ILLINOIS FAMILY PHYSICIAN

VOLUME 62, ISSUE 6
November/December 2011

Published by the Illinois Academy of Family Physicians
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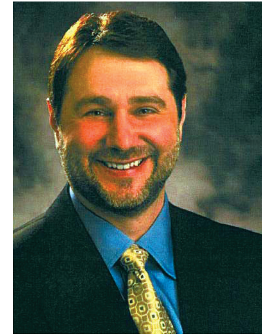
IAFP 2011 Award Honorees

It's our favorite time of the *Family Physician* editorial calendar, when we showcase our annual award honorees. For those of you who could not join us at the Academy's annual meeting awards luncheon, IAFP wants all our members to know about the wonderful family physicians who were selected for the IAFP's highest honors this year.

Larry R. Jones, MD
Primary Care Group, Harrisburg
2011 IAFP Family Physician of the Year

Mari Egan, MD
Family Medicine Teacher of the Year
Full-time Faculty
Univ. of Chicago – Pritzker School of Medicine.



Gregory K. Milani, MD
Family Medicine Teacher of the Year
Part-time faculty
Rush-Copley Family Medicine
Residency Program – Aurora

Larry R. Jones, MD planted his family medicine roots in Harrisburg in 1979 with Primary Care Group. More than 30 years later, he has established a legacy of quality care and community service with the highest standards. He has the unflagging support of his colleagues, patients and community.

Jones is a home-grown product, born and raised in Harrisburg. He is a graduate of Southern Illinois University in Carbondale and a 1976 graduate of SIU School of Medicine, although he did cross the border for residency training in Terre Haute, Ind.

He had an early interest in medicine. But the unexpected loss of his father when Larry was a sophomore in college - and the pain it caused his family - cemented his plans to become a family physician. His career is filled with service, leadership, teaching, and caring. He has served in leadership roles at IAFP, Harrisburg Medical Center, his state and local medical societies, as well as the county health department and Southern Illinois University. He is co-owner of Saline Care Center, an intermediate care nursing home.

He has been a family medicine volunteer faculty member for Southern Illinois University since 1981, and is known for always having a medical student with him. In fact, the practice often welcomes local high school and college students who are interested in medicine. His dedication to the practice goes beyond that of a business owner. Primary Care Group was featured in the Springfield *State Journal Register* in May for their program that provides financial support for local students in medical school in exchange for their commitment to return to the area to practice. Three Harrisburg-area students graduated from SIU in 2011 with mentoring and financial support from Primary Care Group physicians. One of them already has plans to join Primary Care Group after residency. Overall, 19 SIU medical school graduates hail from Harrisburg, and many returned to southern Illinois to practice.

Dr. Jones served as the chair of the IAFP Rural Health committee in 1996 and then as an IAFP board member from 1997-2001. During his time on the board, he was a consistent preceptor for the IAFP's Summer Externship Program, voluntarily hosting a rising second year medical student for four weeks each summer. Several of his former summer externs are now family physicians.

(continued on page 4)

President's Message

David J. Hagan, MD

Do we make primary care look too easy?

At a hospital management conference, I heard a presentation by a "Doctor Nurse" – a nurse practitioner who holds a doctorate degree. The individual was speaking on "The Future of Primary Care" and, in my opinion, over-emphasized the role of non-physician providers in that future.

Perhaps biased or misleading data was used to support the premise that Doctor Nurses would rule the primary care universe. I listened as the speaker implied that all my – and your – years of education, training and experience was of no advantage in patient care. Given the relative costs of education and salaries, a Doctor Nurse was a better deal for society. I even learned about a mail-order school for nurse practitioners. Perhaps Sir William Osler was wrong, about learning medicine at the bedside.

The speaker was asked (not by me!) about family doctors in the future. He replied that there would still be some around and that the doctor nurses would be pleased to have them as colleagues. At that point I had heard enough questionable information and walked out. After speaking with event's sponsor, I was asked to make a presentation at their forum next year.

When I do speak then, I'll review the substantial differences in education and training between physicians and other providers, as

well as the services we provide. A July 2011 report to the AAFP by the University of Missouri Dept. of Family and Community Medicine reviewed all the medical literature that compared nurses to primary care doctors in providing primary care. Their conclusion stated that "current evidence is insufficient to support substitution of physicians by independent nurses in primary care in any comprehensive fashion."

AAFP has a great fact sheet outlining the differences in education and clinical experience between physicians and doctors of nursing practice. Perhaps our curse is that we make good primary care look so easy that others think they can do it, too?

This is not meant to be a tirade against physician extenders. For over 17 years, I've worked with an outstanding nurse practitioner, who is an instructor with the University of Illinois program. She routinely hosts students and I'll include them if I have an interesting case, or if I'm doing a procedure.

Extenders will play a major role in the patient-centered medical home of the future. From our recent active member survey, 79 percent of you reported that a medical home philosophy is somewhat or very important to you. Without question, the medical home team will include these medical professionals and the important skills and services they provide.

Your leaders at all levels remain committed to working for meaningful payment reform, fighting for tort reform, and attracting students to our specialty to ensure an adequate workforce. I am encouraged by our student member survey, which revealed that we have some advocates coming up through medical school. Asked if they feel it's important for physicians to take an active role in the local and federal legislative process about 90 percent felt we needed to advocate on health care delivery reform and public health topics. Next on the list were Medicaid, Medicare and insurance coverage issues. More than 60 percent are concerned with scope of practice.

Family medicine is blessed to have extremely capable leaders to guide us in the future. I look forward to supporting your next president, Michael P. Temporal, MD of Belleville in this continued mission. Our Active and Life members' survey revealed that 76 percent of you believe IAFP effectively represents you and the specialty. Only four percent disagreed. The remaining 20 percent were neutral. We will continue to voice family medicine's vital role in all levels of health care delivery and continue to communicate our work to the membership. If you are among those neutral 20 percent, we want to reach out to you so that you know we are working on your behalf.

Like most of you who responded to the 2011 IAFP member surveys, I remain optimistic for the future of family medicine. As we go forward, may each of you continue to find the joy of being a family doctor.

As a physician with a part-time practice schedule, I need a medical liability insurer that understands my specific needs. ISMIE Mutual Insurance Company was founded and remains owned and managed by physician policyholders. They understand what physicians need because they are physicians. From part-time coverage to suspended coverage, ISMIE Mutual is dedicated to meeting the needs of physicians as our careers change. I am ISMIE.

ISMIE Mutual offers the support and protection you want from a medical liability insurance company. We are the Physician-First Service Insurer® in everything we do. From underwriting to risk management to claims, we put you first.

Depend on ISMIE for your medical liability protection – so you can focus on the reason you became a physician: to provide the best patient care possible.

Not an ISMIE Mutual policyholder and interested in obtaining a comparison quote for your medical liability coverage? Contact our Underwriting Division at 800-782-4767, ext. 3350, or e-mail us at underwriting@ismie.com. Visit our web site at www.ismie.com.

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IAFP News

(Cover story, continued from page 1)

Dr. Jones was nominated by one of his current practice partners, Matthew C. Winkleman, MD. As a child, Dr. Winkelman was Dr. Jones' patient. "He was a compassionate, tireless presence in Saline County providing exceptional care to my family and many others. His influence was a key factor in my choice of medicine as a career." When Matthew was an SIU medical student, he spent four weeks in 1999 with Dr. Jones through the IAFP's Summer Externship program. In fact, Laura Winkleman was another of Dr. Jones' summer extern students that same year. Today Dr. Jones is the family physician for Dr. Matthew and Dr. Laura Winkleman's children.

