

# The VIRGINIA

SPRING • 2006

## *family physician*

**MARK YOUR  
CALENDARS!  
VAFP ANNUAL MEETING  
& EXPOSITION**

**JULY 21-23, 2006  
HILTON OCEANFRONT HOTEL  
VIRGINIA BEACH, VA**

**VAFP**

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# MARK YOUR CALENDARS!

VAFP Annual Meeting  
& Exposition,  
July 21 - 23, 2006  
Hilton Oceanfront Resort,  
Virginia Beach, Virginia

SPRING • 2006

## The VIRGINIA family physician

### 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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The Virginia Family Physician is published by the Virginia Academy of Family Physicians  
2301 North Parham Road  
Suite 4  
Richmond, VA 23229



Created by  
**PUBLISHING CONCEPTS, INC.**  
Virginia Robertson, President  
vrobertson@pcipublishing.com  
14109 Taylor Loop Road • Little Rock, AR 72223  
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It has been a challenging year for us family physicians – and it is only March as I write this! The struggle for adequate health care funding in each session of the General Assembly seems never ending. On many levels, our government seems out of touch with the needs of the poorest citizens and the physicians who provide the under girding of our health system. Many insurers and hospitals seem more and more aloof and unappreciative of family medicine. Some employers wonder why their premiums are going up at the same time they are opting for open access to specialty care and the latest fads in technology. Will something finally give - before we do?

Some of us are shedding many clinical responsibilities for financial and lifestyle reasons. For some it never made sense and simply reflects the realities of the changing hospital environment. Others may be looking for something better - somewhere, somehow. However, the less we impact the health care system in a visible way, the less we will be seen as an integral part of the solution. The balance has rarely been more difficult.

I have sensed an increasing frustration and sense of burn-out in some of my colleagues – even among the finest family physicians I know. In considering our choices and our future, what can help guide us? Several things come to mind:

Keeping connected with our mentors and valued colleagues is not an option – it has to be a priority. We need encouragement and accountability, advice and acknowledgement.

We must keep focused on the big picture of what we do, and the importance of what we have to offer each individual we meet. Some policymakers create a difference once in ten years – each of you offers real and meaningful healing in a variety of ways, many times a day.

I would like to offer one way of reconnecting with ourselves, drawn from an exceptional book by Max Lucado entitled, Cure for the Common Life. In those pages, Lucado includes the story of a group of kids who go to a movie theater. One of the group decided to get popcorn and upon reentering the theater, couldn't find his group. He walked up and down the aisles, with more and more frustration until he walked to the front of the theater and shouted, "Does anyone recognize me?" Have you asked yourself the same question? If so, these five questions may help you re-evaluate your own personal "STORY"\*:

1. What are your Strengths? What are the clinical and personal skills that make you the family doctor you are?

What are the things you do in patient care that make you special? What are the things that come to you so easily it is like second nature? How are you nurturing these? What in your office practice environment might help support you and remind you of the special way you serve others?

2. What is your Theme? What inner purpose defines you as a family physician? Is it a spiritual calling? A sense of the greater good? What is your passion in medicine? What makes your pulse race and inspires you? Have you let this part of you breathe, recently? Have you encouraged this in one of your colleagues this week?
3. What are your Optimal conditions? What factors trigger your motivation? There are those of you that instinctively respond to a need (such as those heroes who went to serve in the Gulf Coast at a moment's notice – or those that are going now in the less noticeable but still needy times). Others are motivated by challenges, the unexpected, or even the rigorous routine that sustains accomplishment over time. What environment allows your sails to catch the wind best? Is there a small way this week you can reset those sails?
4. How are your Relationships? Do you know your best relationship pattern? During the times of your best results and your successes, how were you relating to people? Family physicians often stress the importance of relationships with our patients? Do we need a little Relationship Rx ourselves? We all have busy schedules and more obligations than time. But as several of my patients who have lost spouses or children or best friends can tell me, we do not have all the time in the world. At the same time, are we doing some little things to better enjoy our relationships with our patients. After I ask about the diseases in my patient's family, I have begun to ask them, "What are the strengths of your family?" I get some very revealing answers that deepen my appreciation of the special person in front of me, and where they are coming from.
5. What is the Yes! in your life? You may have several of them! Are you letting yourself hear their call at least a few times a week? Lucado recalls that in the movie, Eric Liddell defended his devotion to running by telling his sister that "God made me fast, and when I run, I feel His pleasure." When do you feel, "I was made to do this!?" How can you draw on this energy in some part of your practice?

*Some of us are shedding many clinical responsibilities for financial and lifestyle reasons. For some it never made sense and simply reflects the realities of the changing hospital environment. Others may be looking for something better - somewhere, somehow. However, the less we impact the health care system in a visible way, the less we will be seen as an integral part of the solution. The balance has rarely been more difficult.*

To be realistic, most of us have to answer these questions in the context of our office, within the schedule we have each day. But what better place to do this? Where better to begin? Where do you have a chance to be more effective? I firmly believe that for most of us, our patients will benefit, as we become the family physicians we each have dreamed of being. You are special – you are a family physician. More importantly, you are a family’s physician.

Kurt Elward, MD, FAAFP

President, Virginia Academy of Family Physicians

\*S.T.O.R.Y. concept taken from Max Lucado, Cure for the Common Life. W. Publishing Group, Inc. Nashville, TN. 2005, and PMI, International.



## BOARD OF DIRECTORS MEETING

WINTERGREEN RESORT WINTERGREEN, VA

**FEBRUARY 4, 2006**

- Approved the minutes from the October 15, 2005 Board meeting.
- Welcomed 2006-2007 VAFP Student Directors: Mr. Mark Umstott, EVMS, Ms. Melissa Fullerton, UVA and Ms. Zeina Saliba, VCU.
- Heard report from VAFP Treasurer David Ellington, MD, on financial statements reporting income and expenses for 2005 and the 2006 budget.
- Approved the VAFP 2006 budget.
- Approved a motion to form a communications sub-committee.
- Heard report from VAFP CME Chair, Mitch Miller, MD on the 2006 VAFP Winter Family Medicine Weekend and on the plans and programming for the VAFP Annual Meeting scheduled July 21-23, 2006 at the Hilton Oceanfront Hotel in Virginia Beach.
- Approved a motion to give the VAFP Executive Committee final approval of the 2007 Annual Meeting venue.
- Heard update from K. Marshall Cook, JD, VAFP General Counsel, on activities at the 2006 Virginia General Assembly.
- Heard report on the VAFP “Family Physician of the Day” Program at the Virginia General Assembly.
- Heard report on the 2005 AAFP State Legislative Conference.
- Heard report from VAFP President and Quality Task Force Chair, Kurt Elward, MD, on the AAFP’s TransforMED National Program and the VAFP’s Best Practices Survey Results.
- Approved a motion to continue to develop the Self Assessment Modules (SAMs) programs throughout the state.
- Heard report from AAFP Alternate Delegate Cynthia Romero, MD, on meetings of the AAFP Commission on Science and Commission on Health of the Public held in Phoenix, Arizona.
- Heard report from Kurt Elward, MD on meetings of the AAFP Commission on Science held in Phoenix, Arizona.
- Approved a motion to approve the appointment of Dr. Larry Mitchell as liaison to the AAFP’s rural health sub-committee.

