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Bulletin



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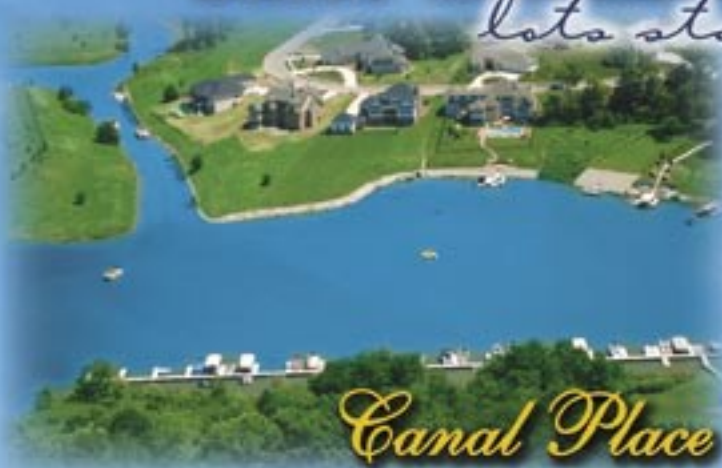
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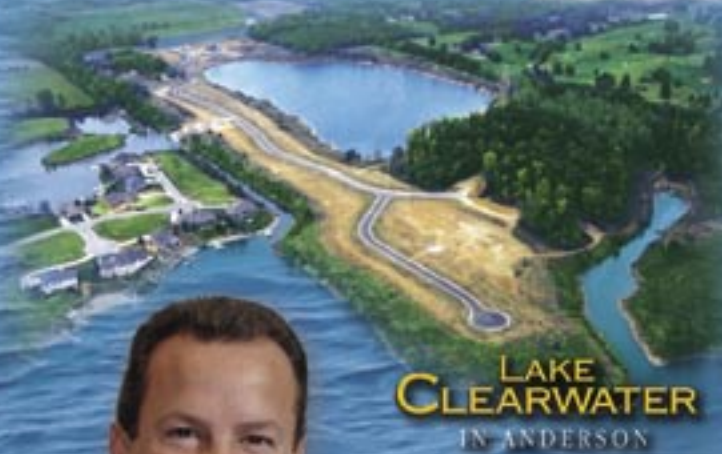
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ATTENTION SOCIETY MEMBERS

We like to feature photographs or other artwork shared by IMS members on the cover of *The Bulletin*. Submit photographs, artwork, etc., to Beverly Hurt at the Society Office.

The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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about our cover



"Clear & Crisp"

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President's Page *Heidi M. Dunniway, MD*

"The mission of the Indianapolis Medical Society is to promote professional growth, advocacy for all physicians, and quality health care for the community!"

Do You Rate?

Perhaps you have received a letter or two from some of Indiana's major health insurance companies stating that you are on their "preferred" or "select" list of physicians in your specialty. Congratulations! But do you really know how you earned this designation or what it really means? If the answer is "No," you are not alone.

Tiered insurance networks are a hot button issue across the country, and most physicians have little or no information on how their ranking was derived or how to improve it. At issue is the method by which doctors are ranked – largely based on cost of care, not necessarily on quality.

In the state of New York, at least five health insurance companies have signed settlement agreements with Attorney General Andrew Cuomo, setting forth standards for the tiered networks. Through an industry-wide study, it was determined that the methods used to judge physician quality and cost-efficiency were deceptive and potentially harmful to patients. Concerns were raised that patients could be misled or pushed to see doctors with lower associated costs, which may or may not necessarily correlate to the best quality of care or best outcomes. The New York agreement requires accuracy and transparency of data, including separate calculation and disclosure of cost and quality measures. Plans are required to use nationally recognized evidence and/or consensus-based recommendations with appropriate risk-adjustments and accurate sampling of patient episodes. The agreement stipulates that physicians must be notified in advance of any plan changes and be permitted access to the data used to calculate their rankings. An insurance industry-funded oversight board was also established.

Interestingly, four of the plans signing the New York settlement, Anthem/Wellpoint, Cigna, UnitedHealth, and Aetna, also operate plans in Indiana, and some already rank Hoosier physicians. Because the agreement is only binding in New York, the standards do not carry over to other states. According to an article in the December 10, 2007, issue of *ISMA Reports*, "David Lee, MD, vice president of Indiana HSA, said Anthem is aware of the agreement and would implement settlement provisions it determines are appropriate." Letters have been sent from the ISMA to Indiana Attorney General Steve Carter and Insurance Commissioner Jim Atterholt regarding

the New York developments and tiered networks in general.

At the same time, the state of Massachusetts is mandating a tiered network for its employees. The action has been vigorously opposed by the Massachusetts Medical Society, in large part due to the rankings being based largely on cost and the lack of transparency to both patient and physicians.

Insurers are also attempting to give patients input into "quality" ratings. In October, Wellpoint announced a new program using Zagat surveys to allow patients to rank their physicians on four measures: trust, communication, office environment and availability. While these ratings can provide some guidance to patients, they certainly do not provide a true picture of quality of care. I also am skeptical about the choice of Zagat – while the company knows how to conduct surveys, a patient's experience with their primary care physician differs substantially from whether their waiter was attentive or the steak cooked properly.

