



# ILLINOIS FAMILY PHYSICIAN

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Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004

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## Northwestern McGaw – Meteoric Rise to FMR success



U.S. Sen. Dick Durbin, center, with Dr. Edberg to his right, and other faculty members from the residency program.  
Photo courtesy of Erie Family Health Center.

“Three years ago I don’t think I could have imagined we would have been as successful as we are now - I am still amazed that we have our third year of residents coming in a few months and we will actually have a full residency,” muses Deborah Edberg, MD, program director of the Northwestern McGaw Family Medicine Residency program, which welcomed its first class in 2010. And now that residency program is one of only 11 federal Teaching Health Centers in the nation, and the only one in Illinois.

The residents train at Erie Family Health Center, a community-based health center that delivers affordable and high-quality care to low-income, uninsured and underinsured families throughout Chicago. In April, Erie unveiled its unique Family Medicine Residency Program at a newly renovated Humboldt Park location. Erie also recognized its partners and supporters who made the residency program and

renovations possible, including Northwestern Memorial Hospital, Norwegian American Hospital and the Feinberg School of Medicine at Northwestern University.

“The success of our program is really built on the partnership between Norwegian, Erie and Northwestern and I think that shared commitment and vision came through in our application [to become a teaching health center]. We are the only academic consortium and our application made it very clear that we are a partnership and all the partners stood behind the vision of the residency and would do everything possible to ensure its success. My hope is that we can serve as a model for other potential academic consortiums to follow the same path.”

The goal of the new federally-funded program is to increase the number of primary care physicians trained in community-based ambulatory patient care settings, and in turn address the national shortage of primary care physicians.

Edberg is also the current first vice president of the Illinois Academy, and has personally ensured that all her residents are knowledgeable and active in IAFP. Academy leaders and staff have presented to the residents every year. Interested residents have also been able to fuel their political animal with the IAFP’s Spring into Action events, meeting with their state lawmakers in Springfield to advocate on public health legislation affecting their patients and their futures. Northwestern resident John Franco, MD was awarded an AAFP resident scholarship to attend the Family Medicine Congressional Conference in Washington, D.C. May 14-15.

The Northwestern McGaw Family Medicine Residency Program was initiated with a \$1.8 million grant from Northwestern Memorial Hospital (NMH) to address the need for a primary care physician workforce dedicated to supporting medically underserved communities. Erie received federal capital development and state appropriations totaling \$3.9 million for the Humboldt Park renovation project to further accommodate the needs of the residency program. Renovations include expanding the main working areas to accommodate all 24 residents and new faculty. The space has been modernized and redesigned for contiguous, collaborative work flow.

The additional federal funding as a Teaching Health Center provides a new flexibility. “The key to the THC funding for us is that it shifts the focus of training to outpatient care including prevention and chronic disease management, rather than intensive inpatient hospital care,” says Edberg. “We can fund additional teaching time for faculty to develop creative curricula, such as the community medicine curriculum that partners with Loyola School of Law to train residents and law students side-by-side in addressing legal issues that negatively impact health care for patients with low resources.”

## President's Message

Michael P. Temporal, MD

As we head into the summer months—it becomes a major transition time for residency programs and the health care system. The PGY-3s are wrapping up their training and ramping up their job searches. The programs are preparing to welcome the next class of interns. The graduating medical students are preparing for the next big step in fulfilling their dream of being a “real-life doctor.” This issue of *Illinois Family Physician* is devoted to the Illinois family medicine workforce. We examine the facts of the current year, share the success stories and make plans to reach the hopes and goals we have set for the future.

I'm really excited about our state's new federal teaching center, through Northwestern – McGaw Family Medicine Residency Program and housed at a newly-renovated Erie Family Health Center. IAFP's first vice president, Deborah L. Edberg, MD is the first-ever program director, and she has done amazing work in building their complement of 24 family medicine residents over the past three years.

The IAFP board has a priority for 2012 to make personal visits to all of Illinois' family medicine residency programs to talk about the Academy. We have many opportunities for residents to get involved with the Academy during their training. The networking, resources and leadership activities available to residents through both AAFP and IAFP will serve these residents well, wherever their careers may take them.

