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Small practices can build a medical home. No big company needed!

Savitha Susarla, MD

Meghan Whelan, PA-C

Patrick Schaefer

Keith Cochran, MD

Pat Bickoff

Meet two small practices that built NCQA-recognized medical homes

Daniel Wujek, MD

read more on page 4

President's Message

Michael P. Temporal, MD

Building Medical Homes – Southern Illinois Style

For quite some time, both AAFP and IAFP have advocated for the patient-centered medical home (PCMH): to our membership, to the greater health care community, to payers, to lawmakers and policy leaders, to the media, to the public and to anyone and everyone. As president of the Illinois Academy, my duty is to not only serve as an advocate and promoter of the PCMH model, but also as an instrument of change in our community.

Last month, I gave a presentation at the Southern Illinois Healthcare Foundation all-provider meeting about the plans that SIHF has for achieving NCQA PCMH recognition. Our first site application for Level 1 recognition will be submitted this year. The second and third sites will be for Level 3 recognition and will be submitted in 2014.

SIHF is a community health center (FQHC) and is benefitting from the HRSA grant to FQHCs in order to help us apply for and achieve NCQA PCMH recognition. Simultaneously, SIHF is implementing an E H R system throughout our various sites, and we are also applying for Medicaid Meaningful Use. The good news/bad news is that we are really busy juggling these important objectives at the same time! As a result, our production is limited at times and our information overload is high!

So, here is an update on our progress. The first site for NCQA PCMH, Central Alton Health Center, already has the E H R system in place, and it is staffed

by a nurse practitioner. The second and third sites are multi-specialty offices with the E H R system still to be installed and implemented. The first site will pilot test how a clinic can achieve the six "must-pass" elements of PCMH recognition. The other two clinics will be framing the SIHF policy that will become our workbook to implement NCQA PCMH standards through all 37 SIHF sites.

One of the benefits of moving towards PCMH recognition is that it is enabling SIHF clinical and non-clinical (the front and back offices) team members at each office to work together. If you strictly interpret the NCQA criteria, you can probably check your way through it. The challenge is to really commit and "just do it" 100 percent of the time. To make the process manageable to all the providers, PCMH implementation will be done incrementally. As you'll see from the PCMH success stories of Litchfield Family Practice Center and Susarla & Susarla, MDs in Elgin, the only way do make this transformation is step-by-step. There are no shortcuts, and no quick-fixes in true medical home transformation. Their stories also demonstrate that you don't have to be part of a big system or an FQHC to make this important transformation. Both of these practices did it themselves.

The idea of true medical home achievement is to take the best of what providers already do and make it even better. Perhaps the downside is that you will spend a great deal of time documenting and "proving" that what you do is high-quality, comprehensive, proactive care. The three clinical areas where SIHF has chosen to focus on are implementing more consistent care management with diabetes, hypertension and obesity.

In short, this is a complete transformation of culture - from physician-centered to patient-centered. This can be done one process point at a time, such as creating a same day scheduling process, rather than squeezing patients in. Prepare for the entire day with daily morning huddles to review the daily schedule, and prepare for any disruptions to that plan.

SIHF currently operates on a geographic basis, where clinic operations for family physicians in the Alton site differ from those in St. Clair County, which differs from the operations in Effingham. That's going to change soon; and our patients will have consistency by department across all our sites. I look forward to updating you on our progress in my final President's Message in November. In the meantime, I hope you enjoy the PCMH success stories in this issue. I congratulate all our members who have been part of any PCMH transformation, and encourage others to start their journey. IAFP and AAFP have resources and leadership to help you along the way. Visit www.iafp.com/pcmh or www.aafp.org and click on the Patient Centered Medical Home link under the "Running a Practice" tab.

In the meantime, enjoy the summer and I hope to see you at the IAFP Annual Meeting, November 8-10 in Itasca!

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Robert L. Gordon, MD, MSPH, Occupational Medicine, Policyholder since 2004

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IAFP News

Meet Small Practice Medical Homes

For several years, the primary care community has advocated for practices to become medical homes, and for public and private payers to pay those practices for the extra costs in transforming into a patient centered medical home and for the enhanced care they provide.

Since the release of the Joint Principles of the Patient Centered Medical Home in 2006 where are we now? Certainly there are some mixed results.

- The federal health care reform law (Patient Protection and Affordable Care Act or PPACA), passed in 2010 provides for some pilot testing of payment models incorporating some payment models of the PCMH.
- Four organizations currently recognize PCMH providers and practices: NCQA, URAC, AAAHC and the Joint Commission.
- Several private payer PCMH pilot programs have been evaluated with positive results.

Illinois currently has 511 providers recognized by NCQA's Physician Practice Connections - PCMH program. While many of them are part of a larger group, such as Advocate, DuPage Medical Group, Decatur Memorial Hospital, Elmhurst Clinic, OSF, SIU, etc., there are some smaller independent family medicine practices who have achieved this same recognition. IAFP caught up with two of these practices to find out how they did it, and if they think you should, too!

The Rural Health Clinic: Litchfield Family Practice Center – www.lfpc.net. The seven-physician practice south of Springfield was already the "default medical home" for the area – caring for over 20,000 patients. They also offer walk-in patient care Monday through Friday evenings and Saturday mornings – called "PrimeTime." Family physicians Jerome Epplin MD, Keith Cochran MD and Daniel Wujek (pronounced "wee-ack"), MD served as the physician leaders of the PCMH transformation process. Administrator Pat Bickoff and IT supervisor Patrick Schaefer rounded out this tremendous team that established Litchfield Family Practice Center as an NCQA Level 3 PCMH.

They have been using Allscripts electronic health records for seven years. The Litchfield team revealed there was no "fast lane" to PCMH recognition for them; the entire process took two years, as they were also attesting for Medicare Meaningful Use at the same time.

Basically, the physicians agreed this was something they wanted to do for the professional recognition, and to position the practice in a strong place for future contract negations and payment opportunities. "It wasn't a big change in mindset for us," says Cochran. "We already had the philosophy of being a medical home for a long time."

As the "new docs on the block" Cochran and Wujek provided the physician leadership needed to encourage the clinical providers to make the changes and undergo the computer training necessary for the process. The practice prioritized clinical medical management, focusing on diabetes, hypertension and hyperlipidemia. The NCQA process enabled them to become better at documenting, reporting and ensuring consistency in the care they were providing. One step included hiring a Nurse Navigator/ Care Coordinator, provided by their collaboration with Hospital Sisters Health System (HSHS) to help the more complex patients manage their care. The practice also includes six nurse practitioners, four physicians assistants and a licensed clinical social worker.

Surprisingly, LFPC found it difficult to find practices that had completed the PCMH process who could assist them in some of the hurdles they encountered while completing their own recognition requirements. "It does become a bit of an individual process," says Bickoff, "as you learn how someone else does it, their process may not work with how you like to do things."

A lot of the process involved standardizing the way each LFPC physician provided the care, so they could effectively report that care.

So really, how did they do it? Drs. Dan Wujek and Cochran dedicated every Tuesday afternoon of their time for over a year to work with Pat and Patrick on transforming their systems. The physicians wrote the protocols and then trained all the providers in the new procedures. Making these changes was difficult and frustrating at times; it meant more time for the nursing staff working with each patient, entering more data than before, effectively slowing things down at times.