Efforts to establish national standards of quality and cost-efficiency continue. The Robert Wood Johnson Foundation recently announced a \$15.9 million grant "to develop and test a national framework for measuring physician quality and cost." According to the November 12, 2007, issue of *American Medical News*, the funding will also pull in de-identified data from private health plans and work to develop cost-efficiency measures for twenty additional medical conditions. These efforts are geared toward further development of the Medicare/CMS Pay-for-Performance model. It will be interesting to see if private insurers adopt parallel frameworks or maintain their focus on the dollar.

When all is said and done, we, as physicians, can benefit from well-designed and proven methods for quality analysis. Feedback on the quality of care we provide can help us to recognize what we are doing well and identify where we need to improve. Caution must be exercised to avoid weighing cost too heavily in the determination of quality of care, a message many in the insurance industry have yet to heed.

Happy 20th Birthday ... Gennesaret Free Clinic!

Rebecca A. Seifert, MSW, Executive Director



1988 - 2008

Twenty years of providing competent, accessible and compassionate healthcare to the homeless and working poor

We all have gifts, we all have needs and when we bring them together and nurture one another, our community is healed.

February 2008 will mark the 20th Anniversary of Gennesaret Free Clinic. Dr. James Trippi founded the clinic because while volunteering at a soup kitchen in 1988, he noticed that the people when they passed through the food line often did not feel well. One day he asked one of the gentlemen in line where he received his health care, the man answered “no where.” Upon hearing those words, Dr. Trippi organized some of his colleagues and together they began providing medical care to homeless individuals who slept on the pews of a local church.

From those humble beginnings, Gennesaret Free Clinic has grown and thrived to become one of Indianapolis’ premier health agencies that provide health care services to the homeless and working poor persons of Marion County, Indiana.

Dr. Trippi chose the name “Gennesaret” as that is the name of a strip of land by the Sea of Galilee where Christ healed the sick. As the people touched Christ’s robe to be healed, the volunteers of Gennesaret Free Clinic touch the fringes of society and through the act of helping, both the care giver and care



At Left: 4th Anniversary, GFC 1992, Dr. James Trippi and Mayor Steve Goldsmith



At Right: GFC Volunteer, Dr. Mike Zeckee at Lighthouse Mission 2004



At Left: GFC 1990 1st Medical Van with volunteer Jeana Malone and a patient.



At Right: GFC Dental Clinic at The BlueTriangle Residence Hall 2005



At Left: 2007 Christmas Lunch with Dr. Trippi and GFC staff.

receiver, are made whole. For many Gennesaret volunteers, the clinic provides a way for them to give back to the community through the sharing of their talents and time.

Today, Gennesaret Free Clinic has clinics in four homeless shelters—the Care Center, Holy Family Shelter, WINGS, and Salvation Army Rehabilitation Center, in the St. Vincent DePaul Choice Food Pantry, and has a medical RV that goes to three locations in the downtown area – staffed by 225 volunteer health care professionals and others. All clinics have a fully stocked formulary of prescription and over the counter medications as well as medical supplies.

Gennesaret Free Clinic also provides comprehensive dental and vision care, early detection services for breast and cervical cancer, wellness services for those with chronic health

Continued on page 20.

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Bulletin Board

Richard D. Feldman, MD, director of the Family Medicine Residency Program at St. Francis Hospital & Health Centers, was honored nationally for championing the cause of cervical cancer awareness and prevention. Dr. Feldman was the recipient of the Presidential Leadership Award from Women in Government, a national bipartisan organization of women state legislators. He was recognized at the organization's 3rd Annual HPV and Cervical Cancer Summit in Washington, DC, in November 2007.

The City-County Council has appointed **David W. Crabb, MD**, to the board of trustees for the Health and Hospital Corporation of Marion County. The corporation oversees Wishard Health Services and the Marion County Health Department. Dr. Crabb chairs the department of medicine at the Indiana University School of Medicine. His four-year term began January 1, 2008.

John B. Meding, MD, has been elected president of the St. Francis Hospital-Mooresville medical staff for a two-year term. Dr. Meding is a surgeon with Joint Replacement Surgeons of Indiana, a practice group affiliated with the Center for Hip & Knee Surgery.

A. Michael Sadove, MD, Meridian Plastic Surgeons, by majority vote, will serve as the Chair of the Trustees of the American Society of Plastic Surgeons. The American Society of Plastic Surgeons, established in 1931, is the largest plastic surgery specialty organization in the world.

David A. Porter, MD, Methodist Sports Medicine/The Orthopedic Specialists, co-authored a book, *Baxter's The Foot and Ankle in Sport*. The book discusses sports-related injuries of the foot and ankle and how these injuries can be devastating to an athlete's performance. The book provides physicians and their patients with guidance in getting back to peak physical condition, focusing solely on sports-related injuries of the foot and ankle.

