



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS



2011 Year in Review

FEBRUARY 2012



ANNUAL REPORT TO THE MEMBERSHIP



About this Annual Report

This document is the only IAFP publication mailed to all IAFP active members every February. In our ongoing mission of timely and efficient communication with our members, we have moved to e-mail as our primary communication tool. If you have not provided an e-mail address to IAFP or skip over IAFP emails, you're missing critical e-news updates and the bi-monthly Illinois Family Physician newsletter.


Our online publications are "page turners!" Check out the e-Magazine format on our website. You'll find a faster download, where you can easily navigate, save, print and share your Academy newsletter.

Congratulations to our cover photo winners! From top: Michael Hanak, MD with Katherine Hernandez, MD, Linda Liboon, and Jenese Reynolds, MD at AAFP Annual Scientific Assembly.
Bottom left: UIC student Drew Thompson (photo by Lauren Kendall).
Bottom right: Naomi Parella, MD of Mount Prospect.

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Join our group 

The Illinois Academy of Family Physicians (IAFP) is the specialty association representing the interests of family physicians and their patients. We work to support today's family physicians and attract tomorrow's family physicians to care for the growing needs of our population.

Programs and Services:

- Continuing medical education
- Representation with the medical community
- Government relations representation and advocacy opportunities
- Public relations
- Leadership opportunities in health care
- Developing the future of family medicine

IAFP partners with Illinois government and like-minded organizations on:

- public health improvement
- disease prevention
- health care access for all
- patient-centered medical home
- reducing disparities
- primary care workforce issues
- information technology
- health care transformation



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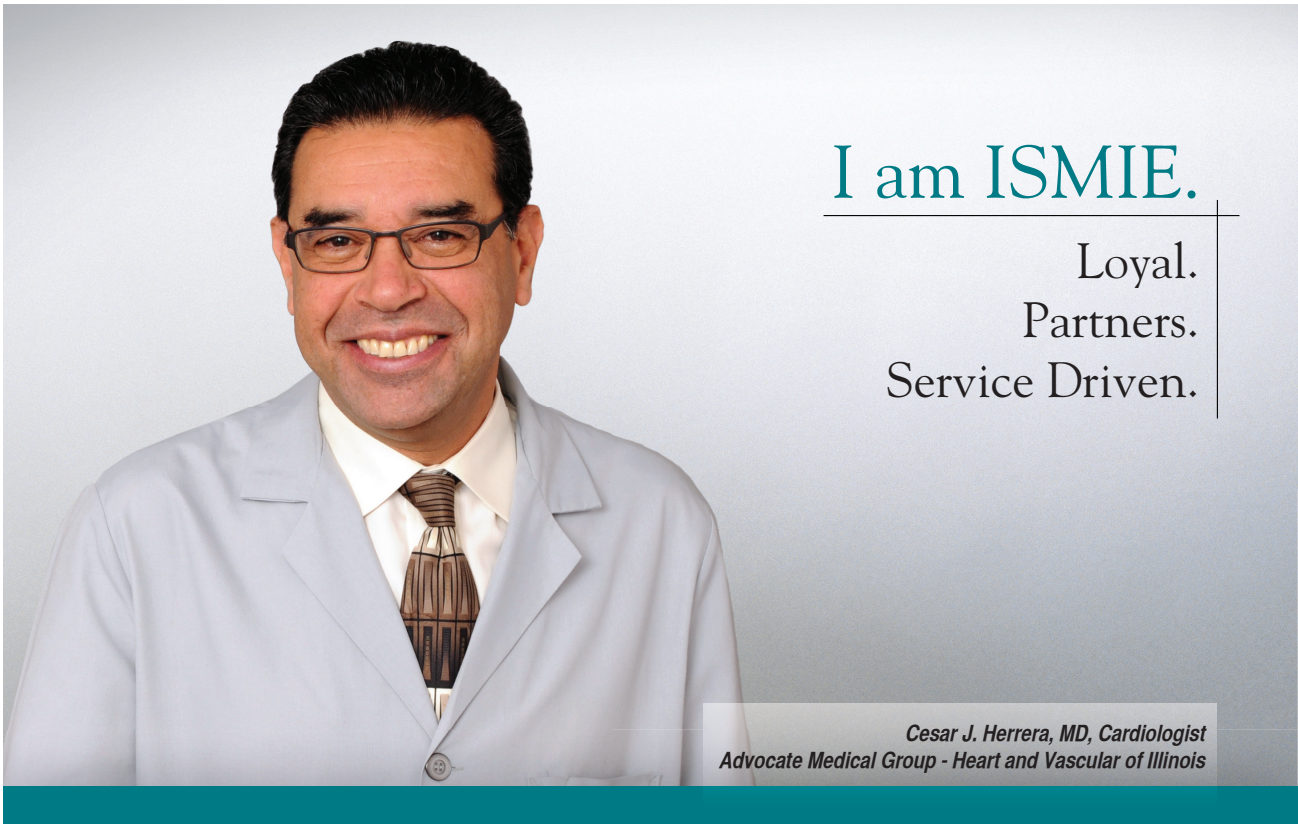
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I am ISMIE.