"We have enjoyed seeing the benefits of the reporting and we have patients more involved in their care with our care coordinator. Sometimes having the additional data is helpful for reporting and analysis on patient populations. We can be proactive about bringing patients in and keeping an eye on certain clinical indicators," says Cochran.

What's their best tip for other practices? "We started a process called '15 Minutes with Patrick' [Patrick Schaefer, IT supervisor]," says Bickoff, as a means to help with training staff on the many computer processes. Twice a month, from 11:30 a.m. to 1:00 p.m. during lunch, Schaefer would conduct repeated 15-minute trainings focusing on just one particular item. "It was perfect," Bickoff says. "People would drop in for that training and they could handle 15 minutes, but not an hour of it." The sessions were so successful, that Litchfield continues the practice.

Cochran also emphasized using chart reviews and audits to determine a starting point to find the "low hanging fruit" and make those obvious and easy changes first. "We didn't want to try to change everything all at once. But that's why it worked better, even if it took longer."

The independent practice: Susarla Primary Care in Elgin
www.susarlapc.com.
The two-physician practice is IAFP member Savitha Susarla, MD and her father, internist Vivek Susarla, MD along with their indispensable colleague Meghan Whelan, PA-C.

Susarla Primary Care is a comprehensive primary care practice providing services to the Elgin area since 1974 when the senior Susarla opened as a solo practice, and was joined by his daughter in 2006. The practice offers a comprehensive scope with specialization in geriatric medicine, women's health, pediatrics, and weight loss.

Why do it? "We wanted to provide better quality of patient care. And I feel like everything around here has really tightened up as a result of the process. After my father attended a conference [on patient-centered medical homes] a couple years ago and then I had a board review on it, we decided this was the way to go." says Susarla.

"I felt like we had a lot of the requirements already as part of our infrastructure, I think we just needed to better document what we actually do." On a scale of 1-10, Susarla and Whelan felt they were about a 7 when they started the process. With the combined teamwork of Savitha Susarla and Whelan, they completed the process in about 18 months, with nine months of that time spent on intensive work.

Their first priority was documentation and finding out where the "little holes" were. For the patient, from the arrival and check in until they left was already pretty tight. In fact, patients likely aren't aware of anything different since the practice became a recognized PCMH. The biggest difference at the practice is now providers feel they are much more thorough with their documentation. Now they are working on building a referral network within the PCMH model.

Their three priority conditions were diabetes, hypertension and hyperlipidemia. Susarla plans to restart diabetes group visits in the fall (in English and Spanish) and will also poll patients on other conditions they'd like in a group setting.

The hardest part, according to Whelan – was having no direction. "You were really just reading the NCQA materials and figuring it out on your own." It wasn't the easiest application process. The upside is the practice has realized trending financial improvements with increased revenue and decreased expenses.

Would they do anything differently? "Before we did the application we hadn't updated our E.H.R. to version 9, and I wish we had done that first," says Whelan. "That would have made it easier for a lot of the documentation process." Their E.H.R. system is eClinical Works; they attested for Medicare Meaningful Use and have received stage one incentive funding.

Their advice: "Do it – my gosh do it!" says Susarla. "With the changes coming in health care delivery, this will keep you autonomous, allow you to stay on your own and practice good medicine. You can go back and negotiate with your third party payers. This separates you from the pack."

Medical Home resources are at:
www.aafp.org (click on the PCMH logo)
www.iafp.com/pcmh
www.transformed.com

Taking a Medical Home on the Road

Family physicians Ken and Tom Nelson make their family medicine passion a family affair

"You treated us like royalty." Those were the parting words of Regina, the last patient to leave the Mission of Mercy clinic at the Lake County Fairgrounds in Grayslake on June 8, the first of a two-day event. The Expo Building at the Lake County Fairgrounds was transformed into a huge, two-day free clinic on Friday and Saturday to treat underserved patients with dental, medical and vision needs. More than 1,300 volunteer dentists, hygienists, assistants, dental students, physicians, vision professionals, nurses and lay volunteers treated 2,082 children and adults during the Illinois State Dental Society Foundation and CURE Network's Mission of Mercy event.

The CURE (Collaborative Underserved Relief and Education) Network (www.curenetwork.org) was co-founded by IAFP member Ken Nelson, MD of Westchester and ophthalmologist Rama D. Jager, MD. Dr. Jager and Dr. Nelson set out to create an organization whose main purpose is to provide free access to these unmet health care services through specialty medical care clinic programs held throughout the Chicagoland area like the one in Lake County, and provide an entry point into a medical home.

It's truly a Nelson family affair with Ken's two brothers, IAFP member Tom Nelson, MD and the master of logistics, Jim Nelson. Ken and Tom organize the medical volunteers, while Jim is the one who handles the logistics of securing supplies, and coordinating the set-up of these enormous events.

Ken Nelson, MD; Eric Janota, MD and Tom Nelson, MD at the Mission of Mercy event June 8 at the Lake Co. fairgrounds.

One of the paramount accomplishments of the CURE Network was to push for a state law that enables volunteers from other states to have their medical license be recognized as valid when they are providing free care in Illinois. The only other state with such a law is Tennessee, which is where Tom Nelson has volunteered as an "out of stater." He encouraged brother Ken to advocate for the same law here in Illinois so that physicians from nearby states could readily answer the call for help. IAFP also supported efforts to pass the law.

Monetary and in-kind donations from more than 130 organizations, businesses, dental and medical supply companies, and individuals have offset the costs of equipment and facility rental, supplies, pharmaceuticals and food costs for this huge access to care event. The actual Mission of Mercy events like these are run like a well-oiled machine, from the entry point to the delivery of services and plans for follow up care at an FQHC or free clinic. Whether that patient's day involves medical, dental or eye care services, or even all three – the process is organized, dignified and thorough. The dental chairs were filled from start to finish, while an on-site lab produced needed eyeglasses for patients in about 20

(continued on page 6)

(continued from page 5)
minutes each.

The CURE Network co-hosted a similar event at Malcolm X College in 2011. "But we're only reaching a few thousand people in a state where millions need help," points out Ken Nelson. "Events like this can build awareness and hopefully spur action by other people in their own communities."

The Mission of Mercy calls attention to the serious problems that Illinois residents have in accessing dental and medical care. Throughout the course of this giant, free clinic, dental volunteers provided 1,113 exams and oral cancer screenings; 811 cleanings; 878 extractions; 1,242 restorative treatments, including fillings, root canals, and crowns; and more than 100 partials and denture repairs." said Dr. Mark Humenik, a general dentist who chairs the Mission of Mercy.

Dr. Ken Nelson and his team of physicians provided needed care to those who had gone without; performing medical exams, pap smears, breast exams, blood sugar screenings, and blood pressure screenings on over 300 patients. Nelson says one of the most vital and needed services at these events is the mental health care, as many of those who show up for care also suffer from anxiety or depression, or can present with other mental illness.

IAFP member Eric Janota, MD of Sandwich is a friend of the Nelson brothers, dating back to their residency training at Adventist La Grange Family Medicine residency program, where William Nelson, MD (Tom and Ken's father, also their "mentor and best friend") was program director at that time. He volunteered at the first event at Malcolm X College and this Lake County event. He describes the feeling of participating in these events as "incredible" after caring for about 250 patients himself in just two days at the Malcolm X event. "After doing an event like this, you bring some of it back with you. I do things a little differently back at my office and you look at medicine a little differently. You don't know what you don't have until you do something like this. Even if you feel overwhelmed with the day-to-day practice and family responsibilities, it's absolutely worth taking the time for this experience."