# A NEW OPPORTUNITY FOR VAFP MEMBERS — GROUP SAMs

Your attention is called to a new way in which our VAFP has developed some concrete ways to meet the maintenance of certification process. We all have to complete Self Assessment Modules for our MOC process. Several issues:

1. The Self-Assessment Modules (SAMs) are required modules, and thus every family physician in the country has to do one each year - alone or in a group.
2. The content is disease specific to a given disease, and includes pathophysiology, classification, treatment, and ongoing care.
3. Most of the people who have tried to do this alone report it takes quite long and some can be a poor learning experience. It has taken some up to 20 hours to complete on their own.
4. The American Board of Family Medicine (ABFM) is supportive of group efforts whereby educational goals and key messages can be conveyed

more effectively and efficiently.

5. We in Virginia will offer one or more group SAM sessions that will fulfill the Board requirements but also help family physicians receive tools and learn skills to provide better patient care. The concept and format we are using has been endorsed by the ABFM.

The general format will be as follows:

1. All FPs who are up for recertification may enroll in a group SAM, through the VAFP.
2. Each participant will be asked to review the syllabus beforehand.
3. Our team will present each item on the test and discuss the important teaching points for the item, which will facilitate their answering each item.
4. In selected places, we will have Internet access to allow concurrent completion of the SAM. When you leave, you are done!
5. The group learning dynamics will

promote more sustained retention.

6. We will also provide them with practical clinical tools such as visit records, handheld tools and other decision support materials.
7. The time for these sessions will be 3.5 – 4.5 hours, which we believe is a marked improvement over individual completions.
8. You will receive additional CME credit for completion of the Group SAMs due to the additional material covered.

We will be looking to add a group SAM program each year to allow all our members an ongoing opportunity to meet the MOC requirements in a positive and helpful fashion. We are committed to your success. Please call the VAFP office to obtain more information about the group SAM's process and how this can be offered in your area.



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harder to detect  
than others

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# TAX TIPS MARK YOUR CALENDAR

## APRIL

- 3 - Deadline for taking your first distribution from regular IRAs if you turned 70 1/2 in 2005. Unless you're still working, this deadline also applies to your other retirement accounts (except for Roth IRAs).
- 17 - Deadline for filing 2005 individual tax returns.
- 17 - Deadline for filing 2005 partnership returns.
- 17 - Deadline for filing 2005 gift tax returns.
- 17 - Deadline for making your 2005 IRA contribution.
- 17 - First installment of 2006 individual estimated tax is due.

## JUNE

- 15 - Second installment of 2006 individual estimated tax is due.

**\*MORE TAX TIPS ON PAGE 20-21**

# NETWORKING OPPORTUNITIES

Seeking a position in northern Virginia. Practice size may be varied. Prefer group practice, majority outpatient care with some inpatient care on weekends. If interested, please contact Amy Ding at **443-534-3092** or via e-mail at [ymding@pol.net](mailto:ymding@pol.net).

Board certified family physician completing a faculty development fellowship in the University of Virginia's Department of Family Medicine in June 2006 seeking a teaching and practice position in the Commonwealth of Virginia. If interested, please contact Uzma M. Ali, M.D. via e-mail at [wasilwahib@hotmail.com](mailto:wasilwahib@hotmail.com).

Tidewater Physicians Multispecialty Group (TPMG) is currently hiring board certified or board eligible family physicians in Eastern Virginia.

TPMG ([www.tpmgpc.com](http://www.tpmgpc.com)) is the largest physician-owned group in Eastern Virginia with over 50 physicians located in the cities of Newport News, Hampton, Virginia Beach, Williamsburg and West Point and the counties of James City, Gloucester and York. Interested physicians should email a C.V. to David Warren at [davidw@tpmgpc.com](mailto:davidw@tpmgpc.com) or fax a C.V. to (757) 232-8865.



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800-678-7858, x63466 • 314-726-0026 (fax)  
[kschmitt@cejkasearch.com](mailto:kschmitt@cejkasearch.com)

# *Thank You* TO THE FAMILY PHYSICIAN OF THE DAY VOLUNTEERS

A special thank you goes out to all the physicians that participated in the Family Physician of the Day program during the 2006 Virginia General Assembly. The Academy also appreciates VCU Medical Center's help with nursing staff in the clinic. The Academy encourages all physicians to become involved legislatively in state and national issues.

Holly Abernethy, MD  
Lee Blackburn, MD  
Charles Cole, MD  
Ursulla Courtney, MD  
Steven Crossman, MD  
Frank Dennehy, MD  
Charles Driscoll, MD  
Wayne T. Fuller, MD  
Dean Gianakos, MD  
Dena R. Hall, MD  
Milton Dean Havron, MD  
Kenneth Heatwole, MD

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Sam Jones, MD  
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Brenda Stokes, MD  
Maura Sughrue, MD  
James Tan, MD  
James Edward  
Thompson, MD  
Scott Waugh, MD  
John A. Witman, MD

## MEDICARE CARRIER ADVISORY UPDATE

JENNY SHARP-WARTHAN, MD, CHAIR

### WHAT'S NEW IN IMMUNIZATIONS

**TDAP** • A combination vaccine which includes tetanus toxoid, diphtheria toxoid, and acellular pertussis (Tdap) has been approved by the FDA. Current recommendations by the CDC and the AAP recommend either Adacel (Aventis Pasteur) or Boostrix (GSK) be given in place of Td booster in adolescents. Those patients between ages of 11-18 may be given either of the vaccines. Adacel should be used for those between 19-64; they are awaiting approval for use in adolescents. A formal discussion of these 2 vaccines and overview can be found in The Medical Letter (1/16/2006 volume 48 issue 1226 page 5). The immunization schedule should be 5 years after the last booster for adolescents and 10 years after in adults. You should contact insurance carriers to determine their coverage compared to your costs. Health departments should have this available.

**MENINGOCOCCAL VACCINE** • Meningococcal vaccine has been approved for children 11-12 by the CDC. This vaccine specifically MCV4 was made available in 2005. It is recommended at age 11-12 and definitely by age 15. If this vaccine is not available, MPSV4 may be used although it is recommended specifically for ages less than 11 and older than 55. Again, make sure to contact the individual carriers for coverage issues.