Primary Care Group is a leading edge multi-specialty practice, combining the personal care of thousands of patients with the advances of electronic health records and a patient portal. Jones credits the outstanding dedication of the physicians at Primary Care Group for their success as a practice and balance with family life. "With ten physicians in our group, we work together to ensure that each physician has plenty of personal time away from the professional demands of practice."

Jones believes this Family Physician of the Year Award is a reflection of that group effort, adding "This award means that my partners and I must be doing something right in our efforts to provide health care services to rural southeastern Illinois."

IAFP past president Steven D. Knight, MD is a partner at Primary Care Group, and notes Dr. Jones' IAFP board service as influential in his own decision to join IAFP leadership. "The support that Larry and the other physicians gave to me enabled me to meet the demands IAFP leadership and taking time away from the practice," says Dr. Knight.

Another Primary Care Group family physician, Adam M. Vargo, MD also grew up as a patient of Dr. Jones. "He possessed then, as he does now, an unparalleled level of compassion and personal interest in his patients and families that is only matched by his experience of medical knowledge," says Dr. Vargo. "As medicine evolves with concepts such as meaningful use and pay for performance, it's easy to feel like the practice of medicine has become mechanical. My daily interaction with Larry reminds me that there is a human touch to what we do as physicians and he never loses sight of that."

Dr. Jones also founded Bridges Medical Clinic in 2000. As the name suggests, the clinic serves as a "bridge" for working patients who don't have insurance, but don't qualify for Medicaid or other government assistance. He has worked tirelessly to recruit volunteer providers to ensure that those working uninsured have access to affordable quality medical care. Bridge Clinic board member Michael V. Oshel is also one of Dr. Jones patients, and his respect for Jones as his colleague and his physician is evident in his support letter to IAFP. "He may not be able to 'fix' everybody's orthopedic or neurological problems or treat a cancer, but he can certainly recognize them and determine what treatments they need." Oshel also cites Jones' work in attracting new providers to the area. "I know we will be well cared for after he retires, but I do not look forward to that day because I have always known that Dr. Jones has his patients' best interests at heart."

Another family, led by Dean and Trudy West who have been with Dr. Jones for more than 25 years, shared their affection for their family doctor. "Our family's experience with him has created a comfort level where we often refer our family and friends to him, knowing that he will provide excellent medical care combined with a compassionate, personal touch." Two of the West's three sons are pursuing medical careers because of the example they see in Dr. Jones. Jason West has worked and interned at Primary Care Group and volunteered at Bridge Medical Clinic with Dr. Jones.

Dr. Jones has received numerous prestigious awards over the years: 2010 Rural Practitioner of the Year from the Illinois Rural Health Association, 2001 Citizen of the Year from the Harrisburg Chamber of Commerce and SIU School of Medicine's Distinguished Alumnus Award in 2002.

Dr. Jones and his wife, Janet, live in Harrisburg, where they raised their three children: sons Braden and Loren and daughter Tara Jones Grosner. Braden is currently a student at SIU School of Medicine and Loren is a urology resident at UIC.

Mari Egan is a family physician educator to the core. After completing medical training in Seattle, Dr. Egan completed a faculty development fellowship with Cook County Family Medicine Department in 1996 and pursued her Masters in Health Professional Education.

Dr. Egan joined the University of Chicago – Pritzker School of Medicine in 2009. She also spent nine years at Northwestern Feinberg School of Medicine. Her impressive CV outlines 16 very busy years of family medicine education in Illinois. Currently she is the director of medical student education at Pritzker, where that's just the tip of the iceberg of all the things she does. She's also the director of their longitudinal program for the first year students and serves as the FMIG Advisor where she has reinvigorated their activity on campus.

With her youthful appearance and enthusiasm, it's no wonder medical students connect with Dr. Mari Egan! In the letters that IAFP received from current or former students, it was obvious that these young physicians feel a true connection with Dr. Egan. They feel supported and challenged in their development and their decisions. She holds a position on the Pritzker admissions committee, which is important to ensure that potential family physicians are accepted at the medical school.

Dr. Egan sees great potential for the future of family medicine. "With the Affordable Care Act and the Patient Centered Medical Home, I know family medicine is what our country needs in terms of health care reform. What we continue to need is smart, committed, service-oriented students to go into family medicine and be the leaders of reform," she says. "I also hope that as future student leaders go into family

medicine, we make sure that they work in our underserved communities and understand that you must have healthy communities in order to have healthy patients."

She's grooming a future of family medicine educators with her "residents as teachers workshop" giving them valuable structure to be good teachers themselves in their interactions with students and interns. The project is funded by a grant from the Health Resources and Services Administration.

Egan has also "gone global" in her role fostering collaboration between Pritzker and Wuhan University creating a new family medicine clerkship in China. This amazing project was the topic of her presentation at the AAFP Family Medicine Global Health Workshop in San Diego in October and also at the STFM Conference on Medicine Student Education back in January.

She is implementing a Health Resources Services Administration grant for Community Preceptor Training to Improve Teaching – to ensure that students truly benefit from their exposure and learning experiences with community-based physicians.

A look back in history revealed that Dr. Egan was a Summer Externship preceptor in 1998-2000 while she was at Northwestern. She mentored six students over those three years, five of whom went on to become primary care physicians.

One of her greatest supporters is her colleague Janice Benson, MD who recently joined the Pritzker Family Medicine faculty. Her ties to Dr. Egan go back 15 years when Mari pursued her faculty development fellowship at Cook County – recruited by Dr. Benson. Dr. Benson was the 1997 IAFP Teacher of the Year as a faculty member of Cook County's Family Medicine Residency program and certainly knows what makes a great family medicine teacher. "One of the reasons I chose to work at the University of Chicago was the opportunity to work and teach with Mari again," she says. Over the years, Dr. Benson had seen Dr. Egan at national and regional meetings, and always sought to work with her whenever possible.

"I see her high quality teaching work in many venues, in her multi-faceted role as Director of Medical Student Education. She is rated extremely highly in her lectures to students during their clerkship. She continues to be well-planned but constantly innovating new methods to improve student learning and evaluation. She is experimenting with the introduction of 'FM cases' and standardized patients to replace the usual, unsatisfying multiple choice question exams that complete family medicine clerkships."

Perhaps the greatest evidence of Dr. Egan's work at the University of Chicago can be found in their Match rates. In the last two years, 19 students have chosen family medicine, out of a total student pool of under 200, statistics that were unheard of from Pritzker only a few years ago.

Family medicine is truly family life for Dr. Egan. Her husband, IAFP member Dr. Mark Potter is the program director at the University of Illinois at Chicago family medicine residency program. They live in Chicago with their daughters Fiona (15) and Maeve (13).

Asked what drew her to family medicine, Egan says, "When I look back on it now, I think that the way I was raised by my parents, would only allow me to be a family medicine doctor. We were taught about the importance of social justice and that the greatest thing one could do was to help the underserved. My siblings (three brothers and one sister) are my heroes and work for homeless families, county outreach, public school children and for the Veterans Administration. When I did my Family Medicine rotation and I was able to be a families' doctor in the outpatient setting, I knew this was the field for me. I also had help in keeping to this field by meeting my husband on the first day on medical school! He loved every specialty, but he was always going to be a family medicine doctor. His conviction and enthusiasm have bolstered me for the last 22 years."

Dr. Milani joined Rush-Copley family medicine residency at its inception in 1999 and serves as medical director of its Primary Care Associates site. He also serves as medical director of Care Clinics of Aurora/Naperville. He currently serves on several key committees for Rush-Copley hospital, including safety/pharmacy and therapeutics, as well as medical group quality, operations and the electronic medical records committee.