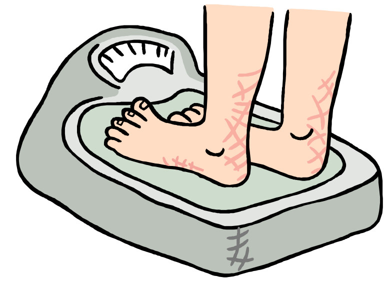
Not only do the three Nelson brothers plan and participate in the fairs, they bond with their own families in the process. The wives and children of all three play a role in the success of each event. One son is able to make eyeglasses, Tom's wife and his sisters in-law are nurses, a nephew serves as a translator, and Nelson daughters Sarah, Kim, Hannah and Paige volunteer in various capacities.

According to Ken Nelson, the goal of these events is to not only provide help for immediate health, vision and dental needs to the uninsured, but to also connect those patients to a medical home at a nearby FQHC or free clinic to ensure that they are able to access services after the mobile health fair is over. What he really didn't expect, was the immense gratitude from the volunteers. "These people are on their feet for 12 hours straight, barely eating anything, and then they're sending me thank you notes asking that I contact them for the next one! They get it."

"If everyone gives a little, we can do great things," says Dr. Robert Bitter, President of the Illinois State Dental Society. "The overwhelming sense of gratitude from our patients was so rewarding to our tireless volunteers. Many patients commented that they had never been treated with such kindness and dignity."

For Tom Nelson, often the hardest part of his job as medical director is finding enough medical profession volunteers because of the time and financial crunches that family physicians are facing. "What I tell everyone, is if they need a break from that daily grind, take a big deep breath and then take just half a day to come to an event like this, where you can get re-energized and rejuvenated about practicing medicine," he says. "You don't have to go to Nicaragua or another country, you can help right here. The first woman who came in today hugged the nurse, then looked at me and said, 'Can I give you a hug, too?' and that just made my day."

Learn more about the 2012 Mission of Mercy at http://www.isds.org/ISDSFoundation/ or http://www.curenetwork.org/.



IAFP Public Health Committee Workgroup tackles obesity

You may recall from earlier issues of Illinois *Family Physician* that the IAFP Public Health committee has identified the top three priorities they will focus on: obesity, tobacco use and mental health. To facilitate work on these priorities, the committee divided up into work groups dedicated to each topic. In this issue we will focus on obesity.

The Obesity work group is chaired by Dr. Gautham Rao, of Evanston who practices at NorthShore University Health System. Other workgroup members are Yasmeen Ansari, MD; Kenneth Brown, MD; Catherine Counard, MD and Altaf Kaiseruddin, MD.

Work group members currently participate in the Illinois Alliance to Prevent Obesity (IAPO), www.preventobesityil.org. IAFP executive vice president Vince Keenan, CAE served on planning committee for the April 25th "Rethink your drink" symposium at Rush Medical College. Dr. Rao spoke on "Beverage consumption and childhood obesity." The conference drew about 200 attendees. Drs. Ansari, Counard and IAFP Public Health Committee Chair Rashmi Chugh, MD also attended.

Certainly, obesity continues to draw the concern of the health care community and the link to sugared beverage consumption continues to attract the spotlight. Chicago is considering a tax on sugared beverages to decrease consumption and raise revenue for public health programs targeting obesity. Dr. Rao provided testimony for IAFP supporting the tax proposal at a May 1 City Council hearing. At the same time, several Chicago-area hospitals in the

Vanguard system set the right example by removing sugar-loaded beverages from their dining areas and on-site food options. According to Chugh, MD, who is also Chief Medical Officer for DuPage County Health Department, an organization called Forward is working to bring this idea to the six hospitals in DuPage County.

The issue also continues to garner nationwide headlines, reiterating the lack of progress we have made in combating obesity rates. Recently New York City Mayor Michael Bloomberg introduced legislation to limit the sale of sugar-loaded beverages to 16 oz. or less at all restaurants and public places, such as theaters and other recreation activities. The move attracted headlines and passionate responses from both sides.

In late June, the U.S. Preventive Services Task Force recommended for every adult to be screened for obesity during checkups, suggesting more physicians should be routinely calculating their patients' BMIs. And when someone crosses the line into obesity, the doctor needs to do more than mention diet and exercise. It's time to refer those patients for intensive nutrition-and-fitness help, say the guidelines issued by the USPSTF. A 2010 survey of members of the American Academy of Family Physicians found up to 40 percent of those primary care doctors were computing their patients' BMIs. Surveys show only about a third of obese patients recall their doctor counseling them about weight loss, even though people whose doctors discuss the problem are more likely to do something about it.

IAFP is participating on two IAPO workgroups: Obesity prevention resources and infrastructure and Prevention and treatment in clinical settings. IAFP executive vice president Vince Keenan and board member Sachin Dixit, MD of Frankfort have attended all the meetings of the Alliance's Leadership Council. The IAFP work group family physicians have volunteered to review materials regarding sugar-loaded beverages so that they are "clinician-friendly." In addition, Dr. Kaiseruddin has offered to be part of the IAPO Speakers Bureau for future opportunities.

Teaming up with the pediatricians. Dr. Rao has been appointed to the Illinois Chapter of the American Academy of Pediatrics (ICAAP) Committee to Prevent Obesity. He chairs the workgroup, Clinical Education and Quality Improvement that is developing a quality improvement activity that will be submitted for ABP credit in summer as a Maintenance of Certification Activity. The activity will then be pilot tested and should generally available in 2013.

Putting it to work in your practices. Have you ever checked out the AAFP's AIM-HI program? It's the family medicine toolbox to bring the healthier lifestyle discussions and action to your patients. CME for you, and better health for your patients! Another excellent resource on nutrition is www.eatright.org.

Teaming up with your local school: Midwest Dairy Council **"Fuel Up To Play 60"** campaign http://midwestdairy.fueluptoplay60.com . IAFP was the first medical organization in Illinois to sign onto the FUTP60 campaign. Schools that are interested in FUTP60 do a self-inventory and then pick issues to work on. Grants of up to $4,000 are available to schools to implement FUTP60. Results from an online survey of schools participating in 2010-2011 provided some key learning strategies:

- There is strong evidence linking participation in the program with increased physical activity.

Michelle Meeks, MD of Hazel Crest enjoyed a great day with students from 10 outstanding Illinois schools at the Fuel Up to Play 60 All Stars event at the Chicago Bears' Halas Hall training facility in Lake Forest on May 19.

- Having adult program advisors increases the likelihood of engagement by students.
- Providing funding did make a difference.

One in five students in schools using FUTP60 was actively enrolled in the program via an online pledge or by signing a banner at school. One-half of schools increased consumption of healthier foods and increased physical activity. The highest participation was among kindergarten to fifth graders, at 23%, followed by 21% of junior high school students, and 16% of high school students.

Weighted Down by Obesity

	Illinois Overweight/Obesity Rates	U.S. Average
Adults	63.2% (Rank - 20th)	63.8%
Children (age 10-17)	34.9% (Rank - 42nd)	31.6%

Source: Kaiser Family Foundation www.statehealthfacts.org.