### NEW CODES

- 82272- New code for 2006; Hemocult test done at the time of the rectal exam
- 82270- Hemocult with 3 specimens sent home with patients ONLY
- 90715- Tdap- tetanus toxoid, diphtheria toxoid, and acellular pertussis
- 90733- Meningococcal MPV
- 90734- Meningococcal MCV4

**ALSO Course  
June 15-16, 2006**

**Location: Darden School at the Abbott Center  
Charlottesville, Virginia  
For information contact  
Vickie at [vvm5r@virginia.edu](mailto:vvm5r@virginia.edu)  
or call 434-924-1632.**

# 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](http://www.smokefreevirginia.org)  
for healthcare providers: [www.aptna.org](http://www.aptna.org)  
for nurses: [www.tobaccofreenurses.org](http://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](http://www.vahealth.org/cdpc/tobaccouse)



### Blacksburg, Virginia

Excellent opportunity to join established Family Practice group in Blacksburg, Virginia - home of Virginia Tech! This position offers employment agreement with practice with partnership option in the future. Competitive compensation and benefits including marketing allowance, relocation and sign-on bonus. Call schedule of 1:3. Potential teaching/research opportunities with Edward Via College of Osteopathic Medicine (VCOM). Experience or interest in Dermatological procedures. Practice is virtually paperless.

### Salem, Virginia

Excellent opportunity to join well-established group in existence for 84 years. This is a multi-specialty group consisting of 80 physicians. Call is 1:4, covering only one facility. Employment with HCA Physician Services including competitive compensation and great benefits: malpractice insurance, health and dental insurance, paid vacation, 401K and CME. Also offering marketing allowance, relocation assistance and sign-on bonus!

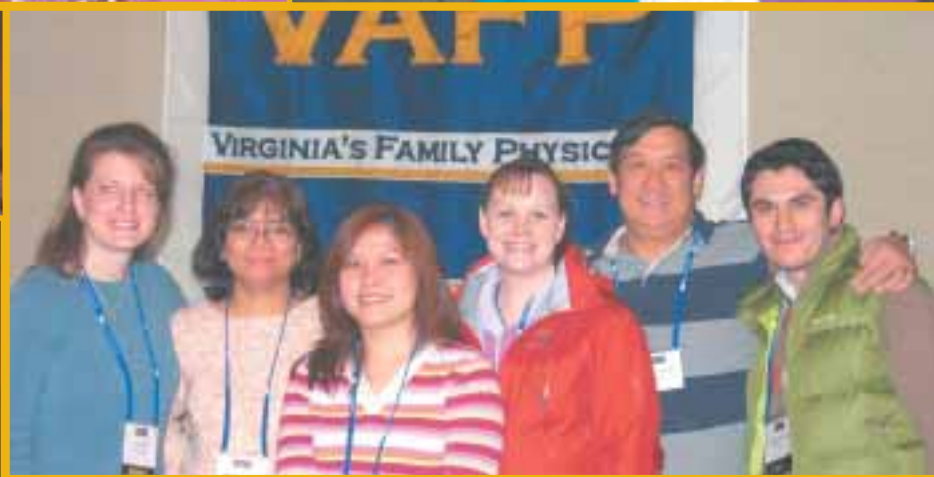
#### Please contact:

Laura Kluender • HCA Physician Recruitment  
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Toll Free: 1-866-422-3627, ext. 4 • Fax: 1-866-272-5304  
Email: [laura.kluender@hcahealthcare.com](mailto:laura.kluender@hcahealthcare.com)



# 2006 VAFFP Winter Family

*A great time was had by all at the CME Sessions, the Welcome Reception and on the slopes!*



# Medicine Weekend

*The following organizations provided support of the outstanding continuing medical education program at the 2006 Winter Family Medicine Weekend. The VAFP is pleased to acknowledge our "Partners" in CME.*

AMGEN  
sanofi-aventis  
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Bristol Myers Squibb  
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Eli Lilly  
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Forest Pharmaceuticals  
PhillipsCox Insurance  
Proctor & Gamble  
Pharmaceuticals  
Prometheus Laboratories, Inc.  
Children's Hospital of Richmond  
TAP Pharmaceuticals

*The VAFP extends a special thank you to the exhibiting organizations that participated in the 2006 Winter Family Medicine Weekend.*

Abbott Laboratories  
Adams Respiratory Therapeutics  
AMGEN  
AstraZeneca  
Benchmark Systems  
Boehringer Ingelheim  
Carilion Health System  
Centra Health Mental Health  
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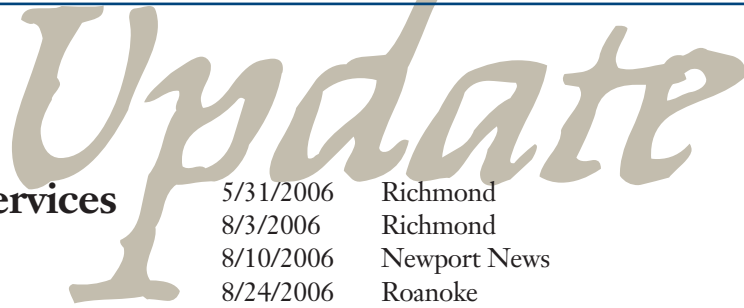
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sanofi-aventis  
Schering Plough  
Schwarz Pharma  
Takeda  
TAP Pharmaceuticals  
Valley Health Plan  
Virginia Health Quality Center  
Wyeth

## Thank You...

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# CENTERS FOR MEDICARE & MEDICAID SERVICES

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## Evaluation and Management Services Web Page

5/31/2006	Richmond
8/3/2006	Richmond
8/10/2006	Newport News
8/24/2006	Roanoke

A Web page on the TrailBlazer Web site has been developed specifically for Evaluation and Management (E/M) services. This page provides several tools to assist the physician and provider community with coding and billing of E/M services.

Included among the tools is an Evaluation and Management Coding and Documentation Pocket Reference developed by TrailBlazer. The Pocket Reference works best when printed as a two-sided document. It contains key information from the CPT E/M code section as well as key information from CMS' Evaluation and Management Documentation Guidelines. This pocket reference does not replace or supersede CPT, the CMS E/M Documentation Guidelines or payment instructions regarding E/M services published by CMS. It presumes that the user has a good working knowledge of CPT and E/M Documentation Guideline contents.

For more information, please visit the Evaluation and Management Services Web page at <http://trailblazerhealth.com/partb/tx/evalmgmt.asp>

## CMS Educational Calendar of Events

The CMS Calendar of Events provides workshop, seminar and other program information to providers, beneficiaries and other interested parties for both Part A (intermediary) and B (carrier) related activities. For further information on any events, please contact the Provider Outreach and Education Department at (866) 502-9049 or register on-line at <http://www.trailblazerhealth.com/calendar.asp>

### Welcome To Medicare (9:00 a.m. – 3:00 p.m.)

If you are a new physician/provider or have a new office staff that bills Medicare, you will want to register for the Welcome to Medicare workshop. This workshop is designed for physicians and billing staff who have little or no experience with the Medicare program. The workshop will give providers information to successfully submit claims both electronically and on paper to receive proper reimbursement.