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*Cesar J. Herrera, MD, Cardiologist
Advocate Medical Group - Heart and Vascular of Illinois*

When I learned that a health care system wanted to purchase my practice, I was concerned about my medical liability insurance coverage. Then I found out I could keep my ISMIE Mutual insurance ... that made the decision easier. It made me think there are probably a lot of ISMIE policyholders who don't know they can keep their ISMIE Mutual coverage through the flexible options for employed physicians. I'm now an ISMIE policyholder and an Advocate Medical Group associate. Great partners for me, great partners for my practice...the perfect combination.

If you're considering integrating your practice with a hospital, remember you can remain an ISMIE policyholder with the same coverage. You can still depend on ISMIE's loyalty to your practice, exceptional service to every policyholder, solid coverage with flexibility and innovative risk management!

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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President's Message

Michael P. Temporal, MD

How are you feeling so far 2012? Are you excited like I am that flu season has been mild; our winter has been warmer with less snowfall than we expect? Those are definitely reasons for optimism as I drive into work each day. I imagine there are some issues that continue to frustrate you: Medicare, private payers, the state of Illinois and the Medicaid payment cycle. And finally there are some things out there that just might make your head spin, such as ACOs, PCMH, and ICD-10.

Allow me to play a little "Acronym Questions and Answers" to try to put things into perspective as IAFFP and our 4,100+ members move ahead in our march toward better care for all. Let's start with the easy one:

SGR – the Medicare Sustainable Growth Rate formula which has taken our nation to the current cliff, facing a 27 percent payment cut at the end of February. This continues to be AAFP's highest priority, working with the primary care physician community to demand eliminating the SGR and establishing a system of higher payment for primary care that accurately reflects the value of the services you provide. I ask that you take a moment and contact your members of Congress, either through the AAFP's Speak Out email system, or through your own connections. Encourage your Medicare patients to do the same. Congress needs to know there are real consequences if they continue to ignore this issue.

ACO – Accountable Care Organizations. AAFP and IAFFP continue to provide guidance on how to evaluate ACO opportunities to ensure family physicians and their patients are properly represented. If you haven't



already seen it, check out our *Family Physician's Guide to ACO Success* on the website.

PCMH – Even if you're not ready to apply for recognition from NCQA, the Joint Commission or URAC, you can make transformational changes in your practice to make your career more rewarding, with happier patients and staff. Our Practice Improvement Network (PIN –another acronym!) is the place for answers. I am a regional director for Southern Illinois Healthcare Foundation. Our community health centers are applying for NCQA recognition and I'm excited for our future. Your Academy's Practice Improvement Network is our resource to help you through your journey. You can take a CME webinar or attend a live session in 2012. One easy thing you can do now is to join us in the virtual community of the TransforMED Delta Exchange. Through your AAFP member login at www.aafp.org, you can connect to the Delta Exchange where the IAFFP PIN has our own private zone. There you can learn from our Illinois experts, discuss topics important to you with those in similar practice settings, and also access the tremendous medical home resources from the TransforMED experts. I look forward to connecting with you in the Delta Exchange PIN Zone.

The state's health insurance exchange (**HIE**): Even though we have much expertise, energy and enthusiasm on this topic, the Illinois General Assembly

has not passed any enabling legislation so the rubber can meet the road. The federal government has released proposed guidelines for the states, but defining essential health benefits will be left to the states. Your Academy and our partners are working hard to ensure that Illinois has a fair and effective authority governing the design, establishment and operations of any Illinois exchange. The clock is ticking; our state plan must be submitted to the U.S. Dept. of Health and Human Services in 2012 and Illinois' exchange must be ready to enroll patients by January 2014.

ICD-10. Once again, your Academy can help. IAFFP Board member Edward Blumen, MD from University of Chicago NorthShore Health System and certified professional coder, will offer education and support to help you manage the ICD-10 transition on the horizon in 2013. The TransforMED Delta Exchange also has a great webinar on this topic.

Workforce (no acronym, but certainly an Academy priority)– Not only does Illinois have a problem recruiting Illinois medical students into family medicine, we have family medicine residents who train here and then leave for other states. Our leaders will be visiting family medicine programs this year to promote the value of Academy membership and the importance of Academy action. IAFFP will also host the first ever Family Medicine Midwest (**FMM**, there's an acronym) conference in November, uniting family medicine residents and faculty with medical students from up to 12 states in the Midwest region.

I'm proud to share with you that IAFFP's membership grew by over 300 members in 2011. Our student membership grew by over 200, which I hope proves to be a good indicator for future Match days in Illinois.

May 2012 be a successful year for you, your family and our family medicine community!

February 3, 2012

Be careful what you pray for, because you just might get it is the title of Dr. Larry Dossey's 1997 book that I think describes family medicine experiences in 2011. However, I would add the subtitle, "Although you might not get it the way you expected!"

Certainly family medicine has seen greater adoption of our signature policy of "Health Care for All" in federal health reform. Family medicine is receiving plenty of attention and the term "patient-centered medical home" is gaining traction. The challenge has been to transform the discussion into sustainable components of clinical practice, better payment mechanisms, and population medicine.

Amazingly, some of the health care reform efforts, such as "meaningful use" for Medicare and Medicaid, have proceeded as expected. Illinois family physicians are receiving Medicare meaningful use payments and others have begun registering and attesting for Medicaid meaningful use. Unfortunately, other health care reform efforts, such as establishing our state's health insurance exchange, have failed to launch yet due to political wrangling in Springfield.

I'd like to review Illinois family medicine's progress in the health care reform movement and look at what 2012 might have in store for Illinois family physicians. If you are reading this report on paper, not on a computer, links to more information are on the IAFP website, www.iafp.com.