President's Award Delivered

Matthew L. Hunsaker, MD receiving his 2011 IAFP Presidents Award from past president David Hagan, MD

Good things come to those who wait! On May 16, Matthew L. Hunsaker, MD received his 2011 IAFP Presidents Award from past president David Hagan, MD. Hunsaker was unable to attend the 2011 IAFP Annual Meeting and finally "picked up" his award during a scheduled visit to Gibson City, where Hagan lives and practices. Hunsaker is program director for the Rural Medical Education Program at the University of Illinois at Rockford College of Medicine

Dr. Hagan is a graduate of UI-Rockford himself and is proud to honor Dr. Hunsaker, who has headed this outstanding program since 2004. In that role he is responsible for the entire curriculum as well as site development and visits. Hunsaker is a practicing family physician at KSB Hospital in Dixon and Medical Director of the Tri-County clinic in Malta that serves as a collaborative training site with family nurse practitioners. He is also a certified FAA Aerospace Medical Examiner and a board member of the Illinois Rural Health Association.

2nd Annual Resident Webinar Results

Congratulations to the top scoring resident presenter at the 2012 IAFP Resident Research Webinar, held May 24th online. Thank you to all the resident presenters and to the faculty members who volunteered their time to evaluate and score the presentations.

Jacqueline Champlain, MD (Adventist Hinsdale)
Early Discontinuation of Intrauterine Devices (IUD) in Family Medicine Clinics
Link to the recording of her presentation or visit www.iafp.com/residents
Dr. Champlain will be invited to present her research at the 2012 Family Medicine Midwest Conference November 10-11 in Itasca.

Illinois Members on the AAFP Board of Directors

Ravi Grivois-Shah, MD elected to AAFP Board
At the 2012 National Conference of Special Constituencies in May, IAFP board member Ravi-Grivois Shah, MD of Oak Park was elected as the New Physician member of the AAFP board of directors for a one-year term. Grivois-Shah has been an active leader at IAFP since he was a resident at UIC-Advocate Illinois Masonic family medicine residency program and has been a long-serving delegate for Illinois to NCSC. Congratulations! He will be installed at the AAFP Congress of Delegates in October.

Javette Orgain, MD running for re-election as AAFP Vice Speaker
The Illinois chapter is proud to support Javette C. Orgain, MD, MPH of Chicago as a candidate for AAFP Vice Speaker of the Congress of Delegates. The vice speaker functions as the parliamentarian during the Congress of Delegates and also sits on the AAFP board of directors. Orgain was elected to the position at the 2011 Congress of Delegate in Orlando. She is running unopposed in this current election.

Born and raised in the inner city of Chicago, Javette is the face of success and hard work. As medical director for Mile Square Health Center, she continues to live and work in Chicago with a focus on access to care, eliminating health disparities and supporting the development of a strong family medicine network in Illinois.

Dr. Orgain served as IAFP president in 2009, the first African American president of our chapter. During her presidency, she became the face and the voice of IAFP's support for federal health care reform. She made visits to Capitol Hill and kept the voice of family medicine in the ears of all Chicago congressmen and women. The AAFP Congress of Delegates will meet October 15-17 in Philadelphia. Illinois members who register for AAFP Annual Scientific Assembly will be invited to all candidate events and we hope to see you there to support our outstanding candidate.

2012 Annual Meeting
November 8-10, 2012
Eaglewood Resort in Itasca
Put it on your calendar, iPad, Blackberry, whatever gadget you use!

Building the Family Medicine Network

Online registration is now available at www.iafp.com!

Basic Schedule	
Thursday, November 8	
2:00-8:00 p.m.	SAMs Workshop on Childhood Illness
Friday, November 9	
8:00 a.m. – 2:00 p.m.	SAMs workshop on Hypertension
8:00 a.m. – Noon	Leadership Workshop (open to all, required for board members)
Noon – 2:00 p.m.	Committee meetings and lunch
2:00-5:30 p.m.	CME (clinical and practice management tracks available)
5:30 – 6:30 p.m.	Reception
6:30-8:30 p.m.	IAFP Awards Dinner
9:00 p.m.	Social event for members and adult guests
Saturday, November 10	
7:00 a.m.	Breakfast and plenary
9:00 – 11:00 a.m.	All-Member Assembly
11:30 a.m.-5:30p.m.	CME
5:30 – 9:30 p.m.	Board of Directors meeting

- Hotel Information –Learn more about the fantastic location. (www.eaglewoodresort.com)
- **CME** fee is $100 per day for members, $150 per day for non-members. Both days - $200 members, $300 for non-members. CME topics will run on two tracks over two days.
- **SAM workshops** – *each is limited to 40 participants*. A separate registration fee is $150 and SAMs Workshops require separate registration online.
- **Friday evening Awards Dinner** - Celebrate family medicine's finest to honor the Family Physician of the Year, Family Medicine Teachers of the Year and President's Award honorees.
- **IAFP All-Member Assembly -** will convene to announce the election results for the IAFP Board of Directors and set the Academy's agenda for the following year. Please see the proposed bylaws changes outlined in this issue.
  If you would like to run for the IAFP board of directors, you simply nominate yourself! *Please submit your letter of intention and your CV to IAFP Executive Vice President Vincent D. Keenan, CAE at vkeenan@iafp.com by Friday, August 3*. All active and life members will be able to vote online from September 4 through October 12, 2012. We have three board slots for the class of 2015 (three year term) plus we need to fill the unexpired 2013 term (1 year commitment) of Ravi Grivois-Shah, MD who has been elected as AAFP's New Physician board director and we are seeking a New Physician board member for a two-year term.

    - If you have an idea for a resolution to submit to the All-Member Assembly, send it to Vincent D. Keenan, CAE by September 20th to vkeenan@iafp.com.
    - We will recognize members who complete the IAFP Safe Prescriber for Controlled Substances Program. Learn more about this exciting program on page 17. Or visit the program web site: www.iafp.com/safeprescriber.

- **Fun!** Eaglewood Resort has many options for members and their families throughout the weekend. We put the "family" into the Illinois family physicians' annual meeting. We're hosting a billiards tourney, party games and a Foundation fundraiser where you can knock out a few early holiday gifts!

Official Notice of Academy Bylaws Changes

IAFP members in good standing attending the All-Member Assembly on Saturday, November 10, 2012 at 9:00a.m. at the Eaglewood Resort in Itasca will be asked to vote on the bylaws changes outlined below. Some of the changes are the result of AAFP bylaws changes and some are implementing changes approved by the IAFP board at their November 2011 meeting. To obtain the full bylaws or ask any questions, please email vkeenan@iafp.com.

Deletions are indicated with by ~~strikethrough~~ text and insertions are indicated by red underline.

To bring IAFP bylaws into concurrence with AAFP bylaws due to changes in AAFP bylaws at the AAFP 2011 Congress of Delegates, IAFP needs to amend the bylaws to provide to exempt applicants who are within two years of the completion of their residency from the postgraduate education requirements.

Chapter III, Section 4, be amended to read as follows:

Section 4.

Former Active members of the Academy who are dropped from membership may apply for membership as new members in accordance with Section 3 of this Chapter. If such an application is made less than two years after having ceased to be an active member, the applicant must furnish evidence of having earned, during the two years immediately preceding the date of application, one hundred (100) credits of postgraduate study acceptable to the Board of Directors, except that such an applicant who was a resident member in good standing and automatically upgraded to active status upon completion of residency training but never paid dues as an active member shall not be required to satisfy this postgraduate study requirement upon reapplication within two years of completion of residency training.