5/2/2006	Newport News
5/16/2006	Virginia Beach
5/23/2006	Roanoke

### 2006 Updates and Changes (9:00 a.m. to 12:00 p.m.)

6/1/2006	Richmond
6/6/2006	Roanoke
6/15/2006	Newport News
6/29/2006	Virginia Beach

### Medicare Practical Application (9:00 a.m. – 3:00 p.m.)

Have you been billing Medicare for over two years and everything seems to be going well? However, you like to stay up-to-date with information or maybe you are not sure you are correctly applying the rules of Medicare? The Medicare Practical Application Workshop is the answer for you. In this classroom setting, you will be given information and instructed to apply it in practical situations. The workshop will follow the same format as Welcome to Medicare, but gives you an opportunity to apply the knowledge in each section. Work in small groups and improve your proficiency in calculating reimbursements on the remittance notice, increase your knowledge in the use of modifiers, completion of the claim form and develop a better understanding of the Medicare Physician Fee Schedule just to name a few. Workbooks will be provided.

6/8/2006	Newport News
6/13/2006	Roanoke
6/20/2006	Virginia Beach
6/28/2006	Richmond

### Cyber Café Web-Based Training

ABN (Advanced Beneficiary Notice)  
7/10/2006 12:00 - 2:00 p.m.

Keys to Reimbursement  
4/10/2006 12:00 - 2:00 p.m.

Modifiers  
4/24/2006 12:00 - 2:00 p.m.

MSP (Medicare as the Secondary Payor)  
7/24/2006 12:00 - 2:00 p.m.

# Measure the benefits from your practice's insurance agency.



Other agencies



MSVIC

**As a wholly owned subsidiary of The Medical Society of Virginia, our insurance agency profits go to MSV to help serve the Virginia Physician Community.**

The purpose of the Medical Society of Virginia Insurance Center is twofold. First, to provide Virginia physicians with a one-stop-shop where they can receive expert guidance from insurance specialists about important coverages such as professional liability insurance, health insurance, employee benefits, and property and casualty coverages.

Second, the MSVIC serves the Medical Society of Virginia as a source of non-dues

revenue. As the insurance agent for many physicians, the MSVIC receives commissions from the insurance companies where business is placed. These commissions lead to profits, which are sent by MSVIC to the Medical Society of Virginia to support the Virginia physician community.

Contact us to find out just how much more we have to offer your practice and the entire Virginia Physician Community.



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cardiopulmonary, and GI  
disorders that would benefit  
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flexibility, strength or balance  
for a healthier lifestyle.

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## F. ELLIOTT OGLESBY, M.D.

### VOLUNTEER OF THE YEAR AWARD

“The voluntary gift of one’s time on behalf of our profession is one of the greatest gifts one can make”

In honor of former VAFP President F. Elliott Oglesby, MD, the Virginia Academy of Family Physicians’ Board of Directors has established the “F. Elliott Oglesby, MD Volunteer of the Year Award.” The award is designed to recognize annually a Virginia Family Physician whose service to his or her profession and/or community exemplifies the true nature of volunteerism. Award recipients will receive a commemorative certificate during the Annual Meeting, land travel expenses, one night’s lodging and a \$100 honorarium. In addition, the award recipient will be provided a \$1,000 grant to donate in his or her name to the organization of their choice. Just complete the nomination form below and mail or fax to the VAFP Headquarters Office with a one or two page letter outlining why you believe the nominee should be selected for the award. Nominations must be received no later than May 31, 2006.

Nominee’s Name: \_\_\_\_\_ Nominator’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Send form to: VAFP Headquarters / 2301 N. Parham Rd. Ste. 4 / Richmond, VA 23229 or FAX to: 804-968-4418.

## JAMES P. CHARLTON, M.D.

### TEACHER OF THE YEAR AWARD IN FAMILY MEDICINE

#### REQUEST FOR NOMINATION

In memory of James P. Charlton, M.D., a VAFP Past President, the VAFP awards annually the James P. Charlton, M.D. Award for excellence in teaching in family medicine. Nominees may include teachers of family medicine who participate in teaching at the medical school level, residency faculty level or community preceptorship level. The nomination process is easy. Just complete the nomination form below and mail or fax to the VAFP Headquarters Office with a one or two page letter outlining why you believe the nominee should be selected for the award. Nominating material must be received no later than May 31, 2006. Award recipients will receive a commemorative certificate during the Annual Meeting, land travel expenses, one night’s lodging and a \$100 honorarium.

Nominee’s Name: \_\_\_\_\_ Nominator’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Send form to: VAFP Headquarters / 2301 N. Parham Rd. Ste. 4 / Richmond, VA 23229 or FAX to: 804-968-4418.

## VIRGINIA FAMILY PHYSICIAN OF THE YEAR AWARD

#### REQUEST FOR NOMINATION

Please nominate a member of the VAFP for this prestigious award. Nominees should:

1. Provide his/her community with compassionate, comprehensive and caring medical service on a continuing basis.
2. Be directly and effectively involved in community affairs and activities that enhance the quality of life of his/her home area.
3. Provide a credible role model as a healer and human being to his/her community, and as a professional in the science and art of medicine to colleagues, other health professionals and especially, to young physicians in training and to medical students.
4. Be in good standing in his/her medical community.
5. Be a member of the VAFP.

The nomination process is easy. Just complete the nomination form below and mail or fax to the VAFP Headquarters Office with a one or two page letter outlining why you believe the nominee should be selected for the award. Nominating material must be received no later than May 31, 2006. Award recipients will receive a commemorative certificate during the Annual Meeting, land travel expenses, one night’s lodging and a \$100 honorarium.

Nominee’s Name: \_\_\_\_\_ Nominator’s Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/St./Zip: \_\_\_\_\_ City/St./Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Send form to: VAFP Headquarters / 2301 N. Parham Rd. Ste. 4 / Richmond, VA 23229 or FAX to: 804-968-4418.

# The Spinal Column

A syndicated column provided by the Mid Atlantic Osteoporosis Board, dedicated to improving the prevention, detection, and treatment of osteoporosis in the Mid-Atlantic Area.



## VITAMIN D DEFICIENCY: THE SILENT EPIDEMIC OF THE ELDERLY

ALFRED DENIO, M, PAST PRESIDENT OF THE VIRGINIA SOCIETY OF RHEUMATOLOGISTS,  
DIRECTOR OF THE DIVISION OF RHEUMATOLOGY, EASTERN VIRGINIA SCHOOL OF MEDICINE

Prior to the 1930's, rickets, or severe childhood vitamin D deficiency, was epidemic in the U.S. and Europe afflicting an estimated 85% of children in industrial cities. In the United States today, milk and infant formula are fortified with vitamin D and frank rickets is now uncommon. Despite these public health measures, recent research has found an extraordinarily high prevalence of vitamin D deficiency afflicting over 1/2 of certain elderly populations<sup>1</sup> and an unexpected 30% of healthy young adults in Boston<sup>2</sup>. A deeper understanding of vitamin D photobiology is changing our concept of what is "normal" and our national nutritional guidelines.