His teaching methods have twice earned him the Rush-Copley Family Medicine Residency Program's Teacher of the Year Award, in 2000 and 2009. For the past three years, he has taught residents the critical skills needed to manage patients in the hospital, including involving consultants and communicating with patients' family members.

He was nominated by chief resident Abrar-Husain, MD who also cited Dr. Milani's practice management education, such as billing and coding, as well as career development topics like contracts and negotiations. "Beyond the years and the awards, his greatest contribution to the residents who work with him is the example he sets through his commitment and meticulous care of patients. At this level of learning, often example and trust combined with guidance and autonomy lead to the best teaching. Dr. Milani has mastered this balance."

Rush-Copley program director Brenda K. Fann, MD was equally enthusiastic in her praise of Dr. Milani. "Dr. Milani takes his time with the residents – I've never seen him rush them. He listens carefully, challenges their thinking and rationale, and supports their growth and development throughout residency." After a decade of working with Dr. Milani, she continues to be impressed by his dedication and accountability to patients, colleagues and the profession.

Certainly that respect is mutual. "I am inspired by my colleagues in the Rush-Copley Family Medicine Residency," says Dr. Milani. "Their dedication to the education of our residents is impressive and something that I regularly try to emulate."

Milani is an Illinois-educated family physician, with his undergraduate degree from the University of Illinois, his medical degree from Loyola University – Stritch School of Medicine and residency training at MacNeal Family Medicine Residency program in Berwyn. He and his wife, Diane, live in Naperville.

Are you ready?

WEEKLY TO-DO LIST

8:
9:
10:
11:
12:
13:

Version 5010 Deadline:
JAN 1st, 2012

ICD-10 Deadline:
OCT 1st, 2013

14:
15:
16:
17:
18:
19:

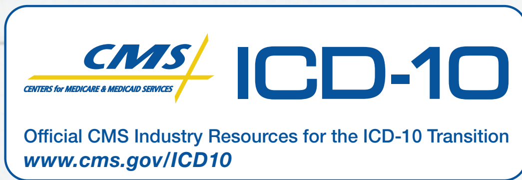
Prepare Now for the Version 5010 and ICD-10 Transitions

The change to Version 5010 standards takes effect on January 1, 2012.
The change to ICD-10 codes takes effect on October 1, 2013.

In preparation for ICD-10, starting January 1, 2012, all practice management and other applicable software programs should feature the updated Version 5010 HIPAA transaction standards. Providers will need to use ICD-10 diagnosis and inpatient procedure codes starting on October 1, 2013.

Make sure your claims continue to get paid. Talk with your software vendor, clearinghouse, or billing service NOW, and work together to make sure you'll have what you need to be ready. A successful transition to Version 5010 and ICD-10 will be vital to transforming our nation's health care system.

Visit www.cms.gov/ICD10 to find out how CMS can help prepare you for a smooth transition to Version 5010 and ICD-10.



IAFP, ICAAP and ACOG release updated Physicians' Breastfeeding Statement

On September 21st, physician leaders gathered at Rush Medical Center for an event releasing an updated Physicians' Breastfeeding Statement that combined the work of IAFP with the Illinois chapters of the American Academy of Pediatrics and the College of Obstetrics and Gynecology. Illinois currently ranks 31st in breastfeeding rates.

These Illinois Academy of Family Physicians Task Force members volunteered to review and help shape this important physician statement:
Dr. Brenda Fann
Dr. Lola Okunade
Dr. Ashley Nix Allen
Dr. Risha Raven
Dr. Marian Sassetti
Dr. Lise Weisberger
And Public Health Committee Chair Dr. Rashmi Chugh

IAFP second vice president Deborah Edberg, MD of Chicago represented the Academy at the event, speaking to the importance of this issue in family medicine. "Our partnership around this important issue does not come as a surprise to me and I am proud to represent our organization in presenting this document," said Dr. Edberg.

The American Academy of Family Physicians (AAFP) developed a policy supporting breastfeeding in 2001, with an extensive update in 2008 by the AAFP's Breastfeeding Advisory Committee. This policy served as the basis for IAFP's input. The AAFP position paper on breastfeeding details specific education recommendations for medical students in the clinical setting and for family medicine residents in training.

"We know that many of the barriers to advocating for breastfeeding are based on historical myths within our patient communities as well as our own physician communities. We need to

Deborah Edberg, MD

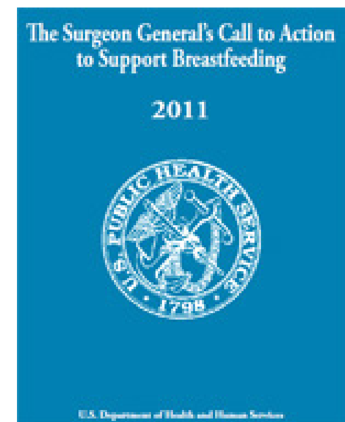
overcome these barriers – and make sure our new parents have all the facts and make a fully informed decision," Edberg told the event attendees.

Family physicians can make a difference in increasing breastfeeding rates, and especially continuation rates, by supporting patients and providing appropriate, evidence-based care. Because breastfeeding is the physiologic norm, providers need to stress the risks of not breastfeeding for infants and mothers.

"We also need to be ready to answer their toughest questions. Questions about medications, about smoking and nursing. Questions about drug and alcohol use. How will a mother's own health issues affect her ability to breastfeed? Mothers need reassurance that they can go back to work and take care of their home and other family members, while breastfeeding their baby those first crucial months. Mothers need to take care of themselves while they take care of that new baby," said Edberg.

Find these documents on www.iafp.com/whatsnew

Link to the Physicians' Statement on Breastfeeding
Link to Dr. Edberg's full remarks
New Resource: The CDC has published practical action guides for doctors, nurses, and health care leaders to follow the Surgeon General's Call to Action to Support Breastfeeding.



Breastfeeding: Promotion: Call To Action I DNPAO I CDC

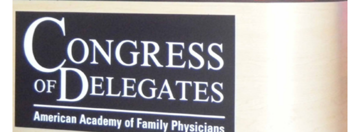
Illinois Highlights from the AAFP Congress of Delegates September 12-16 in Orlando

Illinois made a strong showing at the 2011 AAFP Congress of Delegates and Annual Scientific Assembly in sunny Florida.

Javette Orgain, MD elected as AAFP Vice Speaker
IAFP past-president, Javette C. Orgain, MD, MPH of Chicago was elected by acclamation of the Congress as Vice Speaker. Orgain is the second Illinois member to serve in this position, as Carolyn Lopez, MD of Chicago held the office from 1999-2002.

Illinois Chapter Resolutions:
IAFP was represented by delegates Javette C. Orgain, MD and Michael P. Temporal, MD and alternates Ellen S. Brull, MD and Kathleen J. Miller, MD. The Illinois chapter submitted or co-sponsored three resolutions considered by Congress.

- **Resolution 201: Proposed Bylaws Change to Chapter 5 – Ethics**: The Reference committee on Organization and Finance agreed with IAFP that AAFP language can be clarified. The resolution was referred to the Board of Directors.
- **Resolution 305 (with the Florida chapter) PCMH CMS Recognition – Valued Payment** The following substitute resolution was adopted: RESOLVED that the American Academy of Family Physicians (AAFP) encourage the Centers for Medicare and Medicaid Services (CMS) to provide, beginning in 2012, appropriately valued per-member, per-month payment incentives to primary care physicians who are attaining Patient-Centered Medial Home (PCMH) recognition and are caring for Medicare patients.
- **Resolution 507 (with 10 other chapters): Clear and Convincing Evidence** – asked that AAFP explore adding the standards "clear and convincing" evidence to help stabilize liability premiums and that AAFP develop model state malpractice legislation that would include the principle of clear and convincing evidence. The Congress adopted the resolution.