Nicolas M. Priscu, MD, has been appointed medical director of end-of-life medicine at St. Francis Hospice. In that role, Dr. Priscu consults with primary care physicians for terminally ill patients, visits with patients in their homes and in the hospital, and oversees patients' pain management. Dr. Priscu also practices with Beech Grove Internal Medicine of the St. Francis Medical Group.

Jeffrey J. Kellams, MD, effective January 2, 2008, was appointed medical director of the Midtown Mental Health Center, Indiana's oldest and largest community mental health center. In addition he will also be the chief of psychiatric services at Wishard Memorial Hospital. Dr. Kellams is a professor of clinical psychiatry and has been a member of the department of psychiatry at IU since 1975.

Timothy Joseph Kelly, MD, medical director of Fairbanks Hospital, Indianapolis, was named a "Mental Health Hero" by Eli Lilly and Co. and recognized for his commitment to fight severe mental illness. He was honored during a luncheon ceremony in December 2007.

Rick C. Sasso, MD, Indiana Spine Group, had four clinical research papers presented at the 35th Annual Meeting of the Cervical Spine Research Society, which was held in San Francisco, California November 29 - December 1, 2007. Included in the program was a debate where Dr. Sasso presented for debate the appropriate treatment for cervical radiculopathy.



E. Diana Burtea, MD



David W. Crabb, MD



William M. Dugan, Jr., MD



Jack Farr, MD



Richard D. Feldman, MD



Jeffrey J. Kellams, MD



Timothy Joseph Kelly, MD



John B. Meding, MD



David A. Porter, MD



Nicolas M. Priscu, MD



A. Michael Sadove, MD



Rick C. Sasso, MD

The Consumers' Research Council of America in Washington, DC, recently named medical oncologist/hematologist, **William M. Dugan, Jr., MD**, in the *Guide to America's Top Oncologists*. Dr. Dugan is co-founder and president of Indiana Community Cancer Care.

Jack Farr, II, MD, in cooperation with the Indiana Orthopaedic Hospital, is currently enrolling patients in a clinical study designed to evaluate the benefits of the DeNovo NT Natural Tissue graft in individuals who have an abnormal cartilage defect in the knee joint. The DeNovo NT graft is a natural tissue graft obtained from juvenile (human) cartilage donor tissue where the cartilage is cut into small pieces and placed into fibrin (sticky glue) and implanted into the knee defect. Zimmer, Inc., sponsors the study in collaboration with ISTO Technologies, Inc. The potential benefit of the DeNovo NT graft is that it may help to restore knee function, reduce pain and/or produce an articular cartilage surface to support returning to previous levels of physical activity.

Community Health Network named **E. Diana Burton, MD**, director of its Family Medicine Residency Program. Dr. Burtea has served as interim program director since August 1 and previously was associate program director. **IMS**



With Gratitude!

Julius M. Goodman, MD, and his family would like to thank all those who have sent cards, letters and other expressions of love and compassion to him during his present illness.



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News from the Alliance

The Indianapolis Medical Alliance held its Holiday Pitch-in Luncheon on December 6, 2007, at the home of Miriam Holden. Lisa Robertson, Executive Director, Reach Out and Read®, presented the program. Members attending were excited about supporting the program whose mission is to make literacy promotion a standard part of pediatric primary care so that children grow up with books and a love of reading.

Reach Out and Read trains doctors and nurses to advise parents about the importance of reading aloud and to give books to children at pediatric check-ups from six months to five years of age, with a special focus on children growing-up in poverty. By building on the unique relationship between parents and medical providers, Reach Out and Read helps, families and communities encourage early literacy skills so children enter school prepared for success in reading.

Reach Out and Read Model:

- In the exam room, doctors and nurses trained in the developmental strategies of early literacy encourage parents to read aloud to their children and offer age-appropriate tips.

- The pediatric primary care provider gives every child between the ages of six months and five years a new, developmentally appropriate child's book to take home and keep.

- In the waiting room, displays, information, and gently used books create a literacy rich environment. Where possible, volunteer readers entertain the children, modeling for the parents the pleasures – and techniques – of reading aloud.

The Challenge:

- Children who live in print-rich environments and who are read to during the first years of life are much more likely to learn to read on schedule.

- Parents of children living in poverty may lack the money to buy books, may not have easy access to good children's books, and may not themselves have been read to as children, with the result that millions of children are growing-up without books.

- Reading difficulty contributes to school failure, which increases the risk of absenteeism, school dropout, juvenile delinquency, substance abuse and teenage pregnancy – all of which perpetuate the cycles of poverty and dependency.

If you would like to help the Indianapolis Medical Alliance support the Reach Out and Read program, please contact Cheryl Williams, 823-1153 or Karen Shoemaker.

