

# VIRGINIA FAMILY PHYSICIAN



Virginia's Family Physicians

The Official Publication Of The Virginia Academy Of Family Physicians

## Experience The History... Experience The Fun!

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**D**on't miss the Academy's Annual Meeting and Exposition scheduled July 17-20, 2003 in historic Williamsburg, Virginia. This year's Annual Meeting promises to be the premier continuing education conference in the Commonwealth and continues the VAFP's tradition of offering outstanding social events for the entire family. The CME program offers a wide vari-



ety of current healthcare topics presented by nationally known experts in their field and the program has been approved for over 22 hours of prescribed credit by the AAFP. This year's "All Member Party" will be held at Busch Gardens Williamsburg on Thursday, July 17, 2003. Busch Gardens is located just a mile from the Williamsburg Marriott Hotel and has been voted "The Most Beautiful Theme Park in the World." Adventure awaits you at Busch Gardens, where you'll find 360 beautifully wooded acres filled with over 35 thrilling rides. On Saturday night, July 19, 2003 enjoy the magic of Stuart and Lori, a fun-filled family oriented night of food, fun and magic.

The Academy hopes to see you at this year's Annual Meeting and Exposition. For



further information, please call the Headquarters office 1-800-THE-VAFP or visit the VAFP's web site [www.vafp.org](http://www.vafp.org). Don't Miss Out!



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J. Douglas Smith, MD, Harrisonburg, VA

# Virginia Family Physician

Summer  
2003

## LETTERS TO THE EDITOR

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

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Kurtis S. Elward, Charlottesville, VA

#### RESIDENCY PROGRAM

Terri Babineau, MD, Norfolk, VA

#### RESIDENT & STUDENT ISSUES

Michelle E. Kingsbury, MD, VA Beach, VA

Shane J. Kraus, MD  
VAFP President

Through your active participation, our Virginia Academy of Family Physicians has exceeded all of my expectations for 2002-2003. The Board of Directors and the **VAFP** staff deserve our accolades for their work, achievements and dedication to your service.

Last summer I asked for your help in spreading the good news about Virginia's Family Physicians. You responded by designing and registering our trademark for distinctive visual recognition. You visited [www.vafp.org](http://www.vafp.org) to access **SPEAK OUT** over 500 times to communicate with your elected officials. In doing so, you strengthened the **VAFP'S** stature as representing the largest physician specialty society in Virginia and the American Academy of Family Physician's stature as the largest specialty society in the United States. We are the only specialty with a member in each and every congressional district in the country.

You have articulated our vision of delivering quality healthcare to all Virginians as the only specialty which provides continuous, coordinated, comprehensive care for patients: regardless of their age, gender, presenting compliant or organ system involved.

Each of you should have received the **VAFP** published handbook "*Managed Care Contract Negotiation*," authored by our general counsel, K. Marshall Cook, JD. In my opinion, it is THE BEST treatise on medical insurance contracting available. If for some reason you

Norwood of Georgia and Congressman Michael Burgess, MD of Texas. I presented Congressman Burgess with the AAFP plan for universal health coverage, and at the end of the day I was convinced this congress understands healthcare issues as never before. I am also convinced that if each of your state and federal legislators receives a **SPEAK OUT** communication from you on a regular basis, your patients and your practices will benefit.

On May 31, 2003, I was privileged to represent you at the celebration of the graduation of Virginia Commonwealth University's 1,000th Family Practice Resident. While there, I asked the legislators in attendance to fulfill Virginia's promise to assure that each of her schools of medicine and osteopathy place at least half of their graduates in a primary care residency program. I also asked that they prioritize (1) improving scholarship funding for students of medicine and osteopathy who commit to be Family Physicians and practice in Virginia and (2) enhancing loan repayment programs for newly minted Family Practice Residency graduates who practice in Virginia.

Thank you for the honor of leading the **VAFP** this past year. Please give Cynthia Romero, MD, VAFP President-Elect, your continued support and confidence.



You have articulated our vision of delivering quality healthcare to all Virginians as the only specialty which provides continuous, coordinated, comprehensive care for patients: regardless of their age, gender, presenting compliant or organ system involved.

have not gotten your copy, please access [www.vafp.org](http://www.vafp.org) and ask for one.

On May 21, 2003 I represented you at the BUSINESS ADVISORY COUNCIL in Washington, DC. While there I participated in a forum headed by Congresswoman Jenny Brown-Waite of Florida, Congressman Charlie

# VAFP Board Of Directors Meeting Norfolk Marriott ~ April 13, 2003

~ Approved minutes from the February 1, 2003 Meeting of the VAFP Board of Directors Held at Wintergreen Resort in Wintergreen, Virginia.

~ Welcomed Gail Dudley, DO, Chair, Department of Family Practice, Virginia College of Osteopathic Medicine and thanked her for her participation.

~ Viewed the video of the CBS News Report "Eye on America." Dr. Mitchell Miller gave a brief overview of the experience.

~ Reviewed recommendations from the Planning Meeting held Saturday, April 12, 2003. The VAFP Vision Statement was revised, the Mission Statement was accepted as written and the Strategic Focus and Targeted Objectives will be discussed following the All Member Survey results.