Christopher Guerrero, MD, IAFP's 2010 Family Medicine Teacher of the Year for volunteer faculty, received the AAFP Humanitarian Award. He was honored for his humanitarian efforts in his native Philippines. His volunteer duties include teaching at a nursing school in the Philippines. He also leads medical missions to his homeland community of Nueva Vizcaya in the Philippines. Last year, IAFP member Susan L. Nagele, MD accepted the same honor for her decades of work in Kenya.

Bernard Ewigman, MD – Chair of Family Medicine at the University of Chicago – Pritzker School of Medicine presented at the AAFP Annual Scientific Assembly on "Recent Research that May Change Your Practice."

Deepak S. Patel, MD, Director of Sports Medicine, Rush Copley Family Medicine Residency, and Assistant Professor, Department of Family Medicine, Rush Medical College, and Yorkville Primary Care, Family Medicine and Sports Medicine in Yorkville presented two sessions at the Assembly on sports medicine topics.

Medical home federal grant project focuses on quality measures for children

The Children's Health Insurance Program Reauthorization Act (CHIPRA) provided funding for Illinois to undertake a five-year project (2010-2015) to improve the quality of children's health care. IAFP is working with Illinois Department of Healthcare and Family Services, Illinois Chapter American Academy of Pediatrics (ICAAP), Illinois Section of American College of Obstetrics and Gynecology and others to:

- Implement and report on a core set of quality measures for children's health care,
- Improve quality of children's health care through health information technology/exchange,
- Improve and enhance medical homes,
- Improve birth outcomes

The Illinois Department of Healthcare and Family Services is coordinating the activities through the CHIPRA grant period. "Family physicians will benefit directly from the CHIPRA grant in two ways," explains Vince Keenan, IAFP EVP. "Family physicians that see Medicaid and CHIP eligible children in their practice are eligible to participate in the Medical Home Quality Improvement program, which will provide free assessment of the practice's "medical homeness" and readiness for NCQA PCMH designation, if they are interested in pursuing that qualification. Secondly, the development of prenatal standards, a prenatal risk assessment tool and electronic data set will improve the level of information available for family physicians who provide maternity care.

Child Quality Measures

Illinois currently collects, analyzes and reports on 16 of the 24 core measures for children's health care. In the first year of the grant, Illinois has begun developing reporting mechanisms for five more measures and will soon begin work on the rest. A few examples of the new core measures are:

- BMI
- Child and adolescent access to primary care physicians
- Appropriate testing for children with pharyngitis
- Percentage of live births weighing less than 2,500 grams

Using Technology to Improve Quality

CHIPRA grant activities will connect with the Illinois Health Information Exchange http://www.hie.illinois.gov to assure coordination of efforts and integration related to child health quality reporting, tracking and quality improvement activities.

Assisting Practices in Improving Efficiency and Quality of Care

Building on the foundation and successes that Illinois has had with Illinois Health Connect, the State's Primary Care Case Management program, ICAAP will be working with up to 200 practices to support them in building a medical home. Family medicine practices are encouraged to apply. Practices that participate in the Medical Home Quality Improvement program will have the opportunity to assess their "medical homeness" and receive free resources, technical assistance and training through summer 2014.

Participation in the program is flexible and tailored to the practices' individual needs and schedules. Following a brief web-based introduction to the standards and the survey tool, practices take a short self-assessment (the NCQA Medical Home Survey Tool for Readiness Assessment, http://www.ncqa.org/tabid/631/default.aspx)so that each practice is aware of its strengths and challenges. Then practices are free to take part in technical assistance opportunities at their own pace over the next two years. All 200 practices will have access to existing resources as well as resources that ICAAP will develop around the needs present in the group. In addition, ICAAP will work more intensely with 30-60 of the practices on building their medical homes. This smaller group of practices will participate in activities that may require a larger commitment from the practices and are facilitated at a higher level, such as learning collaborative and facilitated peer mentoring. To participate, your practice:

- Must be located in Illinois,
- Must provide care to pediatric patients enrolled in All Kids,
- Cannot be currently NCQA Medical Home designated,
- Must have basic technology in place to complete the survey (email, internet, Microsoft Word) and be able to gather information regarding the systems and procedures used in your practice.

Participating in the quality improvement program is free of charge for practices that register with ICAAP. The CHIPRA grant will pay for the NCQA survey tool and registered practices will receive guidance and free technical assistance from ICAAP from 2012-2014.

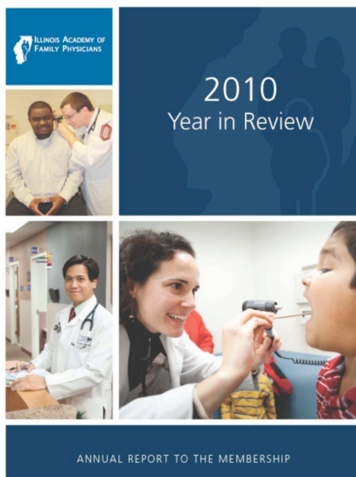
Practices have until December 31, 2011 to complete the registration form and until February 24, 2012 to complete the NCQA self-assessment tool. For further information, and /or to sign up for the program, please see ICAAP's website at http://illinoisaap.org/projects/chipra-quality-demonstration/mh/, and/or contact Lauren Seemeyer, MPH, ICAAP Project Director; CHIPRA Demonstration Project at lseemeyer@illinoisaap.com or 312-733-1026, ext. 237.

Reducing Pre-Term Births

Lastly, the CHIPRA grant is focusing on improving children's health outcomes by reducing pre-term births by establishing maternal data sharing systems and care coordination. More than 50% of the births in Illinois are covered by the Medicaid program, with just over one-third being non-normal births and almost ten percent resulting in very low birth weight, low birth weight or infant death. The health status of the mother is not always known if she presents at a prenatal provider or hospital outside of her primary care provider's practice. To assist providers with this challenge, the CHIPRA grant is developing prenatal standards, a prenatal risk assessment tool, and a prenatal electronic data set to be made available to delivery hospitals and medical homes. These resources will assist physicians who are involved in delivery of babies in providing prenatal care and having access to consistent information about the mother and the baby.

Additionally, a care coordination protocol is being developed to assure communications between prenatal and medical home providers. Improving communications will provide the best chance of decreasing adverse birth outcomes and improve quality of health care during and after pregnancy, as well as coordination with specialty and social services.

If you are a family physician involved in prenatal care, get involved and contact Vince Keenan, vkeenan@iafp.com.



You ought to be in pictures!

IAFP is looking for cover photos for our Annual Report to the Membership which will be printed and mailed to all IAFP active members in February. We want the cover to show family medicine in action! Send us your photos for consideration.

A few simple guidelines

- Members may submit up to three photos for consideration. Residents and students are welcome to participate!

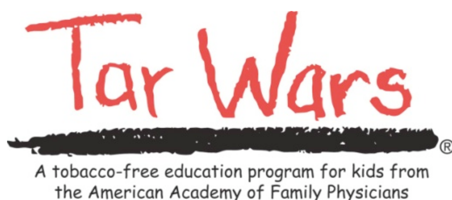
-Photos must be e-mailed to Ginnie Flynn at gflynn@iafp.com by January 12th.

-The photographer's consent must be included. If you are sending a professional photo from the marketing department of your institution, their express written consent, along with the name of the photographer, must be included with your entry.

-Photos should show some form of patient care, teaching, leadership or other activity essential to family medicine. Make it interesting! Headshot photos will not be accepted.

-Please include the name(s) of the family physician(s) in the photo. No other people in the photo need to be identified. Please do not include patient names and assure patients their names will not be used.