Another key component of these personal visits to each residency program is to encourage graduating residents to transition to Active member



status. Both AAFP and IAFP have made the financial costs of active membership significantly easier for first-year practicing physicians. AAFP reduces their national dues by 50 percent and IAFP discounts the state portion by 25 percent, making the first year active dues an attractive and affordable commitment for our members.

As a faculty member at the Saint Louis University – Belleville Family Medicine Residency program, I was able to make that IAFP informational presentation to our program. Board members and IAFP staff have made personal visits to nearly 20 programs, with more on the schedule.

We have some great resident events on the horizon. Later this month, we will host the second annual IAFP Resident Research Webinar, enabling residents from every program to present their research from their computers to a live audience logged on from their own computers. This is a convenient and cost-effective way to connect and showcase resident research activities.

This fall, Illinois will host the first-ever (and hopefully annual) Family Medicine Midwest Conference ([www.iafp.com/fmm](http://www.iafp.com/fmm)) November 10-11 in Itasca, which will overlap parts of the IAFP annual meeting November 8-10.

IAFP has taken the lead in gathering 12 Midwestern states to showcase

residency programs and recruit medical students from throughout the region to educate, collaborate and demonstrate why family medicine in the Midwest is best!

Holding a regional event to host medical students, link them with 40 Midwest residency programs and inspire them with our stories is a fantastic forum to build enthusiasm for the specialty. We know residency programs don't have the funds or time to travel to every school or conference. Hosting this centrally-located, regional event, that also includes CME and faculty development along with a fellowship fair for residents, makes good sense and provides vital opportunities for everyone.

I was excited that our program filled through the Match. I think we have a great incoming class and look forward to working with this next generation of family physicians. As we have all heard (many times!), one of the big issues for students in selecting their specialty is lifestyle. And I think more students are learning that family docs are able to do a lot of neat things, and we find a balance between our work life and our family life. Family medicine is a rewarding specialty choice. And with all the government emphasis on primary care, the students can believe, as we do, that our system is going to move in the right direction with payment reform. So it's almost like they're given the “permission” to do the things they want to do. Whether these future family docs springboard into urgent care, geriatrics, sports medicine, or a little bit of everything, we know they are coming out of residency training with a broad skillset that ensures they will be adaptable to whatever practice they choose.



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*Lynne E. Nowak, M.D., Internal Medicine  
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## IAFP News

(Cover story, continued from page 1)

Residents will be able to participate in "away" rotations where they go abroad to developing nations and implement the leadership and scholarship skills to develop meaningful and sustainable medical experiences around the world. Northwestern McGaw is also working on a rural resident exchange program with some of the other Teaching Health Centers. "The residents could learn about how the other THC's are utilizing their funding and train in a very different kind of underserved setting," adds Edberg.



Residents start one of many community vegetable gardens planted in the Humboldt Park community.

Edberg says there are big plans on the horizon once she has her full cadre of 24 residents. "Having the funding come directly to the residency gives us the freedom to experiment with educational experiences that make sense for us. For example, this year we piloted an innovative block curriculum around obesity management and care. We are going to pilot a study to see if the way we have designed the training around this area gives our residents better tools to manage obesity in the clinic setting and, ultimately, if that makes a difference in patient outcomes."

The residency is also working on a team-based care curriculum and a complexity clinic that will incorporate the patient-centered medical home (PCMH) concept - the residents will participate in the

actual transformation of the clinic and will play a large role in that process.

The key to THC status is that residents train directly in the community health center so they will have the skills needed to work in low-resource settings like CHCs when they graduate. Data shows that residents who train in CHC sites are more likely to choose to practice in one. "We recruit applicants who have already shown an interest in underserved care and we help them gain the tools they will need to be successful in that environment on graduation," says Edberg. "Coupled with training in the CHC, we also emphasize leadership and scholarship skills so they can take these skills with them and, hopefully, improve CHC settings in the future, with quality improvement projects and community engagement projects to enhance health care for the underserved in a broader sense throughout their careers."

Erie also recognized Northwestern Medicine with its "Community Visionary Award" for its leadership and generous support, honored Norwegian and The Feinberg School of Medicine at Northwestern with the "Community Partner Award" for their dedicated involvement in the program and recognized the U.S. Department of Health and Human Services and the State of Illinois for providing capital improvement funds. Illinois Senator William Delgado, U.S. Congressman Danny K. Davis and U.S. Congressman Luis V. Gutierrez were each honored with the "Civic Leadership Award" for their dedicated backing of the program.