*Don't forget to honor your staff during Staff Appreciation Week with an order from the **Alliance's Spring Bouquet and Truffles** sale. A handy order form is included in this issue of the **Bulletin**. The proceeds from the sale benefit the Indianapolis Medical Alliance Allied Health Scholarship Program.*

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10756 CLUB CHASE • \$824,900

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7066 WARWICK ROAD • \$499,900

Revitalized & updated Spanish inspired home in Arden w/gorgeous stone exterior, tile roof, arched doors, stucco walls, awesome new kitchen w/custom cabinets, granite counters & stainless appliances, 5 levels of living space! (2774867)



10537 BISHOP CIRCLE • \$949,900

Gorgeous brick home in a beautiful pond-side setting. 2-story foyer, warm hwd flrs, 3 frplcs, dramatic 2-story great rm w/flr to ceiling windows, remodeled kit w/new granite & stainless appl, dream mstr ste w/sitting rm, w/o lwr lvl. (2761599)



11464 LAKE STONEBRIDGE LN. • \$499,900

Low-maint resort style living on beautiful Lake Stonebridge w/boat dock, relaxing screen porch & scenic water views from almost every room! Bright, open flr plan w/tons of windows, gorgeous hwdws, custom blt-ins, w/o lwr lvl. (2748984)



13639 FRENCHMANS CREEK • \$650,000

Beautiful home on quiet cul-de-sac w/pool & gazebo in Cheswick Place. Grand 2-story entry, hwd flrs, soaring ceilings, dramatic great rm, newly remodeled kitchen w/granite open to fam rm, huge bdrms, finished L/L & more! (2801341)



713 SUFFOLK LANE • \$769,900

Stately brick home in a private, tree-lined setting w/gunite pool & brick paver patio. 2-story great rm w/flr to ceiling windows, updated kit w/custom cabinets, granite counters & prof gas range, fabulous mstr bath, spacious walkout lwr lvl. (2766118)



9150 TIMBERWOLF LANE • \$2,295,000

Breathtaking 3.99-acre wooded estate w/pool, fire pit & walking path to Wolf Run Golf Course! Grand 2-story foyer w/limestone flr, gorgeous liv rm w/ornate limestone fplc, fam rm w/ custom blt-ins, amazing kitchen, awesome fin lwr lvl. (2732368)



4909 N. MERIDIAN STREET • \$939,000

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445 PINE DRIVE • \$1,619,900

Gorgeous colonial-style home in a 1.07-acre park-like setting! Beautifully remodeled throughout, fabulous kitchen open to family room, awesome sunroom, elegant master suite, finished lower level w/media center & more! (2744861)



8090 SARGENT ROAD \$1,599,900

Impressive newly constructed estate home tucked away on 3.5 wooded acres w/breathtaking views! Gorgeous hwdws, handsome study w/fplc, huge mstr w/private porch, entertainer's kitchen, w/o lwr lvl leads to outdoor fplc! (2774185)



573 BOLDERWOOD LANE • \$999,500

Exquisite home w/treed backyard & expansive deck in Woods at William Creek! Stunning entry, elaborate moldings, custom blt-ins, hwd flrs, kitchen open to fam & sunrm, awesome walkout lower level loaded wth amenities! (2740113)



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AIM Issues RFP for Management Services

Administrators in Medicine (AIM), a non-profit organization supporting state medical board administrators, has initiated a Request for Proposal to solicit responses from persons or entities interested in providing management services for AIM, including meeting planning, coordination and management; financial management; website administration; and member services. For more information, see "News from the FSMB" at www.fsmb.org.

Pain Management Policy Evaluation Resources Available for Practitioners

A recently published article in *CA: A Cancer Journal for Clinicians* presents results from the University of Wisconsin Pain & Policy Study Group's (PPSG) 2007 national policy evaluation project and describes how practitioners can use each state's findings to guide state-level efforts to improve policies affecting appropriate pain management and patient care. The article, titled "Improving State Pain Policies: Recent Progress and Continuing Opportunities," is available at <http://caonline.amcancersoc.org/cgi/reprint/57/6/341>. To review the PPSG's 2007 reports, go to http://www.painpolicy.wisc.edu/Achieving_Balance/index.html.

Upcoming meeting dates:

February 28, 2008 and March 27, 2008

For assistance with questions or comments please contact: Medical Licensing Board of Indiana, Michael Rinebold, Director, 402 West Washington Street, Indiana Government Center South, W072, Indianapolis, IN 46204, 317.234.2060/Fax: 317.233.4236 or email: group3@pla.in.gov.

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Internal Medicine, 1988
Pediatrics, 1989, 2006
University of Michigan, 1984



Lazzaro, Carlo R., MD
Northwest Radiology Network
5901 Technology Center Dr.
46278-6013
Ofc – 328-5050
Fax – 715-9965

Diagnostic Radiology, 2006
Indiana University, 2001

May, Benjamin, MD
Resident – I.U. School of Medicine
Psychiatry
Indiana University, 2004

Moberly, Aaron C., MD
Resident – I.U. School of Medicine
Otolaryngology
Indiana University, 2006



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David B. Kenney, MD
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David B. Kenney, MD, 79, passed away Thursday, December 20, 2007, at his home.

Dr. Kenney was born in Paris, Illinois, September 1, 1928. He earned his undergraduate degree from Butler University in 1950. Dr. Kenney graduated from the Indiana University School of Medicine in 1953. He interned at St. Joseph's Hospital in Phoenix, Arizona and completed his residency at the Indiana University Medical Center 1963-1966.