Winners will be contacted directly after a decision has been reached. Look for your IAFP Annual Report to the Membership in mid-February.



Will County success story!

Data published in the 2010 Illinois Youth Survey shows Will County children smoke less often than peers from across the state. The survey, now administered by the University of Illinois Center for Prevention Research and Development, examined smoking prevalence of high school and grade school students.

According to the survey, nearly 22,000 Will County children and adolescents smoke. The totals include: 1% of sixth graders, 3% of eighth graders, 12% of 10th graders, and 24% of 12th graders. Statewide, 1.9% of 6th graders and 7.9% of 8th graders smoke. Some 14% of 10th graders and more than 25% of Illinois high school seniors admit to smoking cigarettes.

Will County Health Department Executive Director John Cicero believes his agency's Tar Wars smoking prevention initiative deserves credit for helping area students to make informed decisions about tobacco and the inherent health risks. "Tar Wars is an effective prevention and education tool initially developed by the American Academy of Family Physicians," Cicero said. "It is designed to reach 4th and 5th graders with information that helps them to understand the risks associated with tobacco use… we've been able to reach lots of impressionable kids with the help of educators and school administrators across the county."

Led by health educator Jennifer Blair, Will County Tobacco Control and Prevention introduced Tar Wars to area schools in 2007. The program has been presented to more than 5,500 Will County students during 219 separate presentations. In 2010, Jenny received the national Tar Wars Star Award and was honored at the national poster contest in Washington, D.C.

"Jenny's efforts and results in Will County are just amazing. She has built this program over the years with enthusiasm, organization and creativity," said Illinois Tar Wars coordinator Ginnie Flynn. "The organized campaigns led by several Illinois county health departments have created a strong presence for Tar Wars throughout the state. We are so grateful for the dedicated health educators have made such an impact using Tar Wars simple, yet effective curriculum."

Tar Wars has been presented in more than a dozen Will County school districts, including: Joliet District 86, Troy CCSD 30-C, Valley View 365U, Plainfield CCSD 202, plus districts in New Lenox, Channahon and Mokena. New schools on the list for the 2011-2012 academic year include Stevens Intermediate School in Wilmington and Patterson Elementary in Naperville. Nearly a dozen area private schools have also benefited from Tar Wars.

Specially trained Lewis University College of Nursing students help Blair extend program reach. Lewis students presented the curriculum in five county schools during the 2010-2011 academic year. Blair is still lining up presentations for the current academic year.

Can you help? If you live or work in any of these areas, contact Jennifer Blair at jblair@willcountyhealth.org and offer your assistance!

The Great American Smokeout is Nov. 17: Pledge Today!
http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/great-american-smokeout-pledge.html.
Join the American Cancer Society's Great American Smokeout on November 17 with two AAFP opportunities to promote tobacco prevention and cessation.

1. Tar Wars—Pledge to present a Tar Wars tobacco prevention presentation in your local elementary school. Or contact Ginnie Flynn at gflynn@iafp.com to get started!
2. Ask and Act—Ask your patients about their tobacco use and utilize AAFP tobacco cessation resources to help them quit.

Pledge today to receive free Tar Wars and/or Ask and Act materials.
http://www.aafp.org/online/en/home/clinical/publichealth/tobacco/great-american-smokeout-pledge.html.

Meet our new Member Benefits Partner

Are you looking to cut down the Accounts Receivable balance in your practice? How about a nice alternative to collections agencies? IAFP has partnered with Transworld – Green Flag.

Find out how they can follow up on delinquent AR at a discount for IAFP members. Green Flag offers internal billing follow up and diplomatic collections. All for an average of $10 per account, no matter the amount owed on the claim. Learn more about this offer at www.iafp.com/about/membership.

Green Flag Profit recovery makes five contacts on every outstanding claim you submit. They will work on claims from 30-120 days past due, whether the payment is owed to you by a patient, insurance carrier, Medicaid or Medicare. You'll reduce staff time spent on collections and be able to monitor the status and progress of each outstanding claim online. Best of all, the payments come directly to you and Green Flag even sends a thank you note for you to patients who have paid their balance owed.

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Government Relations

Making strides to implement healthcare reform that works for primary care

Your state and national Academies continue to represent family medicine's voice with legislators and policymakers as health care reforms are implemented. Why? Because family medicine is the answer to higher quality, lower cost, and better health! Here's a look at state and federal areas where IAFP and AAFP are engaged on your behalf.

Federal Advocacy

The AAFP launched "Family Medicine Matters" http://www.aafp.org/online/en/home/policy/grassroots/fam-med-matters.html on Oct. 14th in response to the federal government's search for ways to reduce the federal deficit. The campaign is designed to rally member and congressional support for three issues vital to the continued success of family medicine:

- repeal of the sustainable growth rate (SGR) formula,
- protection of GME funding, and
- increased funding for Title VII health professions training grants.

IAFP will share these messages with our Illinois Congressional delegation health care staff to reinforce AAFP's advocacy.

Coming soon to several markets nationwide – Comprehensive Primary Care Initiative

The AAFP has long urged public and private payers to adopt a blended payment model that rewards primary care physicians for coordinating and managing patient care. Now, CMS and its Center for Medicare and Medicaid Innovation, or CMMI, have joined the movement with the launch of a new initiative -- the Comprehensive Primary Care Initiative. This initiative will help primary care practices deliver higher quality, better coordinated, and more patient-centered care. Created by the Affordable Care Act, this collaboration is modeled after the innovative practices developed by large employers and others in the private sector. It will invest in primary care practices throughout various local communities, helping small businesses, patients and taxpayers use their health care dollars more wisely. The initiative will allow CMS to work with commercial and state health insurance plans to support primary care practices that deliver coordinated and seamless care based on the tenets of the patient-centered medical home, or PCMH. IAFP is working with private payers and the state's Medicaid program to bring this initiative to a market in Illinois … stay tuned.

Save Money – Fix Medical Liability!

The AAFP signed onto an AMA-circulated letter that calls on the Joint Select Committee on Deficit Reduction, also known as the "supercommittee," to include meaningful medical liability reform in the final legislative package approved by the committee. Congress created the bipartisan supercommittee to develop a plan to achieve reductions in the federal deficit. If the government fails to enact the committee's recommendations by Dec. 23, across-the-board cuts totaling $1.2 trillion will be automatically triggered for 2013. The Congressional Budget Office estimates that implementing comprehensive medical liability reforms, including limits on noneconomic damages, would reduce the federal budget deficit by $62.4 billion over 10 years. The groups called on the supercommittee to take steps to protect the right of individual states to maintain or enact effective reforms, as well as include liability reforms in its final legislative recommendations.

Addressing Distress – the AAFP partners with state chapters for answers

While family medicine is trending up in many areas, "family medicine deserts" exist. Indeed, there are family medicine practices in certain regions within a state that flourish, while other parts of the state lack enough family physicians to meet the need. The AAFP Board of Directors issued Board Report J, which was discussed during the annual Congress of Delegates' Town Hall meeting on September 11th. As defined by the New Jersey AFP, which brought the issue to the AAFP Board's attention, these distressed environments are characterized by

- low per-capita primary care physician penetration,
- high per-capita subspecialist penetration,
- low retention of primary care-trained residents,
- an aging primary care base and
- decreasing numbers of primary care physicians.

AAFP has begun the process of determining what data exist on family physician locations, ratio of primary care specialists to subspecialists, migration of FPs to other states and similar factors. The Academy will examine patterns of distress revealed by the data and engage affected chapters in formulating an action plan. The topic will also be referred to the AAFP Commission on Quality and Practice for discussion and recommendations back to the Board. Gordana Krkic, CAE, IAFP deputy executive vice president, is part of AAFP staff's working group.