~ Reviewed final draft of the VAFP All Member Survey.

~ Heard report on Fiscal Year 2002 Audit. Dr. Harold Horden, VAFP Treasurer, noted that the VAFP is in solid financial shape.

~ Heard report from Dr. Mitchell Miller on the plans and programming for the 2003 VAFP Annual Meeting and Exposition scheduled July 17-20, 2003 in Williamsburg.

~ Recommended that the Academy pursue the possibility of regional CME activities and if so, that regional physician "overseers" be identified to advise on the CME, monitor the content of the program and work with headquarters staff.

~ Heard report from Marshall Cook, JD, VAFP General Counsel, summarizing the 2003 Virginia General Assembly. Mr. Cook highlighted the most relevant issues including Board of Medicine legislation and the Birth Injury Program and emphasized the importance of having family physicians involved in the Board of Medicine.

~ Heard report from Roger Hofford, MD on the tobacco settlement money awarded in

Southwest Virginia recommending modification to the regulations set forth in the original settlement to include women who are pregnant over the age of 18, smoking cessation programs for teens and smoking cessation education and training for physicians.

~ Officially selected Dr. John O'Bannon for the 2003 VAFP Legislator of the Year Award.

~ Voted to approve a \$4,000.00 grant to assist in the VAFP Childhood Obesity Initiative to create an informational and educational piece for distribution.

~ Encouraged Board members to nominate VAFP members for the various Academy Awards to be presented in July at the Annual Meeting.

~ Approved the Slate of Officers, Directors and Advisors for 2003-2004.

~ Heard report from Mr. Schulte on the meeting with UVA Department of Family Practice Chair, Dr. Sim Galazka. Mr. Schulte stated that the Academy would be working more closely with the medical schools in the future.

~ Heard report from Dr. Mark Ryan, VAFP Resident Board member, discussing Resident retention and recruitment issues specifically focusing on efforts to improve access to recruitment centers, communication with state agencies and awareness of employment opportunities with VAFP members. Dr. Ryan recommended researching the possibility of a statewide recruitment fair.

~ Heard report from VAFP Student Board members regarding the lack of Family Practice curriculum in the 3rd and 4th year curriculum in the VA Medical Schools. Ms. Chrissi Shugart, VAFP Student Board Member, reported on a letter she composed to the UVA Dean of the School of Medicine regarding the lower number of students going into family practice.

~ Heard report from VAFP President-Elect and AAFP New Physician Board Member Cynthia Romero, MD on AAFP Activities. Dr. Romero reported on the current activities and

issues being addressed by the AAFP including the Arizona Study, developing and supporting admission policies, medical school curriculum, legislative issues, patient safety and relationships with the AMA.

~ Heard update from Dr. Shane Kraus on Community Health Speakers Bureau proposal.

~ Heard report from Dr. Roger Hofford on upcoming changes and increased funding for the Virginia Department of Health. He stated that Ms. Daniels, Director of the VDH Office of Health Policy and Planning, plans to come speak to the Board about issues during the Sunday, July 20 Board meeting.

# One Problem: Reimbursements!

K. Marshall Cook, Esq.

VAFP General Counsel

**M**ost of us remember the old joke about the doctor who stayed home from work one day because his kitchen sink was clogged, and he couldn't get a plumber to come at any other time. The plumber finally arrived several hours late. He spent about 10 minutes clearing the blockage in the sink, and then he told the doctor, "That'll be \$150, please." Instantly, the doctor began shouting, "Are you out of your mind? I am a doctor, and even I don't make \$150 in 10 minutes." The plumber answered, "Neither did I, when I was a physician."

The problem with this old joke is that it's no joke any longer. Physicians in many areas of Virginia are reeling because of low reimbursements and steadily increasing overhead. It's no surprise that shrinking reimbursements from health plans was the number one response in a recent VAFP membership survey to the question "What are the three most important challenges facing Virginia's Family Physicians today." "Reimbursements are horrible," one family physician wrote. "Surviving financially while reimbursements drop," said another.

In a recent publication mailed this spring to VAFP's membership, I noted that there may be some not-so-obvious reasons for a health plan to discuss increased reimbursements with you or your physician group. If you're the largest primary care group in town, you already should be aware of your negotiating strength and translating it into higher rates. Your negotiating posture also may be increased if a health plan seeks to establish an exclusive, perhaps capitated, relationship with you or your group.

Other reasons may not be so subtle. You or someone in your group may be the physician for the family of a large employer's CEO or Human Resources Director. Business executives do prefer stability in their "vendor relationships." This is particularly true of a physician, so you should not instinctively underestimate your negotiating strength with health plans.

Even if you or your group's negotiating strength may not be as strong as you would like, there are other things physicians and their medical groups tend to overlook that ultimately may increase their revenues:

## Know What You're Supposed To Be Paid

There still are a number of physicians who sign every provider contract they are presented without knowing what they are supposed to be paid. Physicians in some areas of the state are accepting less than 40% of current Medicare reimbursement for some E&M codes! Many are not even aware of it. Virginia law requires a health plan's fee schedule or reimbursement policy for a physician to be included in the provider contract between the physician and the health plan. Read it and the contract.