**Vitamin D Biology** - Vitamin D is the precursor of calcitriol (1,25-dihydroxyvitamin D), a hormone that has a number of important functions. Vitamin D is synthesized in the skin (after UV light exposure) or consumed, and then is stored until needed. When the serum concentration of vitamin D is below normal, both intestinal calcium and phosphorus absorption decrease. Calcitriol stimulates intestinal calcium absorption by interacting with the vitamin D receptor in the small intestine. The net effect is an enhancement of calcium entry through an epithelial calcium channel. Therefore, calcitriol's major biologic activity on bone is indirect: to promote passive mineralization of the collagen matrix (osteoid) by maintaining extracellular calcium and phosphorus in a supersaturated state. Vitamin D is 25 hydroxylated in the liver in a largely unregulated step and activated to calcitriol by 25-hydroxyvitamin D-1-alpha hydroxylase in the kidney (tightly regulated). In the physiological state of calcium deficiency PTH levels rise resulting in Renal 1 hydroxylation of 25-hydroxyvitamin D and increased production of 1,25 hydroxyvitamin D. Calcitriol interacts with the vitamin D receptor on osteoblasts to generate RANKL on their surface membrane. Interaction with the RANK receptor on pre-osteoclasts induces maturation to fully mature osteoclasts that are essential for osteoclastic bone resorption with subsequent release of calcium into the extracellular space.<sup>3</sup>

One can get vitamin D in 2 ways: diet, and from skin exposed to significant ultraviolet light. The main dietary sources of vitamin D are vitamin D fortified milk, margarine and cereal, although fish, liver, and egg yolks are good but lesser sources. Sun exposure (specifically UVB light), is our predominant source of vitamin D via photo-conversion of vitamin D precursors to pre-vitamin D3 in skin. Depending on the latitude, 15-30 minutes of direct daily spring/summer/fall midday sun exposure is sufficient to provide all the vitamin D that we need. Considerable seasonal variation in vitamin D

stores (and bone density) exists in people living north of 350N - (North Carolina) and south of 350S - (Buenos Aires). Populations living in these latitudes are more susceptible to vitamin D insufficiency. Furthermore, an elderly person over the age of 70 produces <30% of the vitamin D of a young person with the same sun exposure<sup>3</sup>. This, combined with less efficient vitamin D intestinal absorption, makes the elderly shut-in patient particularly susceptible to vitamin D deficiency. Significant amounts of vitamin D supplements must be supplied to overcome these effects.

**Vitamin D Deficiency Defined**- Assessment of vitamin D stores is best done by measurement of 25-hydroxyvitamin D. The definition of normal levels of 25-hydroxyvitamin D has changed in recent years as the effects of mild vitamin D deficiency have become known. Most commercial laboratories still use 9-15 ng/ml as the lower limit of normal for vitamin D. Although there is some controversy, optimal serum levels of 25-hydroxyvitamin D to avoid increases in PTH are at least 20 ng/ml<sup>4</sup>. Heaney has suggested the appropriate serum 25-hydroxyvitamin D level is 32 ng/ml.<sup>5,6,7</sup> Although hypocalciuria (24 hour urine) may suggest vitamin D deficiency, patients with inadequate vitamin D stores often have normocalciuria.

**Vitamin D Deficiency Prevalence**- In a series of consecutive patients admitted to a Boston general medical service, 57% of the patients were found to be deficient in vitamin D (25-hydroxyvitamin D <15 ng/ml).<sup>1</sup> In another study of predominantly medical workers in Boston, 30% of young adults were found to be deficient (<20 ng/ml)<sup>2</sup> at the end of winter, while 11% were deficient at the end of summer. Bone density studies performed on patients at the end of winter were shown to be significantly diminished. This corresponds to the peak hip fracture time as well as the nadir 25-hydroxyvitamin D level<sup>8</sup>. Perhaps most significantly, 50% of women admitted with a hip fracture in one Boston study had low 25-hydroxyvitamin D levels (<12 ng/ml) <sup>9</sup>.

**Vitamin D Deficiency Clinical Importance**- The clinical consequences of vitamin D deficiency include osteomalacia, increased susceptibility to fragility fractures, bone pain and muscle weakness. Vitamin deficiency should be suspected in patients who receive little or no direct sunlight (e.g. elderly shut-ins, people living in northern climates and individuals that engage in total solar protection using sunscreen), vitamin D deficient diets, and fat malabsorption syndromes (e.g. Crohn's

Disease, celiac disease, intestinal bypass surgery). Phenytoin, phenobarbital, cadmium, and rifampin are known to interfere with vitamin D metabolism. Cholestyramine inhibits vitamin D absorption. Less commonly, there are several known inherited and acquired disorders of metabolism of 25-hydroxyvitamin D to 1,25-dihydroxyvitamin D.

All of these conditions result in a state of secondary hyperparathyroidism. Secondary hyperparathyroidism is known to increase osteoclast activity and increase bone resorption that results in decreased bone density and increased risk of fragility fracture.<sup>9</sup> There is a considerable body of evidence now suggesting that vitamin D deficiency contributes to increased risk for falling. Vitamin D deficiency has been associated with weaker quadriceps, slower reaction times, impaired postural stability and slower functional performance in one controlled study of patients referred to a fall clinic.<sup>10</sup>

Diffuse pain is thought to be common in Vitamin D insufficiency although the exact prevalence is not known. This can manifest as "bone pain" associated with secondary hyperparathyroidism, or as neuropathy. A recent retrospective Minnesota study of 150 consecutive patients presenting with widespread unexplained pain documented a high prevalence of Vitamin D deficiency in this patient population.<sup>16</sup>

#### **Treatment and Prevention of Vitamin D Deficiency-**

While there is no generally accepted treatment guideline for vitamin D deficiency, one commonly used strategy is vitamin D 50,000 units one to three times a week orally for 8 weeks followed by 400 units daily. This has been shown to normalize PTH and vitamin D levels. Repeating these levels would be a prudent way to ensure treatment success.<sup>4</sup> A target point for vitamin D adequacy is above 30 ng./ml. One additional caveat is the considerable variability in serum vitamin D levels between laboratories.<sup>11,14</sup> Clearly, standardization of 25-hydroxyvitamin D measurements is essential. Given the high prevalence of vitamin D deficiency among young and old, increasing the public's awareness and the development of prevention strategies become paramount. The combination of vitamin D and calcium supplementation has been shown to significantly reduce the incidence of non-vertebral and hip fractures in 2 large prospective double blind placebo controlled studies of elderly men and women.<sup>8,12</sup> In these studies and others, it has been difficult to separate out the effects of vitamin D from calcium supplementation. Of

interest, a large British randomized double blind placebo controlled study (men and women age 65-85) reported the benefit of vitamin D 100,000 units every 4 months in reducing the incidence of any fracture 22% and any osteoporosis fracture 33%.<sup>13</sup> There was no separate calcium supplement. The treatment was well tolerated and inexpensive. Additionally, a Swiss study of 122 elderly women living in an assisted living arrangement demonstrated in a randomized placebo controlled trial that Vitamin D at a dose of 800IU/day was associated with a 49% reduction in fall frequency over a 12 week treatment period<sup>15</sup>. They were able to show that the treatment group had improved neuromuscular function as measured in standardized tests.