State Advocacy

Underway: EHR – Medicaid Meaningful Use Incentive Payments

Applications for Medicaid "meaningful use" by practices became available September 6. In November, HFS will allow registrants to begin attestation. First payments are scheduled for February 2012. Remember, Illinois' two HIT regional extension centers

are available to help you: CHITREC at www.chitrec.org (Chicago) and IL-HITREC www.ilhitrec.org (the rest of Illinois). Also in April 2012, Illinois' health information exchange will be operational with core services in an effort to align state health care reform implementations with the federal initiative.

Coming to Medicaid: Coordinated Care – Innovations program

The Illinois Medicaid reform law states that Illinois must enroll 50 percent of the Medicaid population in "care coordination" by January 1, 2015. This means at least 1.5 million of Illinois Medicaid clients – children, parents, seniors and disabled persons – will be assigned to an integrated healthcare delivery system replacing the current fee-for-service system. The Department of Healthcare and Family Services recently unveiled their Innovations Project Phase One as a bold step to catalyze the Illinois healthcare marketplace towards providing care coordination for Medicaid clients. Certainly, research supports the opportunity to make significant changes in health care delivery system. In the October 17 Commonwealth Fund Report, the issue of care coordination needing a system-wide solution is identified.

> *The lack of improvement on many health system indicators—such as preventive care, adults and children with strong primary care connections, and hospital readmissions—likely stems from the nation's weak primary care foundation and from inadequate care coordination and teamwork both across sites of care and between providers. These gaps highlight the need for a whole-system approach, in which performance is measured and providers are held accountable for performance across the continuum of care.*

Of particular interest to most family physicians will be the Coordinated Care Entity (CCE) Program, which will begin accepting proposals in April 2012. IAFP's practice transformation committee's review workgroup submitted the Academy's concerns and questions for the Department to consider before finalizing their rules for participation. For more information, you can view the Webinar on the Care Coordination Innovations Project on the HFS Web site at: http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx

On the horizon: State-based Insurance Exchange

Under the Affordable Care Act (ACA), state health insurance exchanges will provide a forum for individuals and small businesses to compare and purchase private health insurance plans. In Illinois, about 700,000 currently without health insurance will have health insurance coverage by 2014. And by 2020, a projected 1.4 million Illinoisans will get coverage through the insurance exchange, decreasing the percentage of Illinois residents without health insurance from 12% to a projected 7% in 2020. The remaining uninsured will be primarily those who do not seek coverage or are undocumented.

Using federal grant money, Illinois secured assistance in assessing the health care coverage marketplace and other considerations in order to establish a state-based exchange and meet related ACA requirements. To that end, a bipartisan Legislative Study Committee (LSC) was charged with making recommendations to the General Assembly on the structure of the state's health insurance exchange for the Fall Veto Session as the next step in further drawing on federal funds in accordance with a tight timeline. Illinois must submit a full, detailed exchange plan to the US Department of Health and Human Services by December 2012 in order to open enrollment by Oct. 1, 2013 and be fully operational by 2014.

IAFP provided written testimony http://www.iafp.com/legislative/exchangelegstudy.pdf in August based on the AAFP Principles for State Health Insurance Exchanges and then provided additional feedback after the LSC released their initial recommendations in early October. Find all our resources at www.iafp.com/legislative.

At this writing, the General Assembly has not acted on any enabling legislation. If no action is taken, it is anticipated Governor Quinn will issue an Executive Order to continue the process of establishment and implementation.

Editor's Note: In the September/October issue, we profiled new Director for the Illinois Dept. of Insurance Joseph Messmore. He retired in October and Andrew R. Stolfi has been named Acting Director.

Illinois must enroll 50% of the Medicaid population in "care coordination" by January 1, 2015. At least 1.5 million of Illinois Medicaid clients will be assigned to an integrated health care delivery system replacing the current fee-for-service system.

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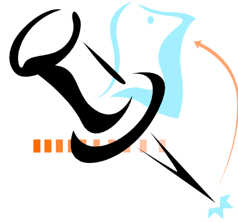
Continuing Medical Education



"Lunch and Learn" CME in the Network

The IAFP will offer a free lunchtime webinar the last Thursday of every month in 2012 on a Practice Improvement Network (PIN) CME topic. Gather your practice and participate in up-to-date CME from your office. All webinars are free to access and will be worth at 1 credit each!

IAFP is also developing live CME sites in regions across the state for 2012. Our goal is to provide Clinical Medical Management Education across the state tailored to the needs of the region. Be sure to check your email, the PIN web site or look for an invitation from a family medicine leader in your community!

In the meantime, mark your calendars now for these webinars. Registration and login assistance will be posted on the IAFP PIN web site (www.iafp.com/pcmh) and publicized in all IAFP communications (e-News, CME Connections, blast emails) in the coming months. If you have a suggestion for a topic, please contact Kate Valentine at kvalentine@iafp.com or 630-427-8000.

All Webinars will be from noon to 1:00 p.m Central time.

January 26, 2012	Office Redesign to Optimize Planned Patient Care Supported by Abbott Labs & Pfizer, Inc.
February 23, 2012	Managing Diabetes: Designing and Conducting an Effective Intervention in the Group Setting Supported by Abbott Labs, BMS, Merck, Pfizer, & sanofi-aventis,
March 29, 2012	Chronic Obstructive Pulmonary Disease in Primary Care Practice Sponsored by Pfizer
April 26, 2012	Breast Cancer Screening in Primary Care Supported by Abbott Labs
May 31, 2012	Improving Pneumococcal Immunizations Rates in the Family Physician Office Supported by Pfizer
June 28, 2012	TBA
July 26, 2012	TBA
August 30, 2012	TBA
September 27, 2012	TBA
October 25, 2012	TBA
November 29, 2012	TBA
December 27, 2012	TBA

The Practice Improvement Network is the IAFP's two year project dedicated to helping IAFP members achieve meaningful changes in their practices to capitalize on health care reform opportunity and increase career satisfaction.
Tune into the Network for help –
www.iafp.com/pcmh

Adding Chocolate to Milk Doesn't Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development. Milk is the #1 food source of three of the four nutrients of concern identified by the 2010 Dietary Guidelines for Americans: calcium, vitamin D and potassium. And flavored milk contributes only 3% of added sugars in the diets of children 2-18 years.

5 Reasons Why Flavored Milk Matters

1 KIDS LOVE THE TASTE!

Milk provides nutrients essential for good health and kids drink more when it's flavored.

2 NINE ESSENTIAL NUTRIENTS!

Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B_{12}, riboflavin and niacin (niacin equivalents) – and is a healthful alternative to soft drinks.

3 HELPS KIDS ACHIEVE 3 SERVINGS!

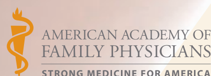
Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings* of milk and milk products recommended by the *Dietary Guidelines for Americans*.

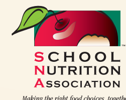
4 BETTER DIET QUALITY!

Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar or total fat; and are not heavier than non-milk drinkers.

5 TOP CHOICE IN SCHOOLS!

Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it's taken away.





www.nationaldairycouncil.org/childnutrition

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*DAILY RECOMMENDATIONS – The 2010 Dietary Guidelines for Americans recommends 3 daily servings of low-fat or fat-free milk and milk products for those 9 years and older, 2.5 for those 4-8 years, and 2 for those 2-3 years.