Your Academy's service to you

I'm proud to report that the IAFP's total membership is now over 4,100 strong. We added nearly 100 active members and over 200 new student members. Our Membership and Member Services committee researched and added two new member benefits at the end of 2011. One is a [Multiple Employer Plan](#), enabling small practices to provide retirement plan options



for their employees. The second is [health insurance](#) assistance from Mass Marketing Insurance Consultants, Inc. enabling IAFP members to get affordable rates on private health insurance.

IAFP activity around health care reform included:

Programming IAFP developed and launched the Practice Improvement Network (PIN), as a way of translating the cacophony of federal, state, and local health care reform activities into meaningful actions for family medicine. The PIN report is on page 9.

Communications Each issue of our Illinois *Family Physician* magazine addressed the opportunities available to family physicians and explored the options. The PIN website continuously gathered resources into one spot www.iafp.com/PCMH for family physicians as new resources became available. IAFP e-News brought the most updated information directly to members' inboxes every two weeks.

Education IAFP offered continuing education on health care reform topics through webinars, hosting "AAFP Live!" in April and a special track on practice management at the annual meeting in November.

Executive Vice President's Report

Vincent D. Keenan, CAE

Empowerment The IAFP continued to comment on health care reform proposals such as proposed federal rules for Accountable Care Organizations (ACOs) and the proposed state Medicaid reform changes to advocate the family medicine point of view.

Promoting payment reform and primary care workforce

A priority for the entire Academy has been education and promotion of payment reform in health care. Building on the successful payment mechanism established in the Medicaid primary care case management project, Illinois Health Connect, IAFP has advocated strongly with commercial health plans to experiment with similar payment reform. So far they have not budged.

Meanwhile Illinois Health Connect and Your Healthcare Plus, the Medicaid chronic disease management project, together continued their successful demonstration of PCMH as a key foundation for health care reform. Data from FY 2007-2010 showed about a four percent savings against the expected trend of rising Medicaid expenses for both programs. Clinical improvements through the Illinois Health Connect Medical Home Model.

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Medical Homes' Medicaid Impact

Clinical Outcomes

	2007	2009
Children ages 0-3 at least 1 objective Developmental screening	25.5%	36.1%
Women ages 42-69 receiving at least 1 mammogram in past two years	37.45%	38.86%
Adolescents receiving check up every other year	50.84%	54.11%

Savings to the State

Illinois Health Connect:	\$431 million	1.8 million people
Your Healthcare Plus:	\$569 million	280,000 people
Total Savings:	\$1 billion for 2.1 million people.	

To provide an outside evaluation, IAFP worked with the AAFP's Robert Graham Center to secure a grant from the Commonwealth Fund to evaluate the programs and document the savings. The final report will be issued in March 2012. Preliminary findings indicate that the fiscal savings were *underestimated*, and that overall savings could be six to seven percent.

The Academy has been promoting these findings at the same time the Medicaid program is moving towards a goal of 50 percent of its clients in a "care coordination" model by 2014. We have strongly advocated that the new "care coordination" model be built on the successes of Illinois Health Connect and Your Healthcare Plus. Unfortunately, the state ended Your Healthcare Plus on June 30, 2011, and the future of Illinois Health Connect beyond June 30, 2012 is in question.



Priority on healthy mothers and babies

IAFP joined forces with the Illinois Chapters of the American Academy of Pediatrics and the American Colleges of Obstetricians and Gynecologists to create a united [Physicians Statement on Breastfeeding](#), which was formally unveiled at a dinner event on September 21. The statement addresses strategies for providers and communities to support breastfeeding and ensure mothers and families have access to education, support and resources to initiate and continue breastfeeding.

Prescription for safe prescribing

The IAFP Public Health Committee chaired by Dr. Rashmi Chugh appointed a subcommittee on Narcotic Policy with Drs. Arvind K. Goyal, Sachin Dixit and Renee M. Poole to propose recommendations which could help family physicians develop policies for safe practices for narcotics prescribing. Their [recommendations](#) provide a [template](#) that could be modified to suit one's practice and patient population. Find it all on our website at www.iafp.com/whatsnew.

Transforming the Illinois Academy's leadership

IAFP leadership took two significant steps towards ensuring that the infrastructure of the Academy has a solid foundation:

- The strategic plan was updated at the May board meeting: <http://www.iafp.com/about/2011StrategicPlan.pdf>
- A leadership development program was held at the May and November meetings to help Academy leaders think through health care reform issues and plot the Academy's priorities.

IAFP took fresh eyes to our annual meeting, which led to a surge in attendance. Our meeting moved to Veterans Day weekend (from the first weekend in December) and provided new options for CME, family fun and a convenient place for AAFP fellows to receive convocation and for members to participate in the All Member Assembly.