More information on the McGaw Family Medicine Residency Program at Erie Family Health Center can be found at <http://familymedicine.northwestern.edu/residency/eriefamilyhealth.html>.

## 2012 Match shows little movement in family medicine

The total number of students choosing family medicine — which includes U.S. medical school graduates and international medical graduates — is 2,611 compared to 2,576 in 2011. This year's "fill rate" of 94.5 percent, unfortunately is only up slightly from the 2011 rate of 94.4 percent. In 2012, 48.3 percent of residency positions were filled by U.S. medical school graduates with only 8.5 percent of all U.S. graduates matching into family medicine. [AAFP details](#) can be found on their web site.

Illinois family medicine residency programs had a very successful 2012 match. After combining the NRMP and AOA matches with a few rounds of the SOAP experience, Illinois Family Medicine Residency Programs **filled 100 percent their available positions by March 13**. Many program directors expressed frustration with the SOAP process, which replaced the traditional "scramble" where unmatched students and unfilled slots looked to link up on their own. You can link to [Illinois Residency program results listed by program](#) online at [www.iafp.com/residents](http://www.iafp.com/residents).

**U.S. medical school FM graduate numbers improve** According to the NRMP, The percentage of U.S. medical school graduates chose family medicine in 2012 is up just a bit from 2011 (8.5% up from 8.4% in 2011) a net gain of 18 more U.S. medical school graduates. [Link to AAFP analysis](#)

The percentage of Illinois medical students matching into family medicine increased to 8.2 percent (86 out of 1,045 graduates), over last year's 7.3 percent. Of the 86 who matched into family medicine, **36 will enter Illinois programs, which is five more than 2011**.

[View chart of Illinois allopathic medical schools here](#) or go to [www.iafp.com/residents](http://www.iafp.com/residents).



## Calling all Family Medicine Educators!

The 2012 Match results and the small increases in family medicine's fill rates demonstrate that we must continue to trumpet family medicine and re-double our efforts to build the workforce. Our upcoming [Family Medicine Midwest](#) conference, November 10-11 in Itasca provides a tremendous and tangible opportunity for Midwestern residency programs and medical schools to collaborate on the shared mission of providing a strong primary care workforce to reduce the shortages currently predicted by many expert groups.

**Would you like to be a presenter at Family Medicine Midwest? View the [Call for Abstracts](#) and [submit your ideas online](#) by May 15.** Complete information, including student and attendee registration is all on the conference web site at [www.iafp.com/fmm](http://www.iafp.com/fmm). The IAFP is serving as the meeting manager for the first-ever conference of this new 12-state alliance. The Family Medicine Midwest Collaborative includes: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wisconsin.

### Family Medicine Midwest is:

- A gathering of the finest educators and innovators in Midwest family medicine
- Residency Fair with up to 40 Midwest programs for students
- Fellowship Fair for resident members
- Faculty Development
- Fantastic sessions for students and residents plus CME sessions for active faculty
- Employment opportunities in the exhibit hall
- The place to showcase why family medicine in the Midwest is BEST!



Jerry Kruse, MD, Chair of the Dept. of Family & Community Medicine at Southern Illinois University congratulates Penelope Tippy, MD

## Congratulations on a stellar career

**Penelope Tippy, MD**, program director at SIU-Carbondale Family Medicine Residency wrapped up her amazing family medicine education career. After graduating residency in 1977, she went into solo practice in West Frankfort, Illinois until 1982. In July 1982, she was hired as an Associate Director, was promoted to Acting Director, and then accepted the position as Director in July 1984 with the Southern Illinois University, School of Medicine, Family Practice Residency Program. From there she went on to build a health care community for the region, training quality primary care physicians and bringing new resources to the underserved region. She has dedicated her entire career to improving health care systems on the local and national level. In the Carbondale area, she is most known for bringing the Care-a-Van which takes health care services to West Frankfort, Benton and other small underserved communities.

When asked to reflect on her time as program director, Dr. Tippy says, "I'm most proud of the success of the program's graduates and the fact that many continue to practice in underserved rural areas."