Comment from AAFP about this bylaws change That section of the Bylaws had provided that former active members who are dropped from membership and who reapply for membership as a new member within two years of having ceased to be an active member must furnish evidence of having earned, during the two years immediately preceding the date of reapplication, one hundred credits of postgraduate study. The amendment to Article III, Section 4 now provides that in those instances in which a resident who was automatically upgraded to active membership upon completion of his or her residency but never paid active member dues and was dropped and was never an active member of the AAFP, the CME requirement would not apply if individual submits an application for active membership within the two year period following completion of residency.

CHAPTER VI
Dues and Assessments

Section 1. Dues for Active members of this Academy shall be determined by the Board of Directors. Any increase shall not exceed ten percent (10%) annually, except by a two-thirds (2/3) affirmative vote of the All-Member Assembly. ~~Dues for Active members of the AAFP shall be determined by its Board of Directors, and shall be retained by the AAFP for payment of members' annual dues to that corporation. The balance of the above total sum will be remitted by the AAFP to the IAFP, and the latter forward an amount determined by the Board of Directors to the Treasurers of the members' individual Member Groups in payment of their member group dues, if applicable.~~

Special assessments may be levied by two-thirds (2/3) affirmative vote of the All-Member Assembly. ~~Dues of a new member shall be prorated as follows: If enrolled on or after July 1, but prior to November 1, dues for the balance of the calendar year shall amount to one-half (1/2) of the annual dues; if enrolled on or after November 1, dues for the current calendar year shall be waived, but annual dues for the ensuing year shall immediately become due and payable.~~

~~Section 2. Except as hereinafter provided in the case of Resident and Student members, membership dues and assessments shall be payable in advance on the first day of January of each year. Failure to pay dues or assessments by the end of the calendar year shall result in the member's name being stricken from the rolls.~~

Section 2~~3~~. Dues for Supporting, Resident and Student members shall be determined annually by the Board of Directors using a formula similar to that prescribed in Section 1. ~~Dues for Resident members are payable July 1 of each year. Upon election to Active membership, Supporting, and Resident members shall pay Active dues as provided in Sections 1 and 2 of this Chapter.~~

Section 3~~4~~. Dues for Inactive and Life members shall be established annually for the term of such membership except that in the case of Life members, a one-time payment may be made in an amount as determined by the Board of Directors.

Section 4~~5~~. Under unusual circumstances of extreme hardship, dues may be waived upon recommendation of this Academy, and with the approval of the AAFP Board of Directors.

Section 5. The board may adopt administrative rules for the collection, proration and deadline for dues and assessments.

CHAPTER XII~~I~~
Committees

Section 1. The Board of Directors shall establish and authorize by Board action such committees as it deems appropriate to conduct the business affairs of the Academy.

Section 2. The Executive Committee shall consist of the, Chair of the Board/Immediate Past President, President, President-elect, First Vice President, Second Vice President and Treasurer. ~~The Second Vice President shall sit on the Executive Committee as a non-voting member.~~ The Committee shall make such decisions and conduct such business between meetings of the Board of Directors as may be required in the best interest of the Academy.

Section 3. The Finance Committee shall be appointed by the President with the advice and concurrence of the Board of Directors and shall be composed of the Treasurer as Chairman, and three (3) members of the Board of Directors with representation from each elective period. The Committee shall supervise the keeping of the Academy's accounts; submit an annual budget for approval of the Board of Directors; arrange an audit of the books annually by an approved public accountant; and send to the All-Member Assembly a balance sheet, and statement of income and expense for such fiscal year.

Section 4. It shall be the prerogative of the President, with the concurrence of the Board of Directors, to create committees when it is felt that there should be a continuation of effort in a given field. Committees are created for one (1) year only. The membership of all committees shall consist of at least three (3) members appointed for one (1) year.

Section 5. Interest groups may be formed if ten (10) or more members signify their desire, in writing, to the board of directors. The formulation of an interest group will be subject to the approval of the board. The board may adopt administrative rules for the operation of the interest groups.

Situation
AAFP legal counsel recommends change to IAFP bylaws. AAFP legal counsel reviews any changes to state chapter bylaws each time those changes are made. IAFP submitted the new IAFP 2011 bylaws to AAFP in March and received a response from AAFP legal counsel, Tom Robinett, JD, noting that all of our changes are okay. He made one additional recommendation.

The Bylaws task force considered the recommendation, reviewed and amended the recommendation to bring the following proposed bylaws change in Chapter X, Section 2. New language being proposed is underlined.

The proposed bylaws change, if implemented is shown below in redline.

Chapter X

Section 1. At least one hundred eighty (180) days prior to the Annual Meeting, it shall be the duty of the President to appoint a Leadership Development Committee consisting of five (5) Active members, selected to represent all geographical sections. At least sixty (60) days prior to the Annual Meeting, the Committee shall present to the active membership through and by an electronic/paper voting process, nominations for president-elect, AAFP Delegate and Alternate Delegate. The positions of First Vice President and Second Vice President, each of three (3) vacancies occurring on the Board of Directors, and one (1) new physician vacancy each year are open for contested elections.

Section 2. Election of the above referenced board members, officers, AAFP delegates, AAFP alternate delegates and officers shall occur by vote by active and life members through and by an electronic/paper voting process with the nominee receiving the majority of votes being declared elected.

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- Focus efforts on patient safety, patient compliance and patient outcomes
- Allow you to treat allergy patients rather than cover their symptoms with medications.

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Illinois leaders on Capitol Hill

IAFP continued its tradition of taking Capitol Hill by storm each spring during the 2012 AAFP Family Medicine Congressional Conference May 14-15. The following Illinois leaders participated in the meetings covering eight House offices and both Senate offices:
David Hagan, MD, IAFP Board Chair, Gibson City
Janet Albers, MD, of Springfield
Steven Knight, MD, of Harrisburg, Alternate Delegate to AAFP
Michael Temporal, MD, President from Belleville
Ravi Grivois-Shah, MD, IAFP board member from Oak Park
John Franco, MD, resident from Northwestern McGaw Family Medicine Residency
Crystal Cash, MD from Chicago
Jerry Kruse, MD, president-elect STFM from Quincy
The three top issues discussed were repealing the SGR and reforming primary care payment, protecting graduate medical education funding for primary care and also funding for the National Health Service Corps and Primary Care Health Professions Programs.

Left to right: John Franco, MD (resident), Ravi Grivois-Shah; MD, Jerry Kruse, MD; Crystal Cash, MD; Janet Albers, MD and AAFP President Glen Stream, MD are ready to meet with Sen. Dick Durbin's staff.

Other issues at the federal level that impact Illinois.
Cook Co. Medicaid eligibility waiver –IAFP submitted a letter in support of Cook County Health and Hospital System's (CCHHS) request for a Medicaid 1115 waiver from CMS. In concert with efforts already underway in Cook County and the state, the waiver will support delivery system improvements that will benefit patients while making care more efficient. While this waiver application was written with a focus on Cook County, the waiver could provide for any willing county in Illinois to participate if HFS and CMS standards are met. This waiver will allow CCHHS to decrease its uninsured population and provide funds to improve the quality, coordination, and cost-effectiveness of the care it provides. Contingent on federal approval, the 1115 waiver would be entirely funded by local county resources and federal matching funds for eligible services. A state law passed the General Assembly just before the end of session which was required to move forward with the demonstration.