**Summary-** Vitamin D deficiency is extremely prevalent among the elderly and is associated with a higher risk of fracture. Simple treatments with calcium and vitamin D have now been clearly demonstrated to reduce fracture risk and are well tolerated. The Food and Nutrition Board of the National Academy of Sciences established adequate daily vitamin D intake levels of 400 IU for those aged 51-69 and 600 IU for men and women over age 70. Most researchers currently feel that greater amounts of vitamin D are necessary, particularly during the winter in the northern latitudes. Additional studies will assist in clarifying the specific requirements for vitamin D supplementation.

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For additional information on osteoporosis refer your patients to our video library at [www.midatlanticosteo.org](http://www.midatlanticosteo.org).

References available upon request. by contacting the Mid Atlantic Osteoporosis Board Atlantic Board, 290 Long Point Rd., Crownsville, MD

Future columns will cover related osteoporosis topics but we would like to hear from you. Please forward any topics of interest relating to osteoporosis to Mary Lindsay White at VAFP. We will include your ideas in future columns.

*The Mid Atlantic Osteoporosis Board is supported in part by an unrestricted educational grant from **The Alliance for Better Bone Health**\*. The content of this column reflects the opinions of the Board or of individual Board members and not that of The Alliance. \*(Procter & Gamble Pharmaceuticals and Aventis Pharmaceuticals, a member of the sanofi-aventis Group.)*

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# VAFP Welcomes OUR NEW MEMBERS

The VAFP welcomes the following new members.

### ACTIVE

- AMY LYNNE CAMPBELL, MD
- CHARLES H CHO, MD
- CISSY P POTTANAT, MD
- DEVRA M SIROT, MD
- GLENNA P HENDRICKS, MD
- GREGORY D BENTZ, MD
- HELEN J KARALIS, DO
- JASON MOHAN BHAN, MD
- JOHN PATRICK TOKARZ, MD
- JOHN W ELLIS JR, MD, MPH
- JOSEPH M MARIETTA, MD
- KAROL LEE GORDON, DO
- WILLIAM RONALD HOWELL, MD

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- APOSTOLOS IGNATIOS HIOTELLIS, MD
- CARLOS SANTIAGO VILLAR-GOSALVEZ, MD
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- CHARLES A MIDDELHOF, MD, MA
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- CYNTHIA LYNN MIRANDA-GONZALEZ, DO
- DENNIS DWAIN SWAN, MD
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- PETER H TAIT, MD
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- VIVIEN NGAH-TSE TO, MD

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- MR MARK DANIEL KOVACS
- MS KELLY ELIZABETH BEEKEN
- MS LIEN PHAN DAME
- MS TAMARA DENISE GLOVER

# Congratulations TO CYNTHIA ROMERO, MD, VAFP PAST PRESIDENT

Dr. Cynthia Romero, MD, VAFP Past President was chosen as one of 19 women chosen to participate in the Jennifer Byler Institute 2006 Series. The Jennifer Byler Institute is a political leadership training program for Republican women throughout the Commonwealth of Virginia.

## Learn to maximize reimbursement for your work and eliminate liability for inadequate documentation:

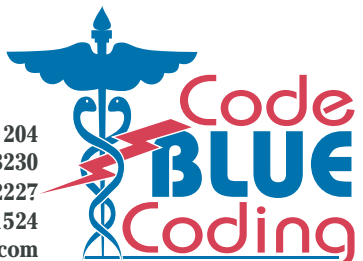
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Class registration begins at 8:00 a.m. Continental breakfast will be served. Classes run from 8:30 a.m. until 12:30 p.m.

APRIL	22	■	E&M Coding 101	Northern VA *
	29	■	E&M Coding 101	Williamsburg VA*
MAY	6	■	E&M for Pediatrics	Northern VA *
	13	■	E&M for Pediatrics	Williamsburg VA*
JUN	3	■	E&M Coding 101	Northern VA *
	10	■	E&M Coding 101	Williamsburg VA*
	17	■	E&M Coding 102	Williamsburg VA*
JUL	15	■	E&M Coding 102	Northern VA *
	29	■	E&M Coding 101	Northern VA *

\* Please see our website, [www.codebluecoding.com](http://www.codebluecoding.com), for exact location of seminars.

## Professional Faculty

**Andrew K. Worthington, MD** Board Certified Neurologist, Dr. Worthington left private practice after 16 years and now devotes full time to Evaluation and Management Coding from a practitioner's point of view.

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 (for multiple registrations, please mail, fax or call) \$ 212 each for 3+

# FYI...

**NEW PRESCRIPTION BLANK REQUIREMENTS EFFECTIVE JULY 1.** In 2003, the General Assembly eliminated the Virginia Voluntary Formulary as the standard for generic substitution, and put into place the FDA "Orange Book" as the new standard. For this reason, the prescription blank requirement for a check box "Voluntary Formulary Permitted" had to be removed from law. There is now no set form for a written prescription blank. Because the term "Brand Medically Necessary" is a nationally accepted term and one that is required by Medicaid in order to ensure payment for a branded product, this phrase was adopted in Virginia law as the required term to prohibit generic substitution. The new law did give prescribers three years to use up all their "old" prescription blanks before the new requirement took effect. After July 1, 2006, checking an old "dispense as written" box will not prohibit generic substitution.

The Virginia Board of Medicine agrees that prescribers may continue to use and deplete their current stock of the old two-check-box formatted prescription blanks after July 1, 2006.

After July 1, however, checking the "dispense as written" box will not prevent substitution. Prescribers still will need to indicate "Brand Medically Necessary" on the prescription when they do not want a generic dispense.

**GUBERNATORIAL APPOINTMENTS AVAILABLE.** Several vacancies on state boards and commissions to be appointed by Governor Kaine and requiring the appointee to be a physician become open in 2006. These positions include:

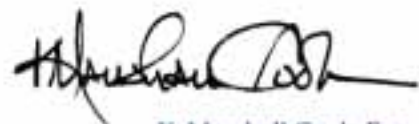
- Board of Medical Assistance Services (current term ends 3/7/06)
- Advisory Board on Acupuncture (must be physician qualified to practice acupuncture; current term ends 6/30/06)
- Advisory Board on Physician Assistants (must be a physician who supervises PAs; current term ends 6/30/06)
- Advisory Board on Respiratory Care (current term ends 6/30/06)
- Board of Directors, VCU Health System (must be non-VCU faculty physician; current term ends 6/30/06)
- Board of Medicine (must be physician from 6<sup>th</sup> Congressional District; current term ends 6/30/06)
- Special Advisory Commission on Mandated Health Insurance Benefits (current term ends 6/30/06)
- Medical Advisory Board for the Department of Motor Vehicles (3 vacancies; current terms end 9/30/06)

Applications for these and other gubernatorial appointments are available from the Secretary of the Commonwealth, Executive Office Building, 4<sup>th</sup> Floor, 1111 East Broad Street, Richmond, Virginia 23219, (804) 786-2441, or from the Secretary's web site at [www.commonwealth.virginia.gov/index.cfm](http://www.commonwealth.virginia.gov/index.cfm).