A veteran, Dr. Kenney was a Captain serving from September of 1954 until September 1956.

Dr. Kenney was the first team physician for Scecina Memorial High School's football program and with the Arlington High School football program. He continued in this role for 35 years at Chatard High School, where he was honored in 1988 for his excellent contributions by his induction into the Chatard Hall of Fame.

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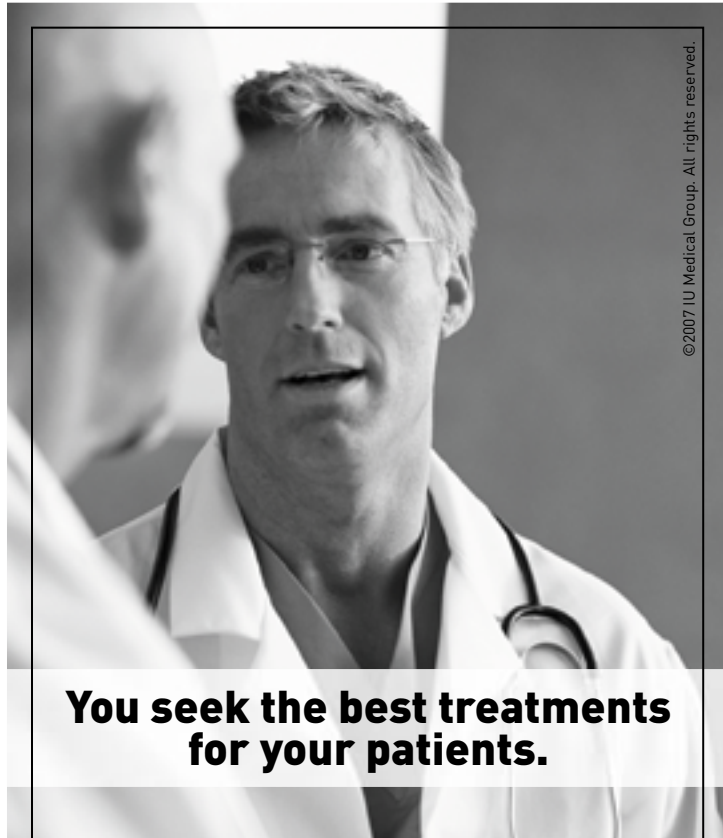
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Happy Birthday, Gennesaret

(Continued from page 8.)

conditions, and a health recovery program for homeless men who have been hospitalized and need a place to heal.

Gennesaret Free Clinic finds its strength in collaborating with other agencies and organizations. Our primary collaborators that help us deliver medical services are: The Indianapolis Medical Society along with Project Health, and area hospitals; to staff our dental clinic GFC has enlisted the help of the Marion County Health Department, and IU School of Dentistry Oral Hygiene Division; vision services are done in collaboration with the IU School of Optometry at their Indianapolis Eye Care Center. The Women's Health Initiative is done in collaboration with St. Vincent Hospital and Health Services Mobile Mammography Unit, and the Little Red Door Cancer Agency. The HRP has enlisted the help of Clarian Health Partners, Health and Hospital Corporation and St. Vincent Hospital and Health Services.

Since the clinic's founding, Gennesaret Free Clinic has provided literally thousands of individuals with millions of dollars of free health care services—all because one man saw a need and responded to that need.

For more information, please contact:

Rebecca A. Seifert, MSW, Executive Director

Gennesaret Free Clinic, Inc.

Telephone: (317) 639-5645, ext.201

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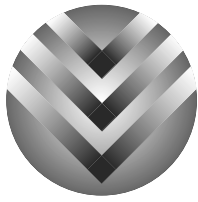
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Our UnSung Heroes

Every month for the past two years we have honored those physicians who have given the most to Project Health with an article on this page. There are many practices and organizations that are contributing heavily to Project Health in different ways that we want to recognize and thank as well.

First among them are the participating hospital systems – Clarian Health, Community Hospitals and St. Vincent Hospitals, plus the Indiana Heart Hospital and the St. Vincent Heart Center.

Clarian Health (Methodist and IU Hospitals) has donated \$2,170,444 in services. Community Hospitals have donated \$2,566,709 and the Indiana Heart Hospital has provided \$581,395. St. Vincent Hospital and the Heart Center have donated \$1,025,316. The Rehabilitation Hospitals of Indiana have also donated \$35,554. The Indiana Heart Hospital has done six open heart procedures, and the St. Vincent Heart Center and Methodist Hospital have each done one open heart surgery for Project Health patients.

One of those heart patients was a single mom with four children to support. She had coarctation of the aorta which was getting progressively worse, threatening her life. David Heimansohn, MD, CorVASC MD's, stepped in, along with the St. Vincent Heart Center, and saved her life. She says she can finally breathe now; her feet and hands aren't blue; she feels better than ever; and is back to work.