Primary Care Graduate Nurse Education Demonstration Program – In April, AAFP expressed serious concerns to CMS regarding its selection of demonstration participants that exclusively produce APRNs that deliver primary care services. According to demonstration materials, this effort is intended to "increase the base of primary care providers" and "provide APRNs with the clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for Medicare beneficiaries." However, research from the Agency for Healthcare Research & Quality found that only 52 percent (approximately 56,000) of nurse practitioners actually practiced primary care in 2010. If CMS truly intends to structure the Graduate Nurse Education demonstration program so that it meaningfully addresses the current shortage of primary care providers, the AAFP urged CMS to:

- Specify that demonstration participants train APRNs as part of a healthcare team inclusive of physicians and in the context of a patient-centered medical home.
- State that demonstration funds are exclusively allocated to train APRNs dedicated to providing primary care services upon graduation and at least for the following five years.
- Require the five chosen demonstration participants focus on a true primary care curriculum.

The AAFP continues to address the current shortage of primary care physicians by working with Congress to ensure steady funding for Health Professions Grants and the National Health Service Corps. Simultaneously, they are working with Congress to pass the Primary Care Workforce Access Improvement Act (HR 3667), which creates a pilot program to demonstrate direct graduate medical education (GME) funding for non-hospital medical training sites. AAFP asserts that the Graduate Nurse Education demonstration for primary care nursing should require that most of the clinical training occur in non-hospital settings.

My Government Relations Internship Adventure

By John Franco, MD – PGY2 at Northwestern-McGaw Family Medicine Residency Program

I was able to transform my Family Medicine Congressional Conference (FMCC) experience into a month long health advocacy elective at the federal and state levels. While I have always had a very strong interest in health policy, I have had difficulty scheduling time during medical school and residency to further these professional goals by direct advocacy. My grandfather was one of the longest serving Ohio congressmen and I volunteered for a political campaign before going to medical school.

My main interests were advocating on behalf of the primary care core missions.

- The National Health Service Corps (NHSC) of which I am a scholarship recipient,
- Federally Qualified Health Centers (FQHCs) like the one I train at and their patients,
- Health policies that promote increased physical activity, and
- The development of health insurance exchanges regardless of what the U.S. Supreme Court decides with the Affordable Care Act (ACA).

To prepare before the conference, I met with local health care leaders including the policy expert Illana Mora at Erie Family Health Center, the FQHC where I train, and IAFP Deputy Executive Vice President for External Affairs, Gordana Krkic, CAE. This allowed me to have a great background in the local policy issues before learning about the national.

The first day of the AAFP conference, I got great updates on the state of current national policy, got to network further with the Illinois delegation, and had primers on developing a

John Franco, MD

story that drives home the emotional importance of the political ask. I was pleased to hear from Rep. Cathy McMorris Rodgers (R-WA 5th) that there were bipartisan contingency plans to restore popular aspects of the ACA if the Supreme Court found the whole law unconstitutional and that health insurance exchanges as a concept enjoy some bipartisan support.

The second day of the conference I met with staffers of Illinois Rep. Danny Davis, Sen. Dick Durbin, and Sen. Mark Kirk. We discussed the three asks of the conference: SGR reform, funding for NHSC and primary care training grants, and Graduate Medical Education (GME) primary care pilot programs. I was able to share my story of how becoming a NHSC scholar help me follow my dream to help underserved communities and how critical it was to fund the program in the event that parts of the ACA are rejected by the Court. While the current atmosphere in Congress focused on cost cutting, I believe we effectively argued that these programs could be budget-neutral and even save the system money in the future.

The next day I continued my D.C experience with IAFP Executive Vice President, Vince Keenan, CAE. We met with staff from American Academy of Pediatricians (AAP) and AAFP state government relations staff who discussed how AAFP supports state chapters in political advocacy. Next the Robert Graham Center researchers showed me their work on mapping projects that show the effects family medicine FQHCs and residencies have on the communities. Finally Mark Cribben, executive director of the FamMedPAC explained the role the Political Action Committee plays in promoting the advocacy initiatives of the AAFP.

The next morning I was able to meet with Senator Durbin in person at the Illinois Senators Constituent Coffee where I asked him about health policy to help increase physical activity particularly in children. He thought that while parents and families should bear the primary responsibility to increase physical activity by limiting screen time, he also believed more could be done in schools to promote activity.

At the start of the next week, I headed to Springfield with Gordana Krkic for state advocacy. It was exciting to us at the time that the General Assembly was addressing several important pieces of legislation. Medicaid reform as part of an overall effort by the state to manage its debt was the topic of the day. My personal interest was limiting the damage from Medicaid reform on the organizations that I work with. I also wanted to urge the state to act on developing a health insurance exchange in accordance with the Affordable Care Act.

On our first day we met with IAFP's respected lobbying firm in Springfield, Cook-Witter, Inc. They explained the current state of Illinois's financial crisis, and how the state's politics functioned. Later that day I met with Jill Hayden of the Illinois Primary Healthcare Association (IPHCA) who explained how her organization supports FQHCs across the state. The rest of the day we spent in house committee meetings and listening to action on the floor. One my favorite experiences was meeting Jim Duffett of the consumer group, Illinois

Campaign for Better Healthcare, who was pushing hard for the governor to enact stalled health insurance exchange legislation by executive order.

Day two in Springfield we were able to meet with Bill McAndrew from the Illinois Hospital Association (IHA) and Dave Grant of the Illinois Department of Insurance (DOI) to discuss the health insurance exchanges. The IHA was supportive in concept of an exchange but doubtful that anything would get done before the assembly recessed. The DOI, on the other hand, was willing to create the exchange if enabled by the governor but would need to hire more staff.

Finally, I was able to meet my own House representative, Art Turner, Jr., Rep. Cynthia Soto and Sen. William Delgado from the district covering my FQHC and community hospital. I personally thanked Rep. Soto and Sen. Delgado for their help opening the Humboldt Park branch of Erie Family Health Center where I train and emphasized what a huge impact we are making on the health of that community.

While I'm sad that many of my patients will be negatively affected by the new Medicaid law, it was also encouraging to see state legislators working together with organizations like the IAFP, IPHCA, IHA, and Campaign For Better Healthcare to help limit the amount of the cuts by increasing the state tax on tobacco by one dollar. I feel that I had an amazing education during my weeks in Springfield and D.C. I now feel have the confidence, skills, and knowledge needed to effectively advocate for my patients at the state and federal levels and look forward to doing it again soon leading up to the elections in November.

Learn more about the Medicaid changes on our new blog:

http://illinoisfamilyphysicians.wordpress.com

Franco speaks up in a meeting with staff at U.S. Sen. Dick Durbin's office in Washington, DC.

Dr. Franco meets with Illinois Sen. William Delgado during a busy day at the Illinois Statehouse.

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Continuing Medical Education

The Safe Prescriber program was created by the Illinois Academy of Family Physicians to aide physicians in administering safe pain management to their patients by offering them education and resources on safe prescribing. *The IAFP does not monitor prescription use by physicians and cannot be held liable for an misconduct of safe prescribers.*

To achieve the Safe Prescriber Level One, physicians must follow the simple 6-step process:

1. Complete the current online IAFP CME course on Pain Management with Opioid Drugs in Primary Care Practice. Log onto www.iafp.com/education and complete the Pain Management CME course. You must receive 70% or higher on the posttest to qualify for Level One status and to receive CME credit (1 ACCME Category 1 credit or 1 Prescribed Credit).

