation.

MAG Mutual. Your protection.

No one understands your concerns better than MAG Mutual Insurance Company, now the eighth largest medical professional liability insurer in the country.

For 25 years MAG Mutual Insurance Company has delivered stellar claim defense, sound risk management strategies, unmatched local service and financial stability to our policyholder/owners, all at competitive rates.

For more information call MAG Mutual's Harold Manahan or Ned Walton toll-free at 1-888-892-5213.



MAG MUTUAL®
Because your patients come first.

INSURANCE • FINANCIAL SERVICES
OFFICE SOLUTIONS • PRACTICE MANAGEMENT

VIRGINIA ACADEMY OF FAMILY PHYSICIANS BOARD OF DIRECTORS MEETING

Board Brief's April 28, 2007 Richmond, VA

Heard report from Dr. Danny Felty on the VitalKey product.

Approved the minutes from the February 3, 2007 VAFP Board meeting.

Reviewed the VAFP Mission and Vision Statements.

Heard report from President-Elect Sterling Ransone, MD regarding the VAFP Nominating Committee.

Approved a motion to extend David Ellington's term as AAFP Delegate for one year.

Heard report from VAFP Lobbyist Seth Ginther, JD noting that two of the major items for the 2008 Legislative Session will be the Birth Injury Fund and the Malpractice Cap. He also reported on the HPV Vaccine legislation.

Heard report on plans and programming for the 2007 VAFP Annual Meeting scheduled August 9-12, 2007 at The Homestead.

Heard report from VAFP Quality Task Force Chair, Kurt Elward, MD, MPH on the selection of Virginia as a site for the AAFP Practice Enhancement Forum scheduled November 16-17, 2007 and a report on the MSFV To Goal Program.

Heard report from VAFP EVP Terry Schulte on two membership awards the VAFP received: 2nd Place Award nationally for chapters with over 1,000 active members who had the highest percentage increase in active members and the 2nd Place Award nationally for chapters with over 1,000 active members for the highest retention in the active membership category.

Heard report from VAFP Director Chris Lupold, MD on preliminary plans for a VAFP sponsored Residency Recruitment Fair to be held in the spring of 2008.

Heard report regarding the state wide residency program efforts focused on the National Conference of Family Medicine Residents and Medical Students scheduled August 1-4, 2007 in Kansas City, Missouri.

Heard report from AAFP Delegate and VAFP Treasurer David Ellington, MD on the campaign planning for his candidacy for the AAFP Board of Directors election in October 2007.

Approved a motion to donate \$1,000.00 to the Virginia Tech Student Memorial Fund.

Heard report on the selection of VAFP Representatives to the Southeastern Family Medicine Forum.

DMAS DUAL USE PERIOD EXTENDED

IMPORTANT! DMAS HAS DECIDED TO CONTINUE VIRGINIA MEDICAID'S NPI/API DUAL USE PERIOD BEYOND MAY 23, 2007. DMAS is currently reviewing contingency plans and will issue a Medicaid memo to providers well in advance of the mandatory NPI compliance date. Providers should continue to prepare for transition to use of the NPI/API and full NPI Compliance.

DMAS strongly encourages healthcare providers who have not yet shared their NPI with DMAS and other payers to do so immediately, and to begin sending claims with their NPI/API as soon as possible, in order to work through any billing and payment issues prior to the end of the Dual Use extension.

For information and resolution to the most common NPI-related billing errors, please refer to http://www.dmas.virginia.gov/downloads/pdfs/pr-NPI_rel_error_cd_1500.pdf.

June 1st – New Paper Claim Form Deadline
PROVIDERS MUST BEGIN BILLING WITH THE NEW UB-04 AND THE NEW CMS-1500 (08/05) AFTER JUNE 1, 2007. Old claim forms received by DMAS with a postmark of June 1, 2007, or later, will be denied. Providers may use either their legacy or NPI number on the new forms.

Meet Us in the Mountains . . .