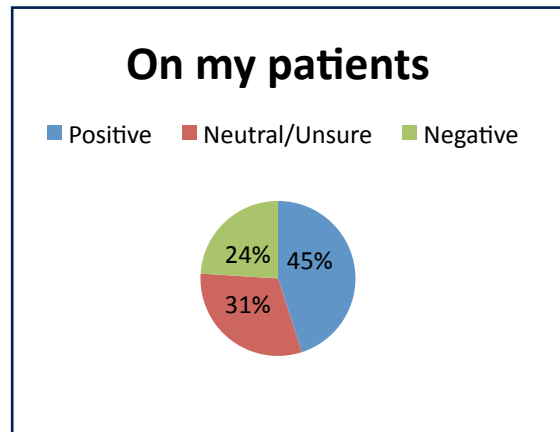
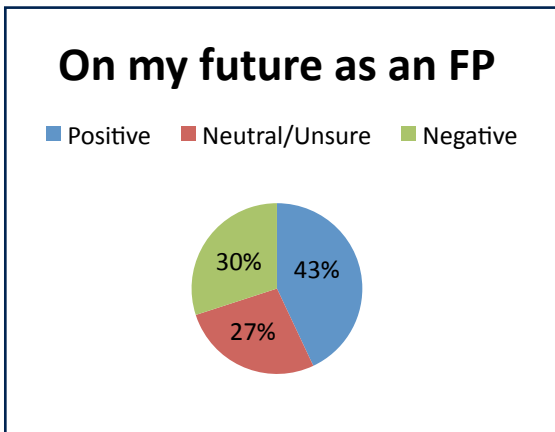


Illinois has a new leader on the national stage. Javette Orgain, MD, MPH, was elected to the AAFP Board of Directors in September in Orlando. Dr. Orgain serves as the AAFP Vice Speaker, one of two AAFP officers who oversee the work of the Congress of Delegates, the policy-making body of the AAFP. Dr. Orgain will run for re-election at the AAFP 2012 Congress of Delegates in Philadelphia October 15-17.

Members – the survey said...

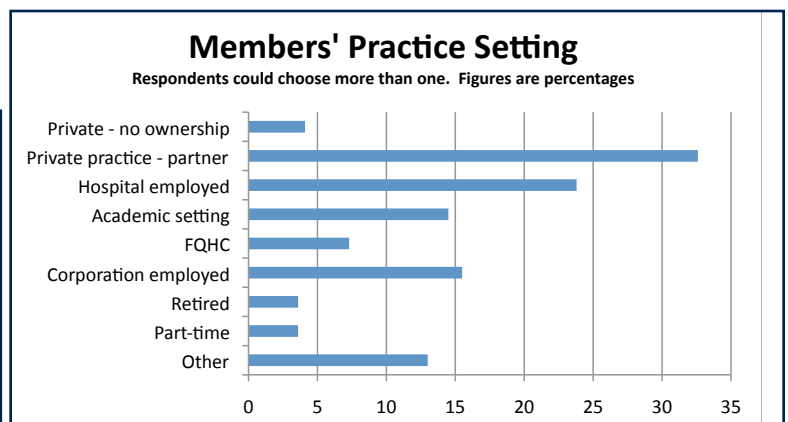
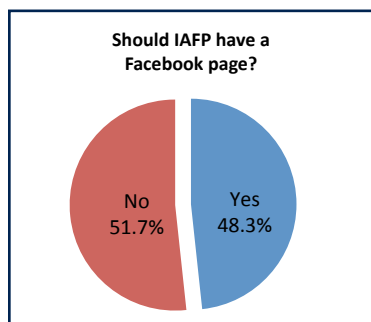
By summer 2011, 32% reported being owners or part-owners. In summer 2010, about 55% of members were owners or part-owners of their practices. Health care reform is causing big changes in family medicine and health care. Your responses to the bi-annual membership survey indicate significant uncertainty.

Members' view of Affordable Care Act's effect:



Despite the uncertainty that federal health care reform creates, members overwhelmingly feel that the “medical home philosophy” is very or somewhat important to them (79%). They feel that the Academy effectively represents the interests of family medicine (76%). Members want the Academy to focus on the following issues:

- Medical liability reform
- Medical home practice recognition and payment
- Access to care – insurance
- Public health issues
- Scope of practice
- Public sector advocacy
- Private sector advocacy





During 2012, IAFP will continue to channel the family medicine voice for commenting on health care reform activities. IAFP hosts a monthly teleconference of interested organizations on implementing a primary care extension program (PCEP) into a community. The Illinois chapter co-hosted with Illinois Health Connect and the Illinois Foundation for Medical Care the June 2011 Illinois PCEP Summit, which featured a plenary presentation by Bob Phillips, MD, MSPH, director of the Robert Graham Center, the AAFP's policy research think tank. The summit helped establish IAFP as a leading change agent for primary care extension programs in the state. Our efforts were bolstered when the Illinois Department of Public Health was awarded a Community Transformation grant from the Centers for Disease Control in October 2011. This five-year, \$24 million grant will develop the policies and infrastructure needed to establish a community-based health care transformation that matches the successes demonstrated in primary care clinical practice. IAFP proudly serves on the steering committee for this grant implementation.

What can Illinois family physicians do?

If you are an owner or part-owner of your practice, assess your current position carefully. Trends in 2011 indicate that remaining very small (solo or partnership) or going very big (joining groups of 30 or more clinicians) is where physicians were heading. Solo and partnerships are nimble enough to fill niches in the marketplace and provide access in underserved areas. Likewise, larger groups have sufficient infrastructure to support the health care reform large-scale changes, such as moving to ICD-10, and creating ACOs.

If you are employed in a medical group, hospital or health system, how can the Academy help support the way you wish to practice family medicine? IAFP provides management support to solo and small group practices (such as vaccine group purchasing, physician placement services, liability insurance, and practice financial options). What do employed family physicians need to provide better care and be happy in practice? We are ready to hear your ideas!