IAFP Member Spotlight

Michael P. Temporal, MD
IAFP President (as of Nov. 12, 2011)
Southern Illinois Healthcare Foundation
Belleville

I chose family medicine because…
I love the idea of being able to help people across the lifespan. I have been committed to working with underserved populations and felt that family medicine provided the most flexible training to meet the most need, including the growing geriatric population. It has helped me in working in various settings beyond the office and hospital. For example, I have been able to work at the health department, the county jail, and do missionary work in El Salvador because of the broad skill set that the family medicine training has provided.

I think IAFP's best resource or service is…
While I think that all the staff at IAFP are a great resource, keeping members informed on important issues that affect our practice, I am particularly appreciative of the government relations teams at the state and national level.

What's the greatest thing about being a family physician?
In the 12 years that I have been in Belleville, I have grown with my patients. It's true that in a 15-minute encounter, the physical exam is the shortest part of the visit. Spending the majority of time talking, listening, negotiating treatment plans and educating the patient and the family is the greatest thing about being a family physician.

How you do champion family medicine in your community?
Like all of us, I am championing family medicine by taking every opportunity to highlight the diversity and impact of the family physician. In giving presentations at the senior center, or Tar Wars at the schools, or meeting with community leaders, I always identify and emphasize what a family doctor brings to them. Also, in interactions with medical students, residents and patients alike, I emphasize preventive care and incorporate it into everything—talking about smoking cessation or vaccination as it relates to a condition, emphasizing health counseling and advanced directives, or recommended screening opportunities—to remind us that this is an important part of what we prescribe.

What's the biggest health concern in your patient base?
My patient population has a heavy emphasis on geriatrics, HIV care, and chronic disease management. The recurrent health concerns are obesity and diabetes. Screening and risk reduction for glucose intolerance obviously is linked to obesity and we have made an effort this year at the (Saint Louis University-Belleville) residency program to work on assessing and addressing weight issues routinely.

If you weren't a doctor, what do you think you'd be doing?
I'd probably be a social worker in a community health center. But I was raised in a medical household and pretty much destined to go into health care.

How do you balance your career with your own health and well-being?
Apparently not very well; I had cardiac stents placed this past year. But that being said, I get a lot of support from my family and my faith. Wife, kids, and church help keep me centered, and even though I don't always balance them well with professional and leadership roles, I try to keep the importance of balance in mind. When possible, I work on projects that I can bring the family into, or can find fun things to do where I am already going. Also, I've progressed from the Palm handheld to the Android tablet where I can keep games, books and facebook always handy for down time between meetings and traveling.

How have you benefitted from your leadership activities/experiences with AAFP?
I have to thank the IAFP for reaching out to me. When I moved to the Belleville area in 1998, I maintained dual membership in the Missouri and Illinois Academies and served on the board of the Family Health Foundation of Missouri as it first started. I also attend the Keystone 3 conference and had the chance to meet the historical gods of family medicine like Gayle Stephens, Larry Green, as well as Ed Hirsch and Beth Burns who were very active in the IAFP. So I started attending IAFP meetings.

IAFP staff helped find activities that were interesting and engaging such as CME, Tar Wars, and committee work. This led to my being a delegate to the National Conference of Special Constituencies (NCSC) which really 'lit my fire' to family medicine advocacy and opportunities for leadership. Being around all these enthusiastic family medicine people helped rekindle my passion for the specialty. Participating in AAFP national meetings such as the Annual Leadership Forum, Family Medicine Congressional Conference or the NCSC gives you the skills and knowledge to speak confidently about important issues that affect our ability to care for patients. The chapter leaders in the Illinois AFP over the years have been a great source for understanding the Illinois political landscape, and they have become been great friends.

Explain the role of the Southern Illinois Healthcare Foundation.
The Southern Illinois Healthcare Foundation began 27 years ago as a single federally qualified health center. It now includes a hospital (Touchette Regional Hospital just outside East St. Louis) and 37 health centers, from one provider shops to multispecialty primary care practices, migrant and homeless care, and community programs geographically from the St. Louis arch to Effingham. We are organized geographically and my role as assistant chief medical officer is to help provide support for the providers in the Belleville and Granite City areas, as well as develop our quality program. This year we plan to build health center capacity in Jefferson County Missouri, just south of St. Louis as an organization called Aditem Health. We are also working on building the structure to be recognized as a patient centered medical home.

Tell us something about you that would surprise us…
I wasn't born in the United States. So I can't be President of the USA.

Members in the News

Penny Tippy, MD, of SIU Carbondale is an appointed AAFP representative to the Residency Committee for Family Medicine, the group that sets the standards for family medicine residency programs. The RC-FM is composed of three members appointed by the Council on Medical Education of the American Medical Association (AMA), three members appointed by the American Board of Family Medicine (ABFM), three members appointed by the American Academy of Family Physicians and a resident member.

Jerry Kruse, MD, chair of family and community medicine for SIU School of Medicine, is one of three SIU doctors reviving "SIU Men's Night Out," bringing back a popular event that combines fun and men's health education. The story was covered in the Sept. 12 *Springfield State Journal-Register*. The Sept. 22 event at Springfield High School included Baseball Hall of Famers Whitey Herzog and Red Schoendienst.

Bryan Albracht, MD of Springfield provides a reminder to men about how often they need a physical exam at different stages of life, as well as the need to check and monitor blood pressure in the September 21st column by GateHouse News.

Rahmat Na'Allah, MD of Peoria commented in the Sept. 22 *Peoria Journal-Star* in response to the tactics used by Republican presidential candidates in discrediting the HPV vaccine, which Gov. Rick Perry mandated in Texas. Several physicians expressed disappointment that politicians were providing bad information on good health care policy and encouraged HPV vaccination.

If you get the *Chicago Sun-Times*, Sept. 30th print edition has a special insert on Preventive Health. IAFP first vice president **Carrie Nelson, MD** was a featured columnist about the importance of getting the flu vaccine.

K. Max Eakin, MD of Glen Carbon was featured in the Oct. 10th Alton *Telegraph* for his work in the community with Boy Scouts of America and received the Scouts' Distinguished Eagle Award. An Eagle Scout whose sons are also Eagle Scouts, Eakin has been on the local Boy Scouts of America board since 2003.

Gina Pontius, MD a sports medicine fellow at Quincy Family Medicine Residency program was featured in a Quincy television station's "Facebook Story of the Day" on Oct. 10 about the importance of proper footwear to prevent pain and injury. That includes what you wear every day, not just for physical activity.

Daniel Jurak, MD authored a column in the Oct. 19 *Joliet Herald News* about the importance of encouraging a loved one to see a doctor.

Glenn Miller, MD of Peoria was part of an interesting story in the Oct. 20 *Peoria Journal Star* about a group of retired surgeons who volunteer at medical school interest group meetings providing help with suturing and other procedure workshops. FMIG advisor Dr. Miller has gratefully used the service of the Senior Surgeons.

Debra Phllips, MD, **Donna White, MD** and the **SIU Quincy Family Medicine Residency** received kudos in an Oct. 24th *Quincy Herald-Whig* article celebrating 20 years of the East Adams County Rural Health Clinic.

Sheron Brown, MD is featured in an Oct. 26 *Chicago Tribune* article about the recent surge of "Cyberchondriacs," or patients who self diagnose their symptoms using Internet resources and then show up at the doctor's office or emergency room with their diagnosis and expected treatment.

Congratulations to four family physicians named Illinois Rural Health Association 2011 Physicians of Excellence! The eight recipients were honored at a banquet on Sept. 20th in Springfield including **Dr. John Dawdy**, of Greenville, **Dr. Richard Iverson** of Macomb, **Dr. Darrin Ray** of Farmer City and Dr. John Opilka of Altamont. The Rural Physician of Excellence award is for going above and beyond the call of duty to provide health care to rural and underserved residents throughout the State of Illinois.