Virginia Academy
of Family Physicians

2007 Annual Meeting
& Exposition

August 9-12, 2007

The Homestead Resort
Hot Springs, Virginia

*Don't miss this opportunity to receive over 19 Credits of Prescribed CME
and satisfy your ABFM SAM requirements!!!*



Register On-line at
www.vafp.org
or call 1-800-THE-VAFP

QUIT NOW Virginia

Want to help your patients stop smoking or using tobacco, but don't have the resources or enough time? Referring your patients to a toll-free quitline can double their chances of successfully quitting. Quitlines are easy, free and they work.

for patients: www.smokefreevirginia.org
for healthcare providers: www.aptna.org
for nurses: www.tobaccofreenurses.org
free quit kits: 1-877-856-5177 (toll-free)

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



VAFP MEMBER RECOGNIZED AS RECIPIENT OF 2007 OUTSTANDING WOMEN AWARD



The YWCA of Richmond recognized Dr. Michelle Whitehurst-Cook as one of 10 Richmond area honorees to receive an Outstanding Women Award. The awards recognize achievement in 10 categories including arts, business, communications, education, health and science, human relations, government and politics, law, religion and volunteerism. Her award represented the health and science category. Dr. Whitehurst-Cook has served on the Virginia Commonwealth University School of Medicine faculty since 1993 and also serves as director of predoctoral programs in the Department of Family Medicine, chair of the VCU School of Medicine admissions committee and co-physician coordinator for the foundations of clinical medicine required course for first and second year medical students. Dr. Whitehurst-Cook also served as the first woman President of the VAFP from 1996-1997 and currently chairs the Childhood Obesity Task Force. Dr. Whitehurst-Cook practiced medicine in rural Virginia for 11 years before joining the VCU faculty in 1993. She was named Associate Dean of Admissions in the School of Medicine in July 2006. Dr. Whitehurst-Cook is a VAFP Past President.

Congratulations Dr. Whitehurst-Cook!

MARK WATTS, MD RECEIVES GENE CLAPSADDLE FAMILY PHYSICIAN OF THE YEAR AWARD

Dr. E. Mark Watts was named the recipient of the Gene Clapsaddle Family Physician of the Year Award given by the Blue Ridge Academy of Family Physicians. He was elected to this honor by his peers in light of his many contributions to the field of medicine and his community. Dr. Watts has previously served as President of the Blue Ridge Academy of Family Physicians, President of the Roanoke Valley Academy of Medicine, as one of the founders of Project Access and currently serves on its Board. He also remains very active with the Bradley Free Clinic. In addition, Dr. Watts now serves on the state level on Boards of both the Virginia Academy of Family Physicians and the Medical Society of Virginia. He was also recognized for his many contributions in both civic and church affairs.

Pictured left to right are Dr. E. Mark Watts receives his award from his partners Dr. Randall R. Rhea and Dr. Henry R. Ivey.



Congratulations Dr. Watts!

VIRGINIA COMMONWEALTH UNIVERSITY STUDENT FAMILY MEDICINE ASSOCIATION RECEIVES AAFP 2007 PROGRAM OF EXCELLENCE (POE) AWARD

The AAFP Family Medicine Interest Group (FMIG) Network recognizes each year FMIGs with the Program of Excellence Award for their efforts to stimulate student interest in family medicine and family medicine programming. Each year the Program of Excellence (PoE) Award is awarded to 10 FMIGs that exhibit exemplary efforts in the following areas: infrastructure, student involvement/student retention, family practice advocacy, and community outreach/patient advocacy. VCU's FMIG is one of those ten programs.

Congratulations to the Virginia Commonwealth University Student Family Medicine Association!!

Changing the discussion!

You might look at your medical practice as just a medical practice. Most insurance agents do, too. *That's the problem.*

At **PhillipsCox** we look at your medical practice as what it really is, an ongoing business enterprise. This means that you have the same Enterprise Risk Liability concerns that other businesses have, plus being a medical practice.

This is why **PhillipsCox, the Physician Division of RCM&D Healthcare**, developed the **Practice Protection Program**, designed to ensure you have the coverage you need, professionally and personally.



Thomas P. Cox, ARM

PhillipsCox

INNOVATIVE SOLUTIONS FOR EVOLVING RISKS

800.685.4338

RCM&D
...Tailored Solutions to Unique Challenges

*The Virginia Academy of Family Physicians
1503 Santa Rosa Road
Suite 207
Richmond, VA 23229*

Presorted Standard
U.S. Postage Paid
Little Rock, AR
Permit No. 2437