Health care reform has a special focus on family medicine and primary care. Let's take advantage of the opportunities to create a stronger future for family medicine.

Illinois Prescription Monitoring Program

- ▲ **Tracking Controlled Prescriptions**
- ▲ **View Patient Prescription Histories**
- ▲ **Preventing Abuse and Diversion**
- ▲ **Mobile Accessibility – 24/7 Access**
- ▲ **Program is Voluntary**
- ▲ **Web Site is Free of Charge**



www.ilpmp.org





PIN – Practice Improvement Network

“Medical Home” is more than just a phrase, there

are now some concrete definitions. Practices can be recognized as a medical home by NCQA, the Joint Commission or URAC. AAFP has emphasized the structure and the value of the medical home model at every opportunity. Simply stated, a “medical home” means the right care at the right time by the right provider. Depending on your practice situation, you may be ready for full-fledged medical home recognition by one of the accrediting agencies. Or you may only be able to make incremental changes toward the medical home philosophy.

The IAFP board of directors voted in December 2010 to undertake the Practice Improvement Network (PIN) initiative in 2011. The PIN supports small family medicine and primary care practices in identifying and implementing aspects of successful patient-centered medical home (PCMH) models within their own practices. In other words, we’ll help them make the changes they feel are most important to their success in this new era of health care delivery. The IAFP recognizes that one PCMH model does not fit all practices, but each practice can be empowered to define how it will transform, using the best clinical and financial tools, methods, and resources in the marketplace.

The PIN project is led by the IAFP Practice Transformation Committee, chaired by Donald Lurye, MD, CEO of Elmhurst Clinic. Elmhurst sites were Illinois’ first NCQA recognized Patient Centered Medical Homes.

His advice to small practices is to make a change that will make a difference, even if reimbursement is not yet applicable. “It is hard for small practices to ‘get off the treadmill’ to redesign the traditional

patient-initiated office visit model. So try something simple like a spreadsheet registry of your ten sickest patients. Track their progress and do some proactive outreach. With your partners, agree on simple care standards and strive to meet them. You may rediscover the joy of our honorable profession.”

“At Elmhurst Clinic, we put the patient at the center of everything we do. Medical home recognition helped us look at the processes by which we did almost everything at the Clinic.”

Combined, the elements of the Practice Improvement Network create a framework to connect and empower members as they navigate the changing tides of health care reform and deliver patient-centered medical care. The IAFP is committed to helping members: redesign primary care services and structures; improve population health management; control unnecessary costs and waste; integrate and execute new systems. Helen Kate Liebelt serves as the IAFP’s PIN project manager. You can contact her at hkliebelt@iafp.com or 800-826-7944 ext. 218.

The Small Practice Pilot (SPP)

The launch of the PIN Small Practice Pilot in spring 2011 got off to a slower start than anticipated. We found that practices are philosophically prepared for transformation, but need help in making key operational changes before taking on full-fledged PCMH transformation. IAFP will provide an opportunity to engage mid-size/large practices in a practice transformation pilot by offering the TransforMED PCMH toolkit and the coaching resources.

Phase I – Small Practices

- Six practices have completed the majority of tasks of the pilot program including initial assessments, coaching, CME webinars and Plan-

Do-Study-Act projects along with the assistance of their selected practice management coach.

- PIN will focus attention and resources to deliver customized solutions for approximately 12 small practices that initially enrolled in the program. Examples of services may include:
 - Staff training and leadership development training
 - Billing/Coding support
 - Vendor/Service provider negotiation support
 - Meeting meaningful use criteria
 - Meeting requirements for NCQA recognition

Phase II – Mid-Size Practices

- Phase II will focus on practices with more than eight physicians. Contact Helen Kate Liebelt for more information and apply today!



TransforMED (www.transformed.com) is the AAFP’s patient-centered medical home resource center for members. All IAFP members have access to these tools:

Medical Home IQ (MHIQ) Assessment Portal

- The MHIQ Assessment landing page was launched in fall 2011 and can be accessed at: <http://www.transformed.com/MHIQ/welcome-IAFP.cfm>

Delta-Exchange

- The Delta-Exchange is available to the entire AAFP membership. In addition to the wealth of resources and expertise available throughout the exchange, IAFP members will be invited to join and interact in IAFP’s PIN Zone, a private area for Illinois members to learn and connect around medical home topics.

Small Practice PCMH Package

- The IAFP has negotiated an agreement with TransforMED to provide access to their Small Practice

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PCMH package to Illinois practices.

Member Education

The IAFP offers a free lunchtime webinar the last Thursday of every month on a Practice Improvement Network CME topic. All webinars are free to access and worth 1 credit each. The schedule is published widely on the IAFP website and will be promoted in all member communications.

The first PIN CME webinar tackled "Same Day Sick Visits," presented in October 2011 by Brenda K. Fann, MD, program director at Rush Copley Family Medicine Residency program in Aurora. Their clinic introduced SDSV four days per week in 2008 with the goals of improving patient access and satisfaction, while also improving staff and provider satisfaction. This change took the scheduling juggling act off of the triage nurse and established a clear and simple policy for patients with acute needs to see a doctor, rather than rely on urgent care or emergency rooms for non-emergent care.