2. Enroll in the Illinois Prescription Monitoring Program (PMP), www.ilpmp.org. Illinois has an online prescription monitoring program allowing licensed prescribers and dispensers of controlled substances to view a Prescription Information Library (PIL) for current and prospective patients only. Providers must apply at www.ilpmp.org. Applications take 1-2 days to process.

3. Implement a policy for controlled substances management for the practice. You can use or adapt the IAFP template for office controlled substance policy for your practice.

4. Develop and use a contract for patients. Again, you can use and/or adapt the IAFP template as your own patient contract.

5. Complete on online Safe Prescriber Request form

6. Report back on progress at 4 months. An online Progress Report will be sent to physicians requesting information on the number of patient contracts completed & any other changes in practice.

Upon completion of these elements, physician(s) will receive

- A framed certificate to display at the practice and a logo to use on your practice web site and email signature.
- A Safe Prescriber pin
- Recognition at the IAFP Annual Awards Dinner and on the IAFP list of Safe Prescribers on iafp.com
- Ongoing resources on controlled substances and safe prescribing through the IAFP

Safe Prescriber status is good for two years. Every two years the participating physician will get a reminder to renew their status by completing a new CME course on controlled substances and reporting back on office & patient contracts.

GET STARTED NOW: www.iafp.com/SafePrescriber

Caring for Our Returning Service Members

Family physicians should make the question, “Have you or a loved one served in the military?” as routine as asking if a patient smokes. And a follow-up question as simple as, “How are you doing?” could start a life-changing conversation.

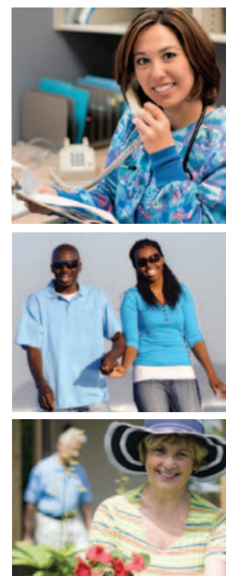
IAFP has two free CME modules tailored to caring for our military personnel and their families. Access them now at www.iafp.com/education:

The Care of Returning Service Members and Their Families: What Family Physicians Should Know and
The Care of Military Children and Adolescents during Deployment and Beyond

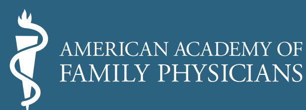
ASK your patients if they use tobacco. ACT to help them quit.

Tobacco cessation resources available at **www.askandact.org**

- Quitline Referral Cards
- Posters
- Stop Smoking Guide
- Patient Education Materials
- Lapel Pins
- EHR Guide
- Pharmacologic Product Guide
- Online Training
- Group Visits Guide
- Coding for Payment



Many materials available in both English and Spanish!



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A TOBACCO CESSATION PROGRAM

"Patients who have been advised to quit smoking by their doctors have a 66 percent higher rate of success."
U.S. Surgeon General
Regina Benjamin, MD, MBA

Just a reminder!

IAFP's Public Health Committee has designated tobacco use a top priority for the Academy.
Use your Academy's outstanding resources from the Ask and Act program for tobacco cessation and try out Tar Wars (www.tarwars.org) to bring tobacco prevention to your favorite elementary school!

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Jim Valek, MD
Chair, IAFP CME Committee
Little Company of Mary Physician Hospital Organization
2007 IAFP Family Physician of the Year

Why family medicine?
I was originally going to be a rehabilitation doctor. Then I met people in family medicine, not necessarily [in medical school at] Northwestern, but at St. Joseph's hospital, and at IAFP, including [executive vice president] Vince Keenan that's what drew me to family medicine.

I think the Academy's best resource is their advocacy on the state level. I think it is tremendous.

The greatest thing about being an FP is…
The ability to influence the care of an individual patient and their family and also the community.

How do you champion family medicine?
It's mostly by being involved in leadership and in the business side of medicine at the hospital level, I am able to champion family medicine in the systems. I think that's where I've been most effective,

How do you balance your own health and well-being?
Interestingly, since I sold my practice and became an employee, I have felt a little more balanced. As my office manager once told me, I'm a "very poor king." By actually not being King anymore, it's been better for me.

If you weren't a doctor…
I'd be a forest ranger!

Something that would surprise us about you?
I drive a Vespa

About is role creating the Accountable Care Organization (ACO) at Little Company of Mary
I'm not sure what our strategy for ACO's will be yet. The role I am grabbing onto is to build physician leadership at Little Company of Mary Hospital, in our Affiliated Physician group. The role is not well defined, which leaves me a lot of leeway! My interests lie mainly in the outpatient care of patients, although we continue to do inpatient care. As we are a smaller group, I am hoping we will be nimble enough to respond to reimbursement changes, and new models of patient care.

IAFP CME Committee priorities
What I like about our committee is that we've been really good about getting member feedback and forming our CME activities around that feedback to give them what they are asking for. I think that's been really effective. For example, our palliative care conference in 2011 was really fantastic. One of the comments I got from an attendee was how we hit on so many important topics all in one day that he'd normally expect in a 2-day conference, so I felt good about that.

Members in the News

Aaron Michelfelder, MD of Maywood is quoted in the June 27 *Chicago Tribune* article about the new Centers for Disease Control and Prevention (CDC) recommendation to screen all baby boomers for Hepatitis C. Michelfelder discusses the importance of the physician-patient relationship in having the conversations with seniors about the screening.

IAFP board member **Ravi Grivois-Shah, MD** was featured in the *Oak Park Wednesday Journal* newsletter along with his husband, Tim, and their adopted daughter Anjali as they have built a happy home in the western suburb.

Janet Albers, MD is quoted in the *Springfield State Journal Register* on June 25 about the nearly $600,000 federal grant that her SIU School of Medicine clinic received that will designate the clinic as a federally-qualified health center, allowing them to enroll more uninsured patients starting this fall.

Lee Sacks, MD and **Anthony Tedeschi, MD** were quoted in the June 29 *Crain's Chicago Business* story chronicling reaction to the U.S. Supreme Court ruling upholding health care reform. Sacks is the chief medical officer for Advocate Health Care Network and Tedeschi serves as the chief medical officer for Vanguard Health Systems.

The June 29th *Champaign News-Gazette* story features their congressional representatives and candidates reactions to the Supreme Court ruling. IAFP member **David Gill, MD** is the Democratic candidate for the 13th Congressional district and is quoted widely in the article.

Jessica Holmes, MD graduated from St. Joseph's Hospital Family Medicine Residency Program in June. Her grandmother, Harriet Gustason, is a columnist for the Freeport Journal Standard and wrote a touching column that ran on June 30 expressing her pride in her granddaughter, (a "real doctor now!") and recapping the various graduation festivities.

IAFP member **William E. Kobler, MD** of Rockford was elected to the AMA board of trustees. He is a past president of the Illinois State Medical Society. Kobler spent 16 years in solo practice and is currently with OSF Healthcare. IAFP and AAFP were proud to support his candidacy and offer our congratulations!

The American Academy of Family Physicians Foundation announced the 2012 AAFP Foundation Pfizer Immunization Award winners. These awards recognize family medicine residency programs for identifying and developing solutions to overcome barriers to childhood and adult immunizations. Awards and scholarships to attend the AAFP's 2012 National Conference of Family Medicine Residents and Medical Students were presented to 13 residency programs, two of which are Illinois programs:

- Adventist Hinsdale Hospital Family Medicine Residency, Hinsdale,
- Southern Illinois University Family Medicine Residency Program–Carbondale.