## Know What You're Really Being Paid

Physicians often are surprised to discover that they are not being paid what their provider contract describes in its fee schedule. This can be for any number of reasons. Most health plans have reimbursement policies that result in denial or significant reduction in claims payments. Health plans refer to these policies by different terminologies: *bundling*, *multiple claims*, *incident to*, and *global processing* rules. Whatever they are called, however, they result in lower reimbursements than the fee schedule attached to your contract suggests.

Another reason why your reimbursement may not match your contract fee schedule is that the health plan makes mistakes, some more often than others. The plan may have entered the contracted fee schedule incorrectly into its claims system. Certain CPT codes or modifiers may default to a different code or reimbursement on the health plan's system. Regular internal audits of health plan reimbursements should catch these policies or errors. Don't ever assume the health plan is doing things correctly.

## Know Whether You're Being Paid On Time And As Quickly As Possible

Virginia law requires payment on a clean claim within 40 days of receipt of the claim by a health plan. If it's not, you're due interest. Insistence on the payment of interest on delayed payments often will cause a health plan more administrative headaches than paying the

interest itself. That's a deterrent that encourages the plan's management to correct the problem causing the initial delay.

This being said, forty days is too long to wait for payment. Provider representatives should be quizzed on what a physician or medical group can do to reduce the age of normal receivables to well under the 40-day statutory payment period. Good cash flow often is as important to a physician as small increases in reimbursements.

## Review Your Health Plan Contracts Like You Do Your Personal Investments

Each of your primary health plan contracts (those providing at least 7-8% of your patient base) should be monitored continually and evaluated with respect to your "rate of return." Just as you can lose money investing in certain stocks, physicians can lose money doing business with certain health plans, considering low reimbursements and administrative procedures. Accepting additional patients from these health plans only multiplies your losses. Each physician and medical group should take a hard look at its ability to economically deliver health care services pursuant to a provider contract. Losing money on a "product" should not be an option for any business, including a physician's medical practice.

After completing these four practical reviews with regard to reimbursements, you may conclude that (1) you do know what you are contracted to be paid, (2) you are being paid correctly, (3) you are being paid on time and as quickly as possible, and (4) you are profiting from your relationship with the health plan. Reimbursements may simply be too low for you to make what you would like from your relationship with the health plan. Quick fixes to this problem often are significant problems themselves, fraught with antitrust and other regulatory concerns.

## Quality Task Force Update

Kurt Elward, MD, Chair

Your Academy has been actively promoting family physicians as the leaders in quality of care. Shane Kraus, MD, VAFFP President, recently attended the Virginia Asthma Coalition, a consortium for improving asthma care in Virginia. Initiatives are underway to position family physicians in a central role as the Coalition develops its activities over the next three years.

Kurt Elward, MD, FFAFP, Chair, VAFFP Quality Task Force, is finalizing work on the AAFP Asthma and Allergy Resource Guide, the flagship publication of the AAFP's quality initiative on asthma. Virginia FPs will have the opportunity to receive the premier version of the Guide (including a PDA version of enhanced asthma classification and management tools) by helping pilot a self-evaluation program for asthma. Stay tuned! Please contact Kurt at [ksselward@aol.com](mailto:ksselward@aol.com) for more information.

Many insurers are increasingly interested in quality initiatives, given the new NCQA requirements. The Quality Task Force intends

to promote VAFFP member involvement in these activities, and enhance communication among VAFFP members who are involved in these committees. If you are serving on any MCO clinical care or quality committees, please contact Kurt Elward.

The VAFFP continues its central role in the Heart Health Collaborative of the Virginia Health Quality Center (VHQC). Shane Kraus, MD is serving as faculty for the collaborative. This is a major initiative of the Centers for Medicare and Medicaid Services (CMS), and it is important for family physicians to have an active role in this project. Please see how you can be involved with your hospital's efforts, and contact Shane or Kurt for more information and assistance.

The VHQC is also leading a national project on office-based quality improvement, and Kurt Elward is serving as a consultant to this project. This initiative is intended to help direct the devel-

opment of office-based QI protocols for CMS. This is the time to give your input!! Please feel free to contact Kurt Elward with ideas regarding ways in which you could be supported in enhancing the quality of care you provide to Medicare patients, especially in the areas of diabetes, mammography, immunizations (yes, we are working on the reimbursement issues), and cardiac care. What would make it easier to provide better care?

We greatly desire and need members who have interests in clinical quality of care issues! It is becoming clear that in the future, many incentives and increases in reimbursement will be linked to performance on quality measures, and now is the time for family physicians to provide leadership in this area! Contact Kurt Elward at 434-973-9744 or e-mail him at [ksselward@aol.com](mailto:ksselward@aol.com).

Many insurers are increasingly interested in quality initiatives, given the new NCQA requirements. The Quality Task Force intends to promote VAFFP member involvement in these activities, and enhance communication among VAFFP members who are involved in these committees.

## Managed Care Task Force Update

Jennifer Sharp-Warthan, MD, Chair

We were able to hold off the cuts in Medicare for 2003. The bad news, however, shows more changes are on the way for 2004. The Centers for Medicare and Medicaid Services (CMS) report a projected fee schedule decrease from 4.2% to as much as 5.8%. Although Congress changed the projected decrease in 2003, the formula has not changed. Many faults have been noted with the present formula but no changes are in site at this time. The projected changes are scheduled for October 2003.