Dr. Fann advises that small practices should collect some data to use in helping them shape their own SDSV policy. Same day access works best for acute issues for established patients that can be handled quickly. It should not be used for new patients, chronic care, follow-up visits or physical exams that demand longer appointment times. For practices that don't have an electronic health record, finding a patient's chart may complicate matters. Using the start of the day for SDSV allows providers to "catch up" on other things if the patient load is light during the SDSV block, and allows providers to see scheduled patients on time.

Dr. Fann stressed the importance of formalizing a policy and then promoting and communicating that policy widely and in advance. Then stick to the visit and require follow up appointments with the patient's primary provider. You

can find the webinar archived on the PIN website at www.iafp.com/pcmh.

Annual meeting PIN CME Summary

One CME track of the IAFP 2011 Annual Meeting was devoted to practice management topics, with two sessions directly from the PIN playbook.

Dr. Lurye provided an overview of the core elements of IAFP Practice Improvement Network and highlighted some of the key findings from the first year of the PIN initiative. He explained to attendees that transformation is a journey, not a destination. Every practice can focus on making changes that are meaningful to their operations and their patients.

Dr. Elif Oker, F.A.C.E.P., a medical director at Blue Cross and Blue Shield of Illinois discussed opportunities to reduce barriers and gaps in the continuum of care. Dr. Oker highlighted the impact of technologies to connect providers and enhance existing referral relationships between providers to support continuity in patient care.

Lucy Zielinski, Vice President, Health Directions and a PIN small practice coach, discussed the importance of patient satisfaction as it pertains to the success of the medical home. She highlighted opportunities to leverage social media to connect with patients as part of a service improvement

action plan which includes measurable satisfaction outcomes.

Slides from these presentations are available on the IAFP's website www.iafp.com/pcmh



"I haven't decided whether I'm going to go for a medical home certification or not. I really do anticipate that before the 18 months [of the PIN Small Practice Pilot] are completed, I will already have much of the expected requirements in place so that it won't take too much extra work. My immediate priorities are to get a much better grasp of my billing and accounts receivable and make my office easier for patients to communicate with."

-Rachel A. Winters, MD
Solo practice, Lawrenceville



Join the Delta-Exchange, TransforMED's networking and collaboration platform for physicians to connect and discuss best practices and tools for practice transformation. The IAFP has a private PIN Zone where Illinois members can

interact, share best practices and find all the PIN project resources and updates. The PIN Zone is free and open to all IAFP members, plus you'll have access to all the national expertise of TransforMED in the Delta-Exchange. Log in at www.aafp.org to get started!

Government Relations

IAFP and our great contract lobbying firm, Cook-Witter, Inc., celebrated 20 years of collaboration! The political climate in Illinois and Washington, D.C. was anything but celebratory – rather contentious, with both the state and federal budgets facing crisis-level deficits. While advocating for fiscally responsible solutions, both AAFP and IAFP focused their efforts on meaningful changes in health care policy that did not require unattainable funding. You can find all IAFP testimony on the government relations page of the IAFP website.

In 2011, the following bills that IAFP supported were signed by Gov. Pat Quinn into law:

HB1338 Immunization Registry Act: IAFP provided [written testimony](#) in committee supporting the bill, which makes the Illinois Immunization Registry (I-CARE) an opt-out system rather than opt-in.

HB 1530 Mental Health Parity Act: ensures insurance coverage parity for mental and behavioral health services, bringing Illinois into compliance with requirements included in the federal health care reform law. Insurance providers will not be able to limit coverage, nor impose higher co-pays or deductibles for mental or behavioral health services.

HB 200 Protecting Our Student Athletes Act: this legislation will raise awareness of concussions. It provides that park districts make available educational materials that describe the nature and risk of concussion and head injuries, including recommendations to remove youth athletes from sports activity who exhibit signs, symptoms or behaviors consistent with a concussion.

HB 2917 Rewrite of the Controlled Substances Act: IAFP participated in the overhaul of the state's controlled substance law. The final bill made numerous changes relating to the

scheduling, prescribing, and dispensing of controlled substances and permitted an authorized prescriber to issue electronic prescriptions for Schedule II through V controlled substances if done in accordance with federal rules.

Medical Practice Act: Despite the physician community's call for a 10-year extension, the final legislation extended the Act for only one more year.

IAFP also successfully opposed two concerning state legislative proposals.

Smoking in casinos exemption: Unfortunately, the state's casino owners have been pushing hard to lift the state's smoking ban at their facilities, but their bills have not advanced.

Certified Lay Midwives: As amended, the bill would allow certified lay midwives to take histories, perform physicals, provide prenatal care, dispense drugs, treat hemorrhages and other emergencies, and treat the infant and woman postpartum. IAFP maintains that a "certified nurse midwife" title should be reserved for those who undergo specific training programs following attainment of an R.N. license. Certified nurse midwives should only function in an integrated practice arrangement under the direction and responsible supervision of

a practicing, licensed physician qualified in maternity care.

IAFP member lobbying efforts

Spring Into Action: On May 3 – 5, IAFP members participated in three lobby days in Springfield and met with 43 legislators.

AAFP Family Medicine Congressional Conference: During non-election years, IAFP holds its spring Board meeting in Washington, D.C. using the opportunity to educate our leaders on federal advocacy through their participation at FMCC. Illinois chapter members made 18 visits, to Illinois Congressional Offices. This will continue in 2013 and 2015.

Improving Health Care in Illinois

Underway: EHR – Medicaid Meaningful Use Incentive Payments: Applications for Medicaid "meaningful use" by practices became available September 6. First payments are

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A large group of IAFP leaders and residents head into the Capitol on the first of three Spring into Action lobby days.