Anad Salm, MD of Carbondale served as a resource on when men should visit their doctors for routine checkups and cancer screenings in a special story on men's health in the *Southern Illinoisan* on June 12.

Rodrigo Bastidas, MD of authored column on being safe in the hot summer as well as signs and actions to take for heat exhaustion and heat stroke. The column appeared in the TribLocal- Barrington on June 13.

IAFP First Vice President **Deborah Edberg, MD**, who is also program director for Northwestern-McGaw Family Medicine Residency Program, was featured in a May 28 *Crain's Chicago Business* article on the impact of Medicaid reforms on patients and the providers who care for them.

On Sunday, June 24, IAFP member **Vineet Singla, DO** presented on sports injury prevention at a special "Sports Safety Sunday" event sponsored by Elmhurst Memorial Healthcare. Chicago Bears running back Matt Forte was the special guest for the event, which welcomed 1,000 football fans.

IAFP members **Tom Huggett, MD and Bob Stannard, MD** are featured in a May 23 Oak Park – River Forest Wednesday Journal about their remarkable careers caring for the underserved of Chicago's west side Austin Neighborhood at Circle Family Health Center. Both physicians also live in that same neighborhood as their patients.

Sherry Williams, MD and Kenneth Brown, MD are two of only four physicians practicing in Arthur, Ill. They were featured in the Decatur Herald and Review and Mattoon Journal Gazette on their extensive scope of care and responsibility as rural family physicians in on May 8. The article discussed the lack of access many residents have to subspecialty care and the need to attract more physicians to rural areas.

IAFP Public Health committee member **Gautham Rao, MD** of Evanston spent some time on WGN radio on Saturday April 28th talking about the impact over-consumption of sugar-sweetened beverages has in contributing or our nation's obesity epidemic. Rao was also a featured speaker at the April 25 Rethink Your Drink symposium by the Illinois Alliance to Prevent Obesity. He was also quoted in a May 2nd Chicago

Tribune article about his testimony to the Chicago City Council.

James Hensold, MD of Danville left Christie Clinic in mid-July to help start a new campus of the Vineyard Church in Washington, Ill. He will also join the Methodist Medical physicians group in Peoria where he will work with medical students through the family medicine residency program. Hensold has been practicing in the Danville area since 1986. He was featured in the July 6th issue of the *Danville Commercial-News*.

In memoriam: Jack Purdy, MD passed away at the age of 74 on June 27 in Carbondale. In 1981 he practiced in Chillicothe and serves as an Associate Professor of Family Medicine and the University of Illinois College of Medicine at Peoria. In 1991 he returned to his hometown of West Frankfort where he practiced until retiring in 2008.

Two Illinois ACOs join the Medicare Shared Savings program on July 1. The *Chicago Tribune* reported on July 10 that two Chicagoland medical groups have been selected to participate in a program that aims to improve medical quality and reduce costs for Medicare patients.
Advocate Health Partners, a physician group affiliated with the largest network of hospitals in Illinois, and Chicago Health System ACO, LLC, a part of Vanguard Health Chicago, which operates four suburban hospitals, have formed accountable care organizations (ACO) that will participate in the federal government's Medicare Shared Savings Program.

IAFP Practice Transformation committee member **Gary Wainer, DO** is chief medical officer and executive director of Chicago Health System. He told the Tribune that about 200 physicians who have agreed to participate, and Chicago Health System will be in charge of managing about 9,400 patients. It plans to hire between 10 and 20 patient care coordinators and case managers and implement new technological tools, investments that Wainer hopes will be paid for through savings achieved in the program.

The Advocate ACO is expected to include approximately 100,000 Medicare patients. IAFP president-elect **Carrie Nelson, MD** is also director of special projects for Advocate Physician Partners and says of the ACO pilot, "I think it will be a very good thing for Advocate physicians and help us feel like we're really getting out of that difficult straddle between fee-for-service and paying for value."

Many IAFP members gathered at the Illinois Health Connect Annual Quality Conference called "Mind the Gap: Care Coordination Between the Hospital and Medical Home" on June 28 in Chicago. IAFP President-elect **Carrie Nelson, MD** and member **Scott Sarran, MD** were presenters and former board member **Margaret Kirkegaard, MD** is the medical director for Illinois Health Connect. Other IAFP members at the conference included AAFP Vice Speaker **Javette Orgain, MD** of Chicago, **Corinne Kohler, MD** of Champaign, **David Soo, MD** of Gurnee and **Stephen Stabile, MD** of Chicago. IAFP Staff members Vince Keenan, CAE and Ginnie Flynn also attended. During the conference, the U.S. Supreme Court announced it's opinion to uphold the Patient Protection and Affordable Care Act.

Left to right: Corinne Kohler, MD; Javette Orgain, MD and David Soo, MD

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News You Can Use

The maintenance behind the fee

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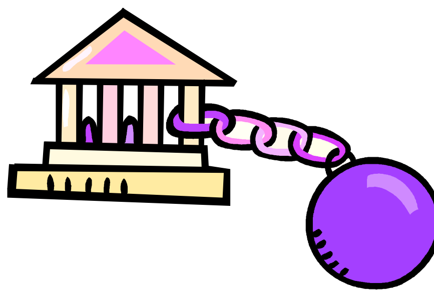
Maintenance Fee, Monthly Fee, Transaction Fee, Account Fee…call it what you will, but you are most likely going to pay it. Why have many of the financial institutions added this charge to their checking account products? The answer is simple- The Durbin Amendment.

Introduced in December 2010, the Durbin Amendment proposes change to the current debit card payment system between merchants and financial institutions. Presented as a consumer advocacy law to benefit small business owners, lawmakers seemingly did not anticipate the backlash from financial institutions.
Here's how the current system works:

- You make a $100 purchase at ABC Store with your debit card.
- Your bank authorizes the transaction and reduces your available balance by $100.
- ABC Store makes a deposit to their bank account for $100, minus a fee of approximately 2%, for an actual credit of $98.
- The 2% is split up between ABC Store's merchant services provider, Visa/Mastercard, and your bank. The portion that your bank receives for the transaction is called the interchange fee.

The Durbin Amendment calls on the Federal Reserve to establish the debit interchange fees to be "reasonable and proportional" to the cost of the transaction. There are two options proposed-one would be a price range and the other a price cap-but either will drastically lower the fee income for financial institutions.



Some large national banks have already started charging account fees to make up for the losses coming down the pike. A few banks have eliminated their reward programs for debit card customers, cutting costs in other areas to make up for the lost income.

Some financial institutions have added more stringent balance or transaction requirements to avoid monthly fees.

As a customer, be certain that you are checking your monthly statements for any new fees that have been assessed. If you have been sent a new fee schedule from your financial institution, it is because something has changed. Look it over carefully to see how you may be personally impacted. If you are having trouble sticking to the more strict guidelines on your account to avoid fees, seek alternatives. There are still many community banks and credit unions that are offering banking services for free. Don't pay if you don't have to!

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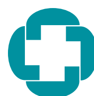

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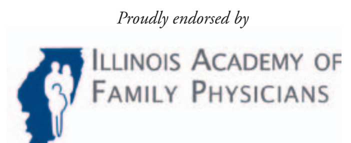

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