Before MRSA became a household word, one of our patients with multiple chronic diseases, went to the Methodist emergency room with what she described

as a splitting headache. Her head hurt because a *tiny scratch on her scalp became infected with MRSA*. She was rushed into ICU, put into isolation for two weeks, had necrosis over most of her scalp and had to have skin grafts. Fortunately she survived, and she is also back to work. These are just two examples of the life-saving work all of you are contributing. Collectively our doctors have now donated over \$2-million dollars in care. This is greatly understated since many of you never send us claims.

Mid-America Clinical Labs, Ameripath, and the Clarian Labs are also unsung heroes in this process with \$54,271, \$3,741 and \$89,724 in donated services respectively. It also seems that every radiology group in town volunteers for us – Indiana Radiology Partners, Irvington Radiology, Radiology Associates, Northwest Radiology, the Centers for Diagnostic Imaging and Indianapolis Health Imaging.

Anesthesia Consultants of Indiana, Associates in Anesthesia, Community Anesthesia Associates, Northside Anesthesia and a few cases a year from I.U. Anesthesia round out the services necessary to pull all of this together.

None of this would have been possible without the extremely generous support of our funders – Anthem Blue Cross and Blue Shield, the Nina Mason Pulliam Charitable Trust, St. Vincent Hospital, the United Way's Ruth Lilly Philanthropic Foundation, the Sycamore Foundation, the Hoover Family Foundation, and Medical Protective Insurance Company. There is no doubt that your hearts are in the right place! **Thank you.**

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Second Medical Grand Rounds
Wednesday Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Community Hospital South

Fourth Medical Grand Rounds
Thursday Conf. Rooms A & B, 7:30 - 8:30 a.m.

3rd Tumor Board (Case Presentations)
Wednesday Conference Room A, 7:00 - 8:00 a.m.

Community Hospital North

Second Tumor Board (Case Presentations)
Wednesday Board Room, 12:00 - 1:00 p.m.

First North Forum
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Wednesday Melanoma Conference, 7:00 - 8:00 a.m.

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Credit: 1.0 Contact: Patty Thatcher, 338-8861
Schaefer Rooms A&B
St. Vincent Hospital, Indianapolis

Feb. 6 Surgical & Anesthesia Services Quarterly Meeting
Credit: 1.0 Contact: Pam Payne, 338-3500
Schaefer Rooms A&B
St. Vincent Hospital, Indianapolis

Feb. 12 Neonatology Grand Rounds
Credit: 1.0 Contact: Dr. Vijay Menon, 415-7921
Women's Classrooms A&B
St. Vincent Women's Hospital, Indianapolis

Feb. 13 OB/GYN Grand Rounds
Credit: 1.0 Contact: Robin Nance, 415-7528
Women's Classrooms A&B
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Feb. 13 Spine Club
Credit: .75 Contact: Amy Gwin, 396-1306
POB
St. Vincent Hospital, Indianapolis

Feb. 14 Hematology Conference
Credit: 1.0 Contact: Kolleen Spencer, 338-3819
Orth 3
St. Vincent Hospital, Indianapolis

Feb. 19 General Surgery Meeting
Credit: 1.0 Contact: Donna Carl, 338-6711
Schaefer Rooms C&D
St. Vincent Hospital, Indianapolis

Feb. 26 Obstetrics Morbidity & Mortality
Credit: 1.0 Contact: Robin Nance, 415-7528
Women's Classroom B
St. Vincent Women's Hospital, Indianapolis

Feb. 27 Cardiothoracic Surgery M&M
Credit: 1.0 Contact: Jennifer Irlbeck, 583-7800
Cine Room
St. Vincent Hospital, Indianapolis

Clarian Health Partners

IU – Methodist – Riley

Feb. 11-13 Hepato-Pancreato-Biliary Disease:
The IU Multidisciplinary Approach
The Westin Kierland Resort
Scottsdale, Arizona

Feb. 16-17 Annual Meeting of the Indiana Society of
Anesthesiologists and Anesthesia Update
University Place Conference Center
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Feb. 29 31st Annual Arthur B. Richter Conference
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Ritz Charles Banquet Facility
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March 22 Evolution of Re-integrated Psychiatric Care:
A Critical Issue for Health Care Reform
Indiana War Memorial
Indianapolis, Indiana

Mar. 28-29 First International Conference for Individualized
Pharmacotherapy in Pregnancy
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April 17 Pediatric Neurology for the Primary Care Physician
Methodist Hospital Conference Center
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April 17-18 2nd Annual International Urolithiasis
Research Symposium
Westin Hotel, Downtown,
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April 18-19 Mild Cognitive Impairment: An Evolving Concept
in Research and Clinical Practice and
Impact on the Patient and Family
Indiana History Center
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April 25 2008 Krannert Cardiovascular Update for Primary
Care Physicians
Krannert Institute for Cardiology
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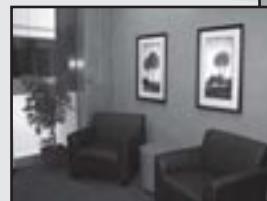
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I wrote in these pages nearly one year ago about a new program, called Quality Health First (SM) that was being developed by the Indiana Health Information Exchange and the Employer's Forum of Indiana. (*Pay for Performance: Scheme or Sanctuary?* March 2007)

Since that time, much has changed for me and for the Quality Health First program; both of these updates happen to be related.