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scheduled for February 2012. Illinois has two Health Information Technology (HIT) regional extension centers (REC) available to help providers in the process: CHITREC (Chicago) and IL-HITREC (the rest of Illinois).

Medicaid Reform: In early January, a special session of the lame duck General Assembly passed a Medicaid reform bill mandating that 50% of the patients be enrolled in a managed care program by 2015. The reform law also created a moratorium on any Medicaid program expansions and introduced “care coordination” as a managed care term. IAFP submitted comments to the bipartisan reform committee throughout the process.

Medicaid eligibility and payment reform going forward: IAFP’s [testimony to the House Committee on Health Care Availability and Accessibility](#) included the importance of moving toward a blended payment system of fee-for-service, care management, and performance bonuses to adequately pay providers for the work needed to improve care outcomes and lower costs for the Medicaid program. IAFP continues to stress that the delivery system must be built upon a medical home model with primary care as its foundation.

Collaboration with Department of Insurance: In June 2010, the Illinois Department of Insurance (DOI) partnered with IAFP to help families who face medical-related disputes with their health insurance companies. IAFP veteran leaders with medical record review expertise review rescission files (which met HIPAA security requirements) and rendered an opinion. Since November 2010, our members have reviewed approximately 124 files. These reviews have enabled the Department to challenge approximately 30 complaints that would have previously been closed without further action.

The reviews have slowed down significantly due to several new protections afforded to consumers. First, health care policies can no longer be rescinded unless an intentional misrepresentation or fraud is committed on the application. Second, the Illinois external review law, initially effective in July 2010 for medical necessity claims, was expanded in August 2011 to include claim denials for rescissions and for pre-existing denials as well.

On the horizon: State-based Insurance Exchange: Under the Affordable Care Act (ACA), the establishment of 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.

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. Illinois must submit a full, detailed exchange plan to the US Health and Human Services by December 2012 in order to open enrollment by Oct. 1, 2013 and be fully operational by 2014.

Illinois AFP provided [written testimony](#) in August based on the [AAFP Principles for State Health Insurance Exchanges](#)

and then provided additional feedback after the Legislative Study Committee released their recommendations in early October. To date, the General Assembly has not passed any enabling legislation. In addition to testifying at the hearing, IAFP met with both the Illinois Dept. of Insurance and the Attorney General’s office to reiterate these same principles.

Comprehensive Healthcare Workforce Planning Act: IAFP supported this Act which establishes the State Healthcare Workforce Council to provide an ongoing assessment of health care workforce trends, training issues, and financing policies. The Council work will focus on health care workforce supply and distribution; cultural competence and minority participation in health professions education; primary care training and practice; and data evaluation and analysis. Implementation of the Act was entirely subject to the availability and appropriation of funds from federal grant money applied for by the Department of Public Health. IAFP will continue to address workforce issues in conjunction with this Council and independently with the State Health Improvement Plan Implementation Coordination Council to ensure family medicine’s views and data are shared.

For any questions about this report, please contact Gordana Krkic, CAE, Deputy Executive Vice President of External Affairs, at gkrkic@iafp.com or 630-427-8007.



Sen. Jeffrey Schoenberg sits down with board member Edward Blumen, MD (right) and NorthShore resident Michael Ravella, MD (center).

Member Photo Gallery



Christopher Guerrero, MD of Chicago accepts the 2011 AAFP Humanitarian of the Year Award at the Congress of Delegates meeting in Orlando. Photo courtesy of AAFP



Susan Arjmand, MD serves as Medical Director for the Chicago Police Department. Staff photo



IAFP held a fellowship and job fair for resident members at the 2011 Annual Meeting, allowing resident members to “speed date” with a variety of fellowship options and Illinois-based family physician employers as they ponder their family medicine futures. Staff photo



Resident members John Chico, MD and Doug Pepple, MD (far left, back row) provided medical support at the 2011 Chicago Marathon. Photo by Mike Zarnek, submitted by Dr. Pepple



Then-president David Hagan, MD of Gibson City meets with his senator, Bill Brady. Staff photo



L to R: board member Michael Fessenden, MD; then-UIC student Emily White Van G ompel, then-board chair Patrick Tranmer, MD; U.S. Rep. Danny Davis and board member Ravi Grivois-Shah, MD. Staff photo



CME



High-caliber CME from your Academy!

In early 2011, IAFP achieved ACCME accreditation status of Accreditation with Commendation, which extends our accreditation term by two more years until March 2016. Accreditation with Commendation is awarded to providers that demonstrate compliance in all 22 criteria and is the highest level of accreditation that can be achieved through the ACCME.

Also in 2011, the state's "Your Healthcare Plus" program came to an end. The Medicaid disease management program included a series of CME programs for providers managing patients with some of the most costly chronic conditions. The Your Healthcare Plus CME has a new home with the IAFP online education.