**RECORD PROFITS AT AETNA.** Aetna stock hit record highs in early February after the insurer raised its earnings and enrollment forecasts for 2006, projecting up to 1 million new members this year. The company reported a 40.7% increase in its bottom line for the fourth quarter of 2005. Net income for the period was \$423 million, compared to \$300.7 million for the same period in 2004.

Revenue grew 14% in the fourth quarter, to \$5.9 billion. Health plan enrollment during 2005 increased by 1.1 million members, or 8 percent, from 13.6 million to 14.7 million.

*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](mailto:mcook@hf-law.com)

# TAX TIPS



**B**efore making important financial or business decisions, be sure to contact your accountant or tax consultant to discuss these changes and any other tax concerns you may have. Tax Tips information should not be acted upon without further details and/or professional assistance. Tax Tips are provided by Wells, Coleman & Co., LLP, 3800 Patterson Ave., Richmond, Virginia.

## Children can be the source of tax breaks for parents

Let's talk about your kids - specifically, about the opportunities and issues involving your children and taxes. You've probably heard of the "kiddie tax," which kicks in when a child under age 14 has unearned income over a specified amount (\$1,700 in 2006). Income such as interest and dividends in excess of this amount will be taxed not as your child's tax rate, but at your highest rate.

Did you know there are strategies for reducing the impact of the kiddie tax? In addition, you may be able to take advantage of other tax breaks that can benefit you and your family.

- **Give assets to children**

For example, consider long-term capital gains. If your tax bracket is over 15% for 2006, you'll generally pay 15% on gains from the sale of assets you've owned for more than a year. But if you give those assets to a child in the 10% or 15% income tax brackets, the capital gains rate on the sale drops to 5%. Your child could use the proceeds to pay for tuition or start a savings account.

- **Shift interest income**

Gifts of assets that generate interest income works in a similar way, though the lowest tax rate on ordinary income is a less favorable 10%. Still, depending upon your own bracket, this strategy could trim your tax bill. During 2006, you can give up to \$12,000 to each of your children (\$24,000 for married couples) with no gift tax consequences.

Caution: Assess your eligibility for higher-education financial aid before gifting assets to your children.

Consider another idea for reducing taxes on interest income. Think about electing to report the interest on savings bonds held in your child's name annually, instead of when the bonds mature or are cashed in. Your dependent, under-age-14 child can receive up to \$850 of this type of income tax-free in 2006, plus another \$850 that will be taxed at the child's rate.

- **Hire your children**

Do you own your own business? Putting your child to work is a planning technique that can help minimize the impact of kiddie tax. Here's why. Earned income, such as wages paid for legitimate work duties, falls under more advantageous tax rules. For instance, your child may be able to earn up to \$5,150 this year tax-free, while your business

gets a deduction for the wages you pay him or her. Also, depending upon the structure of your business, you might not have to pay social security, Medicare, or unemployment taxes on those wages if your child is under age 18.

One more advantage of this strategy: While working, your child can contribute to a Roth IRA, using the earnings or a gift from you. Roth funds can be withdrawn tax-free later on to help your child purchase a first home, or the account can be the start of a retirement nest egg for your child.

Another option open to your working child is to make tax-deductible contributions to a traditional IRA. Since the contribution limit for 2006 is \$4,000, your child could earn a total of \$9,150 tax-free this year.

## How to make business meetings worth the time

For most companies, business meetings are a fact of life. Although meetings sometimes are useful or necessary, too many simply waste time, and some may even harm morale. Here are some ideas for improving or shortcutting the meeting process.

Most meetings are held to disseminate information. The participants are informed or reminded about policies, given progress reports about ongoing activities, or told of upcoming events. However, unless you're soliciting input or anticipating confusion about the subject matter, consider substituting e-mails or other memoranda to communicate routine information. That way, you'll be providing written guidelines while saving everyone's time.

Don't hold a meeting solely because it's part of the usual schedule (e.g., the weekly staff meeting). If the topic of the week can be conveyed in a memo, or there's nothing important to discuss, simply cancel. If you do hold a meeting but exhaust your topic early, adjourn rather than trying to fill the allotted time.

If your meeting objective is to generate ideas or consensus, you can kick-start the creative process by distributing an agenda with guidelines a few days beforehand. Letting the participants mull over the topics in advance can maximize productivity and minimize orientation time. Encourage a diversity of opinions and positions, but be prepared to tactfully deflect the digression or showboating.

At the end of any meeting, briefly sum up the proceedings and any decisions that were made. Your most important goal may be to make your participants feel they are a vital part of company processes.

## Your 2006 Tax Numbers

	2006	2005
• Standard deduction	5,150	5,000
- Single	10,300	10,000
- Married filing jointly	5,150	5,000
- Married filing separately	7,550	7,300
- Head of household		
- Additional deduction –	1,250	1,250
Single 65 and older/blind	1,000	1,000
Married 65 and older/blind		
	3,300	3,200
• Personal Exemption		
• Personal exemption phase-out (AGI)	150,500 - 273,000	145,950 - 268,450
- Single	225,750 - 348,250	218,950 - 341,450
- Joint returns & surviving spouses	112,875 - 174,125	109,475 - 170,725
- Married filing separately	188,150 - 310,650	182,450 - 304,950
- Head of household		
• Limit on itemized deductions (AGI)	150,500	145,950
- Single/joint/head of household	75,250	72,975
- Married filing separately		
• Automobile standard mileage rate	44.5 cents	40.5 cents / 48.5
- Business	14 cents	cents
- Charitable work	18 cents	14 cents
- Medical/moving expense		15 cents / 22 cents
	108,000	
• Business equipment expensing limit		105,000
• Total purchase limit for full expensing deduction	430,000	420,00
• Social security tax wage base	94,200	90,000
• Medicare tax wage base	No limit	No limit
• Social security earnings limit		
- Under age 65	12,480	12,000
- 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	4,500
- SIMPLE (under age 50)	10,000	10,000
- SIMPLE (age 50 or over)	12,500	12,000
- 401(k) (under age 50)	15,000	14,000
- 401(k) (age 50 or over)	20,000	18,000
• IRA deductibility phase-out (AGI)		
- Single/head of household	50,000 - 60,000	50,000 - 60,000
- Joint returns & surviving spouses	75,000 - 85,000	70,000 - 80,000
- Married filing separately	0 - 10,000	0 - 10,000
- When spouse has company pension	150,000 - 160,000	150,000 - 160,000
• Annual Gift Tax Exclusion (per donee)	12,000	11,000
• Top estate tax rate	46%	47%
• Estate tax exemption	2 million	1.5 million
• Nanny Tax Threshold	1,500	1,400
• Adoption Credit	10,960	10,630
• Kiddie Tax threshold	1,700	1,600

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 2005 in the chart above apply to your 2005 returns, and the numbers for 2006 should be used in your 2006 tax planning.