I retired from Eli Lilly and Company as their Director of Corporate Health Services and joined the Indiana Health Information Exchange as their Chief Medical Officer.

Near the end of my retirement, I was approached by Dr. J. Marc Overhage, President and CEO of the Indiana Health Information Exchange. I had been involved in the Quality Health First program, along with others, in formalizing the program structure and bringing the key stakeholders to the table.

When Dr. Overhage asked me to join IHIE, I responded with the famous line from the movie *Jerry McGuire*: "You had me at 'hello'."

For over two years, I was able to witness first hand the powerful impact an initiative like the Quality Health First program can have and the milestones achieved by the Quality Health First program in 2007 have brought it to reality. The opportunity for me to now participate on a day-to-day basis is an extremely exciting and challenging.

We all know that quality, not quantity, is the future of healthcare. According to the Milken Institute, the cost of treatment and lost productivity caused by chronic illnesses in the U.S. is more than \$1.3 trillion annually. If left unchanged, costs could reach \$6 trillion by 2050.

The Quality Health First program was designed to directly address this problem by bringing together healthcare providers and healthcare plans to cooperatively improve patient care.

Quality Health First uses a system that securely aggregates and accurately delivers patient information like lab results, reports, medication histories, treatment histories and more in a standardized, electronic format, across all providers. Indianapolis happens to have a system, developed by the Regenstrief Institute. Those of us trained at IU Medical Center know that Regenstrief Institute has been the future for decades.

The program concept is simple: The Quality Health First program generates reports based on clinical data from the system mentioned above, *and* claims data from participating health plans to identify for physicians their patients who have chronic diseases and how well those patients are doing. It also provides alerts, reminders and other information to physicians to help monitor their patients' health and wellness.

For example, these reports will show whether their patients with diabetes have recently had an A1C test. It also shows the latest results of that test. This information

s Perspective

is presented in an easy-to-read format that enables the physician to view not only which patients are getting these tests completed and the results, but which patients haven't yet come in for testing. An interesting additional benefit of this report is the provision of a practice's patients with a targeted chronic disease automatically. For those offices with a paper based chart, without QHF, maintaining such a dynamic listing is very problematic.

Since last year, Clarian Health Partners, Community Physicians of Indiana, Indiana University Medical Group, Methodist Medical Group, St. Francis Medical Group, St. Vincent Physician Network and The Care Group have all committed to participate in the Quality Health First program.

The Centers for Medicare and Medicaid encourages higher quality and accessible healthcare through new payment policies and the reporting of quality measures. So, it's no surprise that they are participating in this program. Additionally, other health plans, like Anthem, MDwise and M-Plan are participating. IHIE expects to sign up more national plans in 2008.

Although financial incentive programs have been thrown around for years, what makes this program so different?

First, the collaboration of the entire healthcare continuum on the design and implementation of this model – including hospitals, physicians, physician groups, health insurers, employers – will improve the coordination of patient care. The Quality Health First program addresses preventive care and screening needs and aligns patient care with endorsed recommendations.

Second, it uses clinical and claims data. Other similar programs use only claims data, which are very limited in the ability to project outcomes and improve the quality of clinical care.

Third, the program aligns the incentives of participating health plans. The program combines a physician's entire patient population, instead of breaking scores out by individual health insurers. A combined insurer program, like Quality Health First, means that a physician is more likely to have enough patients per measure for it to be statistically valid, *and* there is only one report, based on common measures. This changes the 'noise' of multiple, varied incentives into a 'pure tone', single community program.

Lastly, it doesn't require physicians to achieve a certain threshold to receive payments (which are estimated at \$10,000 - \$20,000 per year). The model concentrates on overall trends, with the goal of steady improvement. That being said, the Quality Health First program takes into consideration non-compliant patients or physicians that might have a sicker overall patient population, leveling the playing field.

The program is by no means limited to physicians who are part of the major medical groups; it will affect all local primary care physicians. The Indiana Health Information Exchange is working with the independent physicians in the area to introduce them to the program and ensure

Continued on page 30.



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Delegates to the State Convention, September 19-20, 2008, Hyatt Regency Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Deborah I. Allen (2008)
Robert J. Alonso (2008)
David L. Bash (2008)
Mary D. Bush (2008)
James A. Dugan (2008)
Thomas G. Ferry (2008)
Jonathan A. Fisch (2008)
Alan R. Gillespie (2008)
Bradford R. Hale, Jr. (2008)
Douglas J. Horton (2008)
Robert M. Hurwitz (2008)
Paul D. Isenberg (2008)
Charles E. James (2008)
Marc R. Kappelman (2008)
E. Michael Keating (2008)
James D. Miner (2008)
John R. Payne (2008)
Lynda A. Smirz (2008)