The Centers for Medicare and Medicaid Services is supposed to make more information available when the proposed fee schedule is released.

### VirginiaGeriatrics.org

The VCU School of Medicine, Donald W. Reynolds Partnership in Geriatric Education invites you to visit our website: [www.VirginiaGeriatrics.org](http://www.VirginiaGeriatrics.org).

It contains useful tools for Health Care Providers such as: "Quick Consult," "Ask the Expert," Web-based CME and Faculty Development Opportunities.

For more information, please contact Beth Meyers, MS (804) 827-1507 or by email at [mmeyers@vcu.edu](mailto:mmeyers@vcu.edu).



# Medicaid Managed Care Advisory Committee Report

Mary Lindsay White, VAFP Staff

*A meeting of the Medicaid Managed Care Advisory Committee was held, Wednesday, May 21, 2003 at the Department of Medical Assistance Services. Agenda items discussed at the meeting include:*

**Department of Medical Assistance Services (DMAS) Initiatives – Cynthia Jones, Deputy Director, DMAS**

Ms. Jones commented that DMAS is currently working on the Preferred Drug List initiative with a target implementation date of January 2004, the prior authorization process, the transition to the MMIS System and the statewide TeleMedicine Project.

**Child Health Insurance Update – Linda Nablo, Director, Division of Child Health Insurance, DMAS**

Ms. Nablo updated the group on the specifics of Virginia's Title XXI Program FAMIS. Specifically on the 2002 program improvements, the 2003 General Assembly changes and the implementation process for these changes. She noted that an additional 44,212 children have been covered by Medicaid or FAMIS since January 2002 which

is an estimated 80% of the children eligible for coverage. Ms. Nablo emphasized their focus in the future is to continue to make operational improvements in the system.

**Delmarva Quality Studies – Linda Oliver, RN, MPH**

The Delmarva Foundation reported on the external quality improvement studies being conducted for the Department of Medical Assistance Services. Overall, the Department scored quite well in all areas with only minimal suggestions for improvement.

**Virginia Department of Health – Rene Daniels, JD, MPH, Director, Office of Health Policy and Planning**

Ms. Daniels introduced via a slide presentation the staff of the Office of Health Policy and Planning and outlined the primary responsibilities in each area.

**Managed Care Organization Update – Mary Mitchell, Division of Health Care Services, DMAS**

Ms. Mitchell discussed the Medallion II program focusing specifically on the current

enrollment totals and the Fredericksburg area changes.

As of May 2003, current enrollment in FFS Medicaid is 231,553, the PCCM Program\* is 81,238 and the MCO Program\* is 235,843 (\*Includes FAMIS children enrolled in MEDALLION or Medallion II).

Effective June 1, 2003, Sentara Family Care has withdrawn from the City of Fredericksburg and the counties of Stafford, King George and Spotsylvania. This change affects approximately 2,200 Medallion II recipients. Medallion II recipients enrolled with Sentara as of May 31st reverted temporarily back to FFS. The reason for the change was low provider participation. The DMAS staff will be assisting with the transition of these individuals in any way possible.

*The next meeting of the Medicaid Managed Care Advisory Committee will be held October 22, 2003 at the Department of Medical Assistance Services. If you have questions or concerns that the VAFP should raise at the next meeting, please forward those to Mary Lindsay White e-mail [mlwhite@vafp.org](mailto:mlwhite@vafp.org) or fax 804-968-4418*

## Medicaid Prior Authorization Of Non-Emergency, Outpatient MRI, PET And CAT Scans

All physicians participating in the Virginia Medical Assistance and FAMIS programs should have received notification from Patrick Finnerty, Director, Department of Medical Assistance Services regarding the implementation of a new prior authorization requirement for Medicaid clients enrolled in fee-for-service or Medallion programs and FAMIS clients enrolled in fee-for-service or PCCM programs. Effective July 1, 2003, for Medicaid and August 1, 2003 for FAMIS, all non-emergency, outpatient MRI, CAT and PET scans must be prior authorized in order for the scan to be reimbursed by Medicaid or FAMIS.

## Members In The News

Dr. Keith Edmunds was honored as the “Dr. Gene Clapsaddle Family Physician of the Year” by the Blue Ridge Academy of Family Physicians at its winter meeting on March 12, 2003. Dr. Edmunds has been an active member of the Lewis-Gale Clinic for over forty years, has served as Medical Director of Brandon Oaks and Elizabeth Arden and has been an active volunteer for Raleigh Court Presbyterian Church. He is recognized for his commitment to patient care and is serving as a role model for Family Physicians of all ages. Congratulations to Dr. Edmunds.



*Dr. Gene Clapsaddle presents the Blue Ridge Academy of Family Physicians' Dr. Gene Clapsaddle Family Physician of the Year award to Dr. Keith Edmunds.*

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Cynthia Romero, MD, VAFP President Elect, was quoted in the June 2003 edition of Redbook Magazine in an article titled, “My doctor got me hooked on drugs.” Dr. Romero comments on the limited amount of time available to spend with each patient and how there often isn't time to educate patients about all the dangers of addictive drugs or to fully assess their backgrounds.

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Ginger Boyle, MD, VAFP Secretary and practicing physician at Carilion Family Medicine Pearisburg, was quoted in the June 2003 Family Practice Coding Alert article, *Don't Book That Package Until You Check Out These Divided Pregnancy Care Coding Tips*. The article focuses on shared maternity care outside a group practice setting and how those services should be correctly billed. Family Practice Coding Alert is published monthly by The Coding Institute and if you would like a copy of the article, please contact the Headquarters office.

### PROJECT DIRECTOR NATIONAL HEALTH CARE INITIATIVE

The Virginia Health Quality Center ([www.vhqc.org](http://www.vhqc.org)), a dynamic, forward thinking health care quality improvement organization (QIO) in Innsbrook area, seeks a practicing primary care physician to direct a national quality improvement initiative in the physician office setting. This position will administer all aspects of a national Centers for Medicare & Medicaid Services (CMS) contract, including development of quality improvement strategies and resources and national partnerships.

Ideal candidate will be a successful leader and team player who is familiar with the day-to-day operations of primary care physician practices. They will also understand disease management, billing, workflow, electronic medical records (and/or patient registries), and current issues in physician office practices. Vitally important is the ability to work well with CMS and QIO colleagues and other partners. Requires 3-5 years of clinical and quality improvement experience as well as current active office practice. There is occasional travel in this job.

Note: We welcome recommendations from physicians for other health professionals that have physician office experience as well as experience and an interest in quality improvement.

Excellent benefits, competitive salary. Please submit letter of introduction, resume and salary history and/or requirements (must be included for consideration) to VHQC, 4510 Cox Rd. #400, Glen Allen, VA 23060-3394, or email [hr@vhqc.org](mailto:hr@vhqc.org) or fax to 804-289-5324. EOE

## Residents Choose Officers And BOD Representatives

The VAFP Resident Members nominated and selected 2003-2004 Officers for the Resident Chapter and Representatives for the Board of Directors in May 2003. Congratulations go out to those selected and the Academy thanks the Resident Members for their willingness to serve.

2003-2004

### Resident Board of Directors Representatives

Ann Townsend, MD  
EVMS Resident Representative  
Portsmouth Family Medicine

Heather Sojourner, MD  
MCV/VCU Resident Representative  
Riverside Family Practice

Theresa Jones, MD  
UVA Resident Representative  
Carilion Family Practice

2003-2004

### VAFP Resident Chapter Officers

Jennifer McCord, MD  
President  
Riverside Family Practice

Marcus Speaker, MD  
Vice President  
Carilion Family Practice

## Resident Scholarships And Grants Available

Family practice residents are invited to apply for scholarships or educational grants to attend the 25th Anniversary Conference on Patient Education, November 20-23, 2003 in San Antonio, TX. A limited number of scholarships and grants will be awarded on a competitive basis.

The American Academy of Family Physicians and the Society of Teachers of Family Medicine sponsor the Conference on Patient Education, the only national meeting of its kind, targeting family physicians and other primary care health professionals. The conference consistently wins high marks from residents.

To access an application, go to <http://www.aafp.org/pec.xml>.

## Resident Repayment Program

The Resident Repayment Program is administered by the American Academy of Family Physicians Foundation and is supported by McNeil Consumer & Specialty Pharmaceuticals and individual donations. The program assists selected family practice residents who plan to pursue careers in one of three high-need areas:

Rural Practice  
Inner-city Practice  
Full-time Family Medicine Teaching

First and second year family practice residents as of July 1, 2003 are eligible to apply.

The Resident Repayment Program pay recipients 75% of the interest that accrues on their educational loans while they are in residency and in their first year of practice up to a maximum of \$2,500 per year, \$10,000 maximum over the four-year period (\$7,500 for three years). The selection of recipients is done by lottery drawing in December each year.

Application Deadline: October 15, 2003

If you are interested in submitting an application, please contact the AAFP Foundation 1-800-274-2237 ext. 4457 or e-mail [jnichols@aafp.org](mailto:jnichols@aafp.org).

## Continuing Medical Education (CME) Program Available To Primary Care Physicians

The Centers for Medicare & Medicaid Services (CMS) has launched a national program designed to help primary care physicians earn credit for their efforts to improve care. Participating physicians can earn up to 66 CME credits over three years based on their involvement in quality improvement projects developed by the Virginia Health Quality Center (VHQC). These projects are focused on care provided in physician offices and/or outpatient clinics in each of three clinical areas – diabetes care, adult immunizations and breast cancer screening. Additional clinical areas may be added in the future. To receive CME credit, the physician must:

- ~ Enroll in the program with the VHQC.
- ~ Implement a quality improvement intervention in one or more clinical areas designed to improve performance on specified quality indicators.
- ~ Implement an ongoing measurement process to assess clinical performance and evaluate the impact of the interventions made in selected processes of care.
- ~ Periodically review the data and make additional changes as indicated.

This program is part of a national pilot project by CMS, the American Medical Association and the American Academy of Family Physicians to evaluate the impact of giving CME credits as an incentive to quality improvement.

Here is what some participating physicians have to say about the quality improvement programs offered by the VHQC.

“The use of VHQC-developed chart tools - visit records and flow sheets – greatly improved my efficiency and enhanced my ability to ensure I was providing the care I wanted to my patients. They also made my life easier by allowing me to track my treatment plans and the changes that were made.”

**Kurt Elward, M.D., Family Medicine of Albermarle, Martha Jefferson PHO**

“Sentara Medical Group has found the VHQC staff knowledgeable, helpful, and very interested in helping us improve quality care of our Medicare patients. Your (VHQC’s) data

and suggestions for physician feedback and sharing best practice goals and techniques have been valuable in our process improvement.”

**Louis J. Croteau M.D., Sentara Medical Group**

To learn more information about the CME program, health care collaboratives, appropriate drug titration for the heart patient, and incorporation of guidelines into the physi-

cian practice setting, please plan to attend the Virginia Health Quality Center’s learning session at the VAFP 2003 Annual Meeting in Williamsburg, July 17 from 2 – 4 p.m.

For more information about the CME program and quality improvement projects for physician offices, as well as the VAFP learning session, contact VHQC Project Coordinator David Collins at (804) 289-5320 or [dcollins.vapro@sdps.org](mailto:dcollins.vapro@sdps.org).

# SCIENTIFIC ASSEMBLY 2003

October 1 – 5, 2003


**Scientific Assembly**  
October 1 – 5, 2003

**Exposition Hall**  
October 2 – 4, 2003


**Congress of Delegates**  
September 30 – October 2, 2003

- *Accrue as many as 45 CME hours in just four and a half days*
- *Choose from a diverse CME curriculum of no extra-fee and extra-fee courses*
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American Academy of Family Physicians



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JAZZ UP YOUR PRACTICE

# Charlottesville Childhood Obesity Task Force

*Following is a summary of the action and discussion items at the Childhood Obesity Task Force (COTF) meeting held in Charlottesville, Virginia in March 2003. The group meets on a quarterly basis and the next scheduled meeting of the Task Force is Tuesday, July 1, 2003 from 4:00 p.m. – 5:00 p.m. at the Health Department on Rose Hill Drive in Charlottesville*

~ Evaluation has begun on Albemarle County pilot projects at Yancey, Murray and Greer Elementary Schools, all of which focused efforts on increasing fruit/vegetable consumption, low-fat milk purchases and/or physical activity.

~ Ten thousand copies of a healthy snack handout developed at the request of the Charlottesville School Health Advisory Committee were printed. Most will be distributed next year; however, an initial set of handouts were used as instructional tools by Buford Middle School health teachers in their unit on nutrition.

~ Bicycles, helmets and a mobile storage unit for Charlottesville City elementary schools

were secured through grant funding by the Alliance for Community Choice in Transportation (ACCT) with additional support from a health department grant. PE teachers will be trained on bicycle safety instruction this August. A community bike safety rodeo was held May 31st.

~ *Walking Wednesdays* at Greenbrier Elementary School, also supported by ACCT, kicked off in April, hopefully to be replicated in other area schools.

~ The *Buy Better, Buy Baked* challenge at Buford Middle School started in April. Profits from sales of baked chips will go toward a climbing wall for the school.

~ The Albemarle School Board appointed a subcommittee representing different constituencies (including COTF) to come up with recommendations on items to be sold in high school vending machines that are accessible to students.

~ Charlottesville's Quality Community Council (QCC) is co-sponsoring *QCC Walks*, a community-based walking program. The

COTF provided pedometers and volunteers to help with children who signed up for the program at its kick-off in early May.

~ UVA will be establishing a Pediatric Weight Management Center with recent funding received from the Buchannan Foundation.

~ Several community partners applied to the Robert Wood Johnson Foundation for its Active Living by Design grant. If funded, COTF would help design communication strategies that promote active living. Other partners will address strategies that promote active living (especially walking and cycling) in Fifeville/Prospect (Charlottesville) and Crozet by addressing design, safety and policy issues.

~ Charlottesville City and Albemarle County schools both submitted applications to the Carol M. White Physical Education in Progress (PEP) grant to enhance their physical education programs.

*For more information, please contact Fern R. Hauck, UVA Department of Family Medicine, e-mail address [frh@Virginia.EDU](mailto:frh@Virginia.EDU).*

## Fellow Physicians' Solicitation For Volunteer

Come spend your vacation for a week or several days in an air-conditioned cabin on a 450 acre lake in 4000 acres of national forest at Goshen Scout Camp. Looking for physicians to spend a week at this beautiful camp to provide onsite supervision, to respond to emergencies and handle minor suturing. The camp is staffed by a fulltime Registered Nurse who is also a Paramedic Instructor. If interested, please contact David W. Fairbanks, MD, FAAFP Medical Director, Goshen Scout Reservation Piedmont District Health & Safety Chairman.

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**B**oard eligible Family Practitioner looking for an employment opportunity with a partnership track or solo opportunity with initial income guarantee. Proximity to a metro area is preferred, though all areas in Virginia are considered. If interested, please contact Sagar Modali via email at the following: [vsmodali@hotmail.com](mailto:vsmodali@hotmail.com).

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Senior Partner of a two person Family Practice Group located in Richmond's West End plans to retire and is seeking a physician to take over his very established portion of the practice. Excellent opportunity to assume significant patient base including office and diagnostic equipment below market value.

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

The Deadline for submissions to the Fall 2003 issue of The Virginia Family Physician is August 15, 2003.

## Urbanna, Virginia Has An Opportunity Available For Full Or Part-time Board Certified Physician In An Established Family Practice

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# Congratulations to Virginia Commonwealth University's Family Practice Graduates

**O**n May 31, 2003 the Department of Family Practice at Virginia Commonwealth University (VCU) celebrated its 1000th Family Practice Graduate from the Family Practice Residency Program's affiliated with VCU. It was a grand occasion that was enjoyed by many practicing physicians, residents, faculty, legislators and community leaders from all over the state.

**T**he celebration included comments from Dr. Eugene Trani, President, Virginia Commonwealth University; Dr. Heber H. Newsome, Dean, VCU School of Medicine; Delegate John O'Bannon; Dr. David Marsland, Emeritus Professor and Chair VCU Department of Family Practice; Dr. Michelle Whitehurst-Cook, Associate Professor and Coordinator of Predoctoral Programs, VCU Department of Family Practice and Chair, VCU School of Medicine Admissions Committee; Dr. Shane Kraus, VAFP President; and Dr. Robert Phillips, Associate Director, Robert Graham Center for Policy Studies in Family Practice and Primary Care, Washington, D.C.

“To the Class of 2003, to the 1000 of whom they are now a part, to all those who made this day possible, and to our continuing commitment to educate family physicians for Virginia.”

- *Dr. Kuzel's Toast to the Audience*

“The celebration was a wonderful day and we are very grateful for the partnership with the VAFP.”

*Anton J. Kuzel, MD, Chair,  
Department of Family Medicine,  
Virginia Commonwealth  
University School of Medicine*



## New IRS Rules On Home Sales Hold Good News For Taxpayers

The IRS has issued new rules clarifying the circumstances under which taxpayers can sell a home and not be taxed on the profit. You are probably familiar with the tax law that lets you sell your home and exclude from taxation up to \$250,000 of profit if you are single and \$500,000 if you are married and file a joint return. To be eligible for this break, you must have owned and occupied the home for at least two of the five years prior to its sale.

### Definition Of Principal Residence

The new rules define "principal residence" for those taxpayers with more than one home. The home that will qualify as your principal residence eligible for the gain exclusion is the home where you spend the majority of your time during the year. Other factors considered relevant in determining which home is your principal residence include your place of employment; where the family members live; the address you give on tax returns, your driver's license and your voter's registration; your mailing address; and the location of your bank, church and club memberships.

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### Sale Of Vacant Land

The new rules state that the exclusion of gain can be applied to the sale of vacant land adjacent to your home which you used as part of your principal residence. The home must be sold within two years before or after the land sale.

### Part Business, Part Personal

The rules also change how a home sale is treated when a taxpayer has claimed deductions for a home office. Prior to the newly issued rules, the sale had to be divided into a

business portion and a personal portion. Gain from the business portion did not qualify for the exclusion. Now, if you sell a home used partly for business, you will pay tax on gain to the extent of depreciation claimed after May 6, 1997, but you can exclude any additional gain up to the maximum exclusion allowed. If your home office is in a separate building from your home, it will not qualify for this exclusion.

### Partial Exclusion Clarified

Under the tax law, you may qualify for a partial exclusion of gain if "unforeseen circumstances" force you to sell your home before meeting the two-year requirement. The new rules define these unforeseen circumstances. Among the events that may qualify your sale for partial gain exclusion are the following:

- ~ Your home is damaged by a disaster, act of war or terrorism.
- ~ You are transferred or lose your job.
- ~ You or a family member must move for health reasons.
- ~ You get a legal separation or divorce.

- ~ You can't afford the mortgage payments due to a change in employment status.
- ~ You have to sell because of multiple births from the same pregnancy.



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

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

# Planning To Retire? You Can't Have Your Cake And Eat It, Too

Current economic conditions and extended life expectancies have led many people to reconsider their retirement plans. Before deciding when to retire, you should consider the potential impact retirement could have on your quality of life, health care costs and your family's financial needs. What if you delay retirement?

## Current Law Favors Delay

If social security will be an important source of retirement funds for you, take a look at recent changes to the rules. They assume longer life expectancies, a benefit to those who delay retirement. In a nutshell, here's what you need to know.

You can begin collecting benefits as early as age 62 - before your full retirement age. But if you do, your benefits will be reduced to account for the longer period over which you will be paid.

You can begin collecting full benefits at age 65 if you were born before 1938. Full retirement age is later for everyone else - up to 67 for those born in 1960 or later.

You can delay receiving benefits until you turn 70, and you'll qualify for a "delayed retirement credit." If you do, your eventual monthly benefit will go up by as much as eight percent for each year beyond full retirement age that you put off receiving benefits.

## Consider These Limits

If you keep working after you begin receiving social security benefits, you face two possible "penalties." First, some of your social security benefits could be subject to income tax if your earnings push you above a certain threshold (\$25,000 for singles; \$32,000 for couples).

Second, your earnings could reduce your social security benefits if you're under age 65. For 2003, the earned income limit for early retirees is \$11,520. If you earn more than that, you lose \$1 of social security benefits for each \$2 earned above \$11,520. There is no earnings limit for those 65 and older.

## Build A Bigger Nest Egg

If you keep working, you can continue to make contributions to a retirement plan. Doing so will lower your current tax bill and provide more money to invest tax-deferred, helping you to build a bigger nest egg for eventual retirement.

The Tax Act of 2001 raised the limit of pre-tax contributions to 401(k) and similar plans to \$12,000 in 2003. If you're 50 years old or older, you may also make an additional \$2,000 catch-up contribution.

## Get Your Health In Order

Since health care is one of the biggest expenses for retirees, delaying retirement can help you by providing employer-paid coverage for a longer period.

If social security will be an important source of retirement funds for you, take a look at recent changes to the rules. They assume longer life expectancies, a benefit to those who delay retirement.

## Tax Talk

### Who Paid Taxes In 2000?

According to statistics recently published by the IRS for the year 2000, the top 50% of income-earners paid 96% of all federal personal income taxes in 2000.

Slicing groups into smaller segments revealed that the top 1% of taxpayers paid 37.4% of all federal personal income taxes in 2000.

### Nanny Tax Threshold Increases

The threshold for paying the nanny tax increased to \$1,400 for 2003. The "nanny tax" is a reference to social security, Medicare and federal unemployment taxes that employers are required to pay on the wages of certain household workers. If you pay a babysitter, gardener, housekeeper or other household worker \$1,400 or more this year, you are required to pay the nanny tax unless you meet one of the exceptions.

### News On Cars And Taxes

If you purchase a hybrid gas/electric car, you may qualify for a tax deduction of \$2,000 this year. You need not itemize deductions to benefit from this tax break. If you purchased a hybrid vehicle in a prior year, you can claim the deduction by filing an amended return.

The standard mileage rate for the use of a car in business decreased to 36 cents this year. Company reimbursements to employees above this rate are treated as additional compensation, subject to income and payroll tax withholding.

## Rebalance Your Portfolio To Your Tax Advantage

Periodically adjusting your portfolio to maintain the asset allocation you want is a sound investment policy. When rebalancing includes the sale of investments, it's also wise to take advantage of tax-saving strategies. Here are three to consider:

### Match Gains And Losses

You know that selling an investment for more than you paid for it can result in a gain that's subject to tax. But there's a simple way to reduce the tax bite: Match gains with offsetting losses.

Here's how it works: You apply losses to the extent of your gains, without limitation. If your gains and losses zero each other out, the tax is eliminated.

In addition, if your losses exceed your

gains, you can deduct up to \$3,000 against other taxable income, such as salary or interest income. (Note: The deduction limit is \$1,500 if you are married, but filing separately from your spouse.)

You'll want to keep track of losses over the \$3,000 limit, too, because you can use them to reduce capital gains or other income in future years.

Caution: Be careful of the wash sale rules. Losses from investments that you sell cannot be used to offset gains if you repurchase a substantially identical security within 30 days from the sale date.

### Take Advantage Of Tax-Deferred Accounts

If rebalancing would create more gains

than losses, you may be able to avoid taxes by sheltering the gains inside your retirement plans. Sell appreciated assets in these accounts instead of from your taxable accounts.

### Keep An Eye On The Calendar

The "magic" sale date is 366 days from the date of purchase. That's because gains from investments that you own longer than one year are taxed at a lower rate than gains from short-term investments.

A look at the tax rates illustrates the potential savings. For 2003, the maximum rate for long-term capital gains is generally 20%, while the rate for short-term capital gains can be as high as 38.6%.

Other tax-planning opportunities include ways to minimize the impact of the wash sales rules and specific identification of securities.

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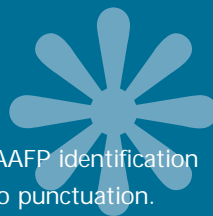
# REPORTING CME HOURS IT'S A MUST!

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

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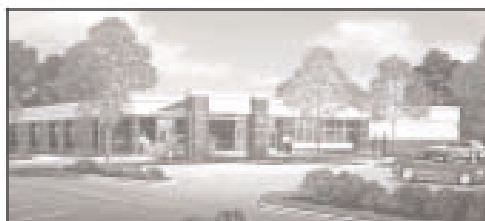


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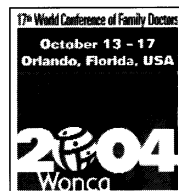
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*The AAFP is excited to be hosting the 17th Wonca World Conference of Family Doctors in Orlando, Florida, October 13 - 17, 2004. This meeting, to be held in conjunction with the Academy's annual Scientific Assembly, will be the largest gathering of family doctors in the world — and AAFP members will have many opportunities to encourage and influence family physicians from around the world.*

In order to enhance the meeting experience for all Wonca attendees, we are encouraging U.S. family physicians to consider hosting a Wonca member either before, during or after the meetings. Sample hosting opportunities include:

- Pre-meeting correspondence via e-mail
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For more information on the 17th Wonca World Conference, please go to [www.wonca2004.org](http://www.wonca2004.org). For more information about Wonca in general, go to [www.globalfamilydoctor.com](http://www.globalfamilydoctor.com).



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