Our Illinois AAFP Humanitarian of the Year, **Christopher Guerrero, MD** was featured in the Elmwood Park Times, the local edition of the Sun Times Media Group. The article covered his dedication to mission work in Philippines and other nations. Guerrero received the award at the AAFP Annual Scientific Assembly last month in Orlando.

Dawn Bode, MD of Moline was featured in the Nov. 4th *Quad Cities Dispatch* for her talent and volunteerism as a bassoon player in the local music therapy program. She is one of several physicians who routinely provide music therapy and performances for hospice patients.

In memoriam; **Lowell Massie, MD**
A founding father of family medicine, Dr. Lowell E. (Doc) Massie, 96 of Mattoon, IL passed away on September 14, 2011 in Mattoon. He graduated with a Bachelor's degree from the University of Illinois in 1937. He then attended and graduated in 1940 from the U of I College of Medicine. In 1941 he and Dr. Rhodes established the Rhodes Clinic. Dr. Massie practiced medicine 52 years and then retired and sold the clinic to Sarah Bush Lincoln in 1993. Dr. Massie was a charter member of the American Board of Family Practice, Academy of Family Practice and was named Illinois Family Physician of the year in 1987 by IAFP. He is survived by his wife of almost 74 years, Nellie.

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Robert D. Francis
Chief Operating Officer, The Doctors Company

The Doctors Company protects Illinois members with both.

What does uncompromising protection look like? With nearly 55,000 member physicians, we are the nation's largest insurer of physician and surgeon liability. This perspective allows us to constantly monitor emerging trends and quickly respond with innovative solutions, like incorporating coverage for privacy breach and Medicare reviews into our core medical liability coverage.

Because we are the second-largest carrier in Illinois, our members also benefit from significant local clout—including our long-standing relationships with the state's leading attorneys and expert witnesses, plus litigation training tailored to the Illinois legal environment.

This uncompromising support of doctors has earned recognition from many prestigious medical organizations at national and local levels, including the American College of Physicians, American College of Surgeons, American Society of Plastic Surgeons®, American Association of Neurological Surgeons, American Academy of Otolaryngology—Head and Neck Surgery, and the Society of Hospital Medicine.

To learn more about our benefits for Illinois members—including the Tribute® Plan, an unrivaled financial career reward—contact our Chicago office at (800) 748-0465 or visit www.thedoctors.com.

We relentlessly defend, protect, and reward the practice of good medicine.

Any Tribute Plan projections shown here are not intended to be a forecast of future events or a guarantee of future balance amounts.
For a more complete description of the Tribute Plan, see our Frequently Asked Questions at www.thedoctors.com/tributefaq.

Risk Tip: Cyberchondria: Managing Self-Diagnosed Patients

News You Can Use

Search engines and the Internet are impacting patient behavior—eight out of 10 people use the Internet to look for health information, but only 25 percent of those people verify the credibility of their information source before self-diagnosing. It gets even more complicated when patients order drugs directly over the Web.

The debate among physicians about the credibility of online information is as old as the Internet itself. As a caregiver, consider that patients will come into the office already attached to a perceived diagnosis and possibly using medications improperly, based on their own online research.

Consider the following example: A 25 year-old patient experiences a sore throat and slight fever that persists for several days. The patient decides to visit a common Web site known for its medical information. The patient self-diagnoses a bacterial infection and attempts to self-treat by taking expired medication left over from a previous staph infection.

While health care is not "do-it-yourself," an informed patient can be an asset. A poorly informed patient, on the other hand, clearly complicates treatment. Assume the responsibility of being the primary information source and educator for your patient. To help deal with a self-diagnosing patient, consider the following:

- Encourage your patient to always check with you about the accuracy of information obtained from external sources. Use the intake time to find out what Internet information the patient has found.
- Directly discuss what the patient has read, even if the patient's external source is a good one in your professional opinion. The exchange enhances your relationship with the patient and can increase treatment compliance. Welcome questions, and help put the patient's information in the appropriate context.
- Provide your patient with a list of Web sites that provide accurate information, such as the Centers for Disease Control and Prevention at www.cdc.gov and www.familydoctor.org. Make sure the patient understands the limitations of the Internet.
- Document in the patient's chart your diagnosis, your treatment management plan, and medication prescribed, as well as the reasons behind your decisions.

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Smartphone Apps: The New Trend in Medicine

A smartphone isn't just a phone. It's a miniature computer. We surf the web, email, play games, and—thanks to the rapidly expanding world of smartphone applications ("apps")–use our smartphones and other wireless devices as tools for the workplace. The field of medicine is changing rapidly with the growth of available medical apps. Today, physicians can monitor a patient's vital signs, download their patient schedules, access current patient medical records, dictate office notes, and consult with other physicians without entering a clinical setting.

One of the first medical apps in use—and arguably the most widely used medical app today—is Epocrates,1 which provides clinical information on thousands of prescription and over-the-counter drugs.2 Another useful tool, Mediquations, is a medical calculator that includes 229 medical formulas and scoring tools.3 Examples of apps available to specialty fields include the ACC Pocket Guidelines for cardiology, Anesthesiology i-pocketcards, and CORE—Clinical Orthopedic Exam for orthopedic surgeons. Such apps provide a multitude of up-to-date references immediately accessible at the time of care.

Unlike reference apps, AirStrip OB is a semi-interactive app that is taking the obstetrical world by storm. AirStrip OB allows physicians to monitor fetal heart tracings and maternal contractions in real time on their mobile devices.4 AirStrip Technologies has created additional apps to include more areas of inpatient and home care management. While patients may be comforted knowing their physician can remotely monitor what is occurring, such apps should not take the place of face-to-face interaction.

Another recent trend includes mobile dictation, which allows physicians to dictate information that can be transmitted and/or directly transferred to an electronic health record. In some cases, these apps also allow physicians to view patient lists, search patient IDs, and display current patient information on their mobile device.5

New Technology—New Risks

As with any new medical device, there are risks. Unsecured smartphones can be "plundered by cybercriminals for data," and smartphone apps are "often overlooked when it comes to testing the security of smartphones."6 The Health Information Technology for Economic and Clinical Health (HITECH) Act requires notification whenever a breach of unsecured protected health information (PHI) occurs.7 Additionally, the Department of Health and Human Services requires security of PHI on storage devices (hard drives), transmission media (cyberspace), and portable electronic media (e.g., smartphones).8

Consider the types of information stored on your mobile device. Reference guides such as Epocrates should not be a HIPAA risk. However, PHI saved directly to the device by dictation apps should be secure. Beyond storage issues, physicians should consider the security of PHI transmitted via mobile devices. Apps such as Airstrip OB that transmit PHI could be intercepted by hackers and/or corrupted by a virus. This risk can be mitigated by using encryption software that makes the data unusable by any party who may intercept it during transmission. Some app creators, like AirStrip Technologies, advertise their products as HIPAA compliant.9

Regardless of whether a physician's mobile device is used to access, transmit, or store PHI, consider all HIPAA and HITECH requirements. HIPAA requires data security and proper destruction, and/or file retention of PHI when appropriate. Before discarding devices with apps, physicians should have PHI removed to ensure HIPAA compliance.

What Can You Do?

- Review potential wireless apps to ensure security of PHI at all levels;
- Limit the type of apps that can be used based upon the individual app's level of security;
- Develop a security policy addressing mobile devices and apps that can be used, along with the appropriate use and destruction of PHI data;
- Develop an eDiscovery policy requiring assistance from defense counsel or your local ProAssurance risk management office in retaining PHI in the event of litigation; and
- Work closely with IT personnel to address all security issues.

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