Her retirement party was held at Walker's Bluff-Legends, in Carterville on March 22. Her official last day

as program director was March 31. Quincy Scott, DO takes over as program director. Jerry Kruse, MD, chair of family and community medicine at SIU School of Medicine was on-hand at Dr. Tippy's retirement party. When asked what Dr. Tippy has meant to SIU, he reached back to a quote from then-Lt. Gov. (now Gov.) Pat Quinn. "Lt. Gov. Quinn was here when Penny received an award from the Illinois Children's Healthcare Foundation for launching the Care-a-Van. He told the crowd that 'Dr. Penny Tippy is the Illinois North Star shining in the South,'" recalls Kruse. "I couldn't have said it better myself."

Also during the retirement party, Southern Illinois Health Care President and CEO Rex Budde announced that they were establishing a new scholarship in the name of Dr. Penelope Tippy, a moment that stunned and touched Dr. Tippy. Details of the scholarship are still in the planning process.

For a family physician who has been working tirelessly for over 40 years, what's next? Don't call her retired, as she continues to contribute. Tippy continues to work with SIU Family Medicine and also part-time with Southern Illinois Healthcare as the Chief Medical Information Officer and in their Case Management department. IAFP wishes her well in this next chapter!

## 2009 IAFP Summer Externs, where are they now?

Sadly, 2009 was the last year that the IAFP Foundation Summer Externship program was fully funded with support from the Illinois Department of Public Health. That program was the Academy's most successful avenue for steering medical students to family medicine by giving them early and incredible exposure to family medicine in a variety of community based and residency program settings. Once the state funding dried up, the Summer Externship program was discontinued.

IAFP worked to track down match results for the 2009 Summer Externs. We were unable to obtain match results for Midwestern University – Chicago College of Osteopathic Medicine (CCOM), where 7 summer externs attended school. Not all of Illinois allopathic schools share their match lists, either. But to the best of our ability, we can share the following statistics.

### Basic Results

36 medical students participated in 2009

7 have delayed graduation till 2013

9 have matched into family medicine residency programs

10 selected another primary care specialty (pediatrics, obstetrics/gynecology or internal medicine)

6 are still unknown at this time.

### Our Success Stories

We are proud to welcome these new members of the family medicine family and we thank the IAFP Summer Externship preceptors who helped inspire their path to family medicine.

#### Student (School)

Emily Andrew (UIC)

*Family Medicine- Univ. of Chicago/NorthShore*

Jin Ahn (CCOM)

*Family Medicine – Carle Foundation (Urbana, IL)*

Jason Howell (Loyola)

*Family Medicine- West Suburban*

Lindsay Jackson (Loyola)

*Family Medicine – JP Smith (TX)*

Andrew Ow (Loyola)

*Family Medicine – Wake Forest (NC)*

Julie Miaczynski (Loyola)

*Family Medicine – Adventist-Hinsdale*

Stephanie Low (Loyola)

*Family Medicine - West Suburban*

Jenifer Albrecht (CCOM)

*Family Medicine – Riverside (VA)*

Christopher Howse (Univ. of IL - Rockford)

*Family Medicine - Missouri*

#### Preceptor

Crystal Cash, M.D. - Cook County Dept. of Family Medicine - Chicago

Sergio Mercado, M.D. – Fox Valley Medical Associates - Batavia

Amy Blair, M.D./James Judge, M.D. - Loyola Family Practice - Maywood

Julita McPherson, M.D. - Near South – Chicago

William Hulesch, M.D. -Downers Grove Family Practice

James Winiger, M.D. - Loyola Center for Health – Glendale Heights

Reena Paul, MD - Englewood Clinic - Chicago

Thomas Miller, MD – SIU-Quincy Family Medicine

Doris Bowers, MD - Shelbyville

## Two former externs talk about their road to family medicine.



**Lindsay Jackson (Loyola)**

*Why did you choose the program you Matched?*

I chose John Peter Smith Family Medicine Residency Program in Fort Worth, Texas because it equips residents to practice full spectrum family medicine. It is extremely procedure-heavy, most residents finish their intern year with over 100 vaginal deliveries and graduating residents can be certified in endoscopies and colonoscopies. I also felt that JPS was a great place to serve the community - it is a large county hospital with a wide range of patients, thus offering the opportunity to work with patients of many different ethnicities and socioeconomic backgrounds. I am