Our online CME materials at www.iafp.com/education

Chronic Disease Management

Managing Childhood Asthma in Primary Care: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Coronary Artery Disease in Primary Care: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Chronic Obstructive Pulmonary Disease in the Family Care Setting: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Type 2 Diabetes in Primary Care: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Heart Failure in Primary Care: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Pain Management with Opioid Drugs in Primary Care Practice

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Quality Improvement

Managing How to Conduct a Quality Improvement Program in Primary Care Practice

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Adult Smoking Cessation: Intervention Strategies for Primary Care Providers

1 AMA PRA Category 1 credit TM

Mental Health Topics

Managing Adult Depression in Primary Care: A Quality Improvement Program

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Medical Management of Patients with Schizophrenia and other Psychotic Disorders in Primary Care

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Bipolar Disorder in Primary Care

1 AMA PRA Category 1 credit TM & 1 Prescribed credit

Managing Substance Abuse Disorders in Primary Care: A Quality Improvement Program

1.75 AMA PRA Category 1 credit TM & 1.75 Prescribed credit

Caring for Our Military

The Care of Military Children and Adolescents During Deployment and Beyond

1 AMA PRA Category 1 credit TM

The Care of Returning Service Members and Their Families: What Family Physicians Should Know

1 AMA PRA Category 1 credit TM

Join our speakers' bureau!

If you would like to contribute to the development and presentation of future IAFP CME programs, please contact Kate Valentine at kvalentine@iafp.com or sign up on the IAFP web site CME page.

IAFP Live CME activities in 2011

Webinar: *Adult Smoking Cessation: Intervention Strategies for Primary Care Providers*
June 28, 2011

Presented in conjunction with Cook Co. Department of Public Health through funds received from the Illinois Department of Public Health.

Live conference: *Palliative Care in Primary Care CME Conference*
Resurrection Hospital, Chicago, October 29

Led by CME committee chair James Valek, MD and board members Timothy McCurry, MD and Michael Fessenden, MD, this conference followed a successful palliative care conference launched in 2010 at UIC.

IAFP 2011 Annual Meeting Oak Brook Marriott, November 11-12

The annual meeting featured two days of CME, with a clinical track and a practice management track. The practice management track included content from the Practice Improvement Network (PIN) leadership, practices and coaches to introduce members to the PIN and create momentum for the academy's patient-centered medical home efforts leading into 2012. CME Committee member Sharon Smaga, MD and IAFP member Kyaw Naing, MD developed and facilitated along with Maynank Shah, MD the SAM's workshop presented at the Annual Meeting. The CME Committee plans to bring the SAM's workshops on the road throughout Illinois in 2012.



CME Chair James Valek, MD and board members Michael Fessenden, MD and Timothy McCurry, MD championed the IAFP's CME program on palliative and hospice care.

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IAFP's Fiscal Affairs

IAFP maintained strong fiscal accountability in the face of a struggling national economy. Member retention remains strong, providing a secure dues revenue stream in planning the Academy budget. The Academy's successful education programs and grant-writing, combined with careful planning and execution of the annual meeting ensured responsible stewardship of the Academy's finances. At the same time, the IAFP's long-serving staff exercised sound judgment in keeping the budget on-track throughout the year.

IAFP earns its revenue from member dues, meeting sponsorship and registration, and education projects. In 2011, nearly 50 percent of IAFP revenue came from membership dues. Other non-dues revenue included meeting sponsorship, print advertising, member services benefits and education projects. About 37 percent of 2011 revenue was from the pharmaceutical industry, mostly in education grants and meeting sponsorship, while 15 percent came from non-pharmaceutical industry companies and organizations. A complete report is given to the IAFP All-Member Assembly at each annual meeting. To request a copy of this report, contact deputy executive vice president of internal affairs Jennifer O'Leary at joleary@iafp.com or 630-427-8001.

Thank you 2011 Family Health Foundation of Illinois donors! These contributors donated a total of \$13,404

2011 Foundation fundraising events included the annual Chicago White Sox game (233 fans!) and the Annual Meeting Wall of Wine auction.

Save the date and join us for the 2012 White Sox game on Tuesday, July 24th.

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American Board of Family Medicine – www.theabfm.org

Society of Teachers of Family Medicine – www.stfm.org

The Robert Graham Center (Policy studies in family medicine and primary care) – www.graham-center.org

American College of Osteopathic Family Physicians www.acofp.org Illinois Chapter: www.acofpil.org

Physician Licensure website: www.idfpr.com/dpr/

Illinois General Assembly- www.ilga.gov

State of Illinois website: www.illinois.gov

IFMC–IL (quality improvement organization for Illinois) www.ifmc-il.org

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Medicare & Medicaid EHR Incentive Programs www.cms.gov/EHRIncentivePrograms

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AAFP patient education www.familydoctor.org

Health care reform (AAFP, AARP and other organizations) www.healthcareandyou.org

Take Control of Your Health (Midwest Business Group on Health & CBS2-TV) www.tcyh.org

Federal health care information www.healthcare.gov

Illinois Dept. of Insurance (Health Insurance Reform Information Center) <http://insurance.illinois.gov/hirc/>

Illinois Health Connect – Medicaid Medical Home www.illinoishealthconnect.com



Illinois Tar Wars poster contest winner Madeyn Noyes took 6th place in the National Tar Wars Poster Contest in Washington, D.C.

SAVE THE DATE

IAFP Annual Meeting
November 8-10
Eaglewood Resort Itasca

Family Medicine Midwest
November 10-11
Same place!



Kate Rowland, MD (left) and resident member Chris Boisselle, MD (right) volunteer at the Hispanocare Fair in Chicago. Hispanocare is an effort by Advocate Illinois Masonic Medical Center to provide bilingual, bicultural, Hispanic user friendly and quality health care. Photo provided by Dr. Rowland.