# AMERICAN BOARD OF FAMILY MEDICINE MAKES MAJOR ENHANCEMENTS TO ITS MAINTENANCE OF CERTIFICATION PROGRAM

*New Benefit Allows Family Physicians to Extend Certification Term from Seven to Ten Years*

The American Board of Family Medicine (ABFM) announced major enhancements to its Maintenance of Certification for Family Physicians (MC-FP) Program as part of its ongoing effort to assess the ability of family physicians to provide quality health care.

Under MC-FP, family physicians are required to meet new standards for certification on an ongoing basis. Among the program enhancements announced today, one of the most important is the opportunity for physicians who regularly participate in MC-FP to extend the length of their certificate by three years, effectively creating a ten-year certificate.

“The American Board of Family Medicine is dedicated to helping family physicians deliver the highest quality of care to patients and their families,” said Dr. Frank Kane, Board Chair of the ABFM. “To that end, MC-FP is a more effective way for the ABFM to assess a physician’s ability to be board certified.”

The enhanced program’s assessment tools give family physicians a range of options that provide greater flexibility for meeting certification requirements. All elements of the program can be completed online using dynamic, web-based applications. Understanding that family physicians practice in a host of settings, the ABFM has developed new options designed to meet the needs of all of its board-certified family physicians, regardless of their practice environment.

The program offers a variety of new support features for physicians, including:

- MC-FP instruction booklet with information on how to begin the process and meet established requirements
- Customized online portfolio to track certification progress
- Easy-to-read schematics explaining the process
- Web-based and offline materials
- Help Desk designed to answer

- questions about new program elements
- Experts available for one-on-one consultation

“The ABFM was the first medical specialty board to require recertification, and we remain committed to ensuring that our certification standards evolve to meet both the rapid advances in medicine and growing needs of family physicians,” said Dr. James Puffer, ABFM President and Chief Executive Officer. “In developing our program, we sought input from many of our family physician

colleagues. As a result, we believe that its new features will provide our Diplomates with the ability to continuously and efficiently improve the way in which they deliver patient care.”

The ABFM, one of 24 member boards of the American Board of Medical Specialties, launched its maintenance of certification program in 2004. In July 2003, the American Board of Medical Specialties began moving toward maintenance of certification for all of its member boards.

## American Board of Family Medicine

### Online Applications and Test Center Selection are Open



**Online Applications for the 2006 Certification, Recertification, and Sports Medicine exams are open and Test Center Selection is now available.**

**If you are an eligible candidate for the 2006 exam, please login to your Physician Portfolio at [www.theabfm.org](http://www.theabfm.org) and follow the link provided within to access your application.**

**Once you have completed an approved application, you will be able to choose your test center.**

**The link to Test Center Selection is also found in your Physician Portfolio.**

#### Examinations

#### 2006 Dates

Certification,	July 17	August 1
Recertification,	July 18	August 2
and Sports Medicine	July 19	August 3
	July 20	August 4
	July 21	August 5
	July 22	
	July 24	
	July 25	
	July 26	
	July 27	
	July 28	
	July 29	
	July 31	

Note: For the Certification, Recertification, and Sports Medicine exams, not all test centers will be available on all test dates

# The Skinny on Milk, Cheese and Yogurt

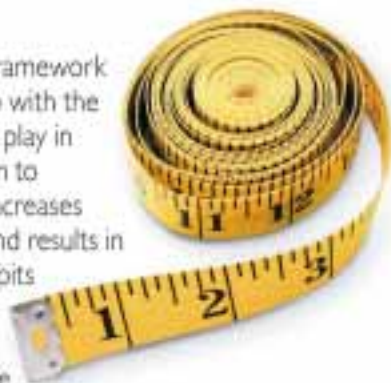
## 3-A-Day of Dairy™ Can Help Increase Weight Loss for Adults When Part of a Reduced-Calorie Diet

Research continues to support the relationship between dairy foods and weight management. Research indicates that enjoying 3-A-Day of Dairy - 3 servings of milk, cheese or yogurt each day - as part of a reduced-calorie weight loss plan can help adults achieve better results, when it comes to trimming the waistline, than just cutting calories and consuming little or no dairy.<sup>1</sup>



### How It Works

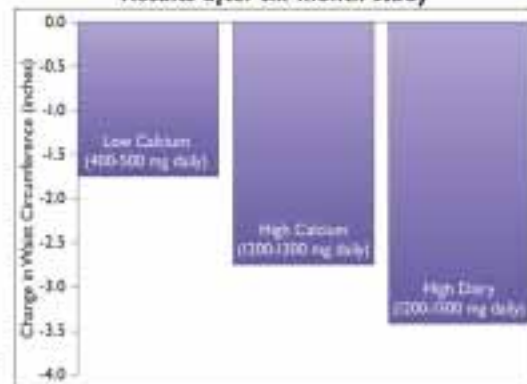
Cell culture and animal studies provide a strong potential framework to explain dairy's weight loss effect, part of which has to do with the role that dietary calcium, and potentially dairy protein, may play in lipolysis and lipogenesis.<sup>2</sup> Low-calcium diets have been shown to increase a key calcium-regulating hormone, which in turn increases intracellular calcium concentrations in human adipocytes and results in increased fat storage. Conversely, a high-calcium intake inhibits production of the hormone, thereby decreasing intracellular calcium and ultimately the fat content of fat cells. Moreover, studies in animals and humans show that dairy foods promote substantially greater loss of body weight and fat than calcium supplements.



### A Motivating Benefit: Losing Inches in the Waist

Research also indicates that including 3 daily servings of dairy in a reduced-calorie diet may help adults burn more fat and lose more inches around the waistline than just cutting calories and consuming little or no dairy.<sup>1</sup>

### Dairy Foods Accelerate Loss of Abdominal Fat<sup>1</sup> Results after six-month study



Motivate patients with what they find important. Adults may lose more inches in the waist when including 3 servings of milk, cheese or yogurt each day as part of a reduced-calorie diet.

### Benefits Beyond Weight Loss

The newly released Dietary Guidelines for Americans also acknowledges the important role of dairy products' unique nutrient package. The guidelines recommend people consume 3 servings of fat-free or low-fat dairy foods every day as part of a healthy diet. It also recommends dairy products like lactose-free milk or yogurt first for individuals who are lactose intolerant.



NATIONAL DAIRY COUNCIL

To learn more about the body of research supporting dairy's role in weight loss and to download a free Healthy Weight Education Kit with patient education materials, visit [nationaldairyCouncil.org](http://nationaldairyCouncil.org). Also encourage your patients to assess their diet at [assessyourdiet.webmd.com](http://assessyourdiet.webmd.com).

<sup>1</sup>Zemel MB, et al. Dietary calcium and dairy products accelerate weight and fat loss during restriction in obese adults. *Obesity Research*. 2004; 12(4): 582-590.

<sup>2</sup>Zemel MB. Role of calcium and dairy products in energy partitioning and weight management. *American Journal of Clinical Nutrition*. 2004; 79: 907S-912S.

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3 servings of dairy a day in a reduced-calorie diet supports weight loss.  
[3aday.org](http://3aday.org)

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The Virginia Academy of Family Physicians  
2301 North Parham Road  
Suite 4  
Richmond, VA 23229

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