Linda Feiwell Abels (2009)
Valerie A. Ball (2009)
Christopher Bojrab (2009)
John C. Ellis (2009)
Robert S. Flint (2009)
Kristi K. George (2009)
Douglass S. Hale (2009)
C. William Hanke (2009)
Gerald T. Keener (2009)
Keith W. Logie (2009)
David H. Moore (2009)
John F. Schaefer, Jr. (2009)
Donald C. Stogsdill (2009)
Tim E. Taber (2009)

Thomas A. Broadie (2010)
Marc E. Duerden (2010)
Ted W. Grisell (2010)
Bradford R. Hale (2010)
David C. Hall (2010)
Ronda A. Hamaker (2010)
James F. Leland (2010)
Frank P. Lloyd (2010)
Susan K. Maisel (2010)
John P. McGoff (2010)
Thomas E. McSoley (2010)
John J. Wernert (2010)

Alternate Delegates to the State Convention, September 19-20, 2008, Hyatt Regency Indianapolis

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Susan C. Dieterich (2008)
Christopher B. Doehring (2008)
Richard K. Freeman (2008)
Ann Marie Hake (2008)
Robert E. Holt (2008)
David J. Kenley (2008)
Alan P. Ladd (2008)
James G. Leatherman (2008)
Daniel E. Lehman (2008)
Jon D. Marhenke (2008)
Mary Ian McAteer (2008)
Mercy O. Obeime (2008)
George E. Waters, Jr. (2008)

John H. Ditslear, III (2009)
Stephen R. Dunlop (2009)
Leanne M. Fortner (2009)
Robert J. Goulet (2009)
Charlene E. Graves (2009)
Paul K. Haynes (2009)
Randy A. Hock (2009)
Terry L. Layman (2009)
Robert Michael Pearce (2009)
David M. Ratzman (2009)
Jeffrey M. Rothenberg (2009)
Bridget M. Sanders (2009)
David J. Scruby (2009)
Steven Richard Smith (2009)
H. Jeffery Whitaker (2009)

F. Keith Bean (2010)
Benjamin J. Copeland (2010)
Woodrow A. Corey (2010)
Sheila M. Gamache (2010)
Andrea Haller (2010)
Mark M. Hamilton (2010)
Timothy L. Hobbs (2010)
Andrew Johnstone (2010)
RoseMarie Jones (2010)
Martin Kaefer (2010)
Jeffrey J. Kellams (2010)
Anthony W. Mimms (2010)
Kimberly K. Short (2010)
Louis L. Winternheimer (2010)
Ronald L. Young (2010)

Indiana State Medical Association Past Presidents

Bernard J. Emkes, 2000-2001
Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
John D. MacDougall, 1987-1988
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

President

Jon D. Marhenke 2007-2008

American Medical Association Alternate Delegate

Peter L. Winters (2008)

Seventh District Medical Society Trustees

Carolyn A. Cunningham (2008)
A. Michael Sadove (2009)
Richard D. Feldman (2010)

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Happy Valentines' Day

Past President's

(Continued from page 27)

they are up-to-speed. IHIE has also committed to keeping track of 'best-practices' that involve quality improvement activities and will share them with the community.

As you can imagine, a program like Quality Health First has taken time to implement. The Indiana Health Information Exchange was committed to ensuring that the reports were accurate and fair before we shared them with physicians.

IHIE achieved this milestone last Fall with success, presenting the first patient attribution reports to physicians. (How many of you can tell me who are your patients and when you last saw them?) The accuracy of these reports topped 80%. IHIE will be refining these reports and soon will be reviewing summary reports and alerts and reminders with physicians.

Many of you are probably wondering whether this program really is free for physicians. You are probably saying to yourself, "Yea, right, this is all free. I'm sure it's free like the 'free' dog I adopted at the shelter, which cost me an arm and a leg in care and feeding. Surely, I'll have to buy software, or more computers to participate."

Nope. In fact, this is all possible even for physicians who don't have an electronic medical record, allowing the program to reach even the small physician practices. The Indiana Health Information Exchange has also received funding to support and facilitate practice improvement resources in small practices. The Quality Health First team will not simply deliver measurement reports, but will also assist the physician in interpreting results, analyzing cause and effect and help the physician and staff to implement workflow efficiencies.

The Quality Health First physician liaisons are available to come out to your practice - whether you are an independent physician or part of a participating medical group - to share more about the Quality Health First program and answer questions.

We also continue to hold meetings at the Indiana Health Information Exchange offices in downtown Indianapolis (846 N. Senate Ave., Suite 300) the second Thursday of every month from 8:00 - 9:30 a.m. Physicians, practice managers and other office staff are welcome to attend these meetings.

To attend these meetings, or to schedule an individual meeting at your site, call 317-644-1749.

This program doesn't just benefit physicians. Ultimately, what we do everyday revolves around improving the health of our patients. Our access to timely, accurate information will undoubtedly impact our patients. They will experience fewer complications and we will see better adherence to evidence-based medical practices. We'll have more satisfaction with healthier patients.

Improving the speed and accessibility of information allows physicians to operate more efficiently, eliminate uncertainties, and make better decisions. The Quality Health First program by itself doesn't do this, but it does facilitate it.

I now feel confident in making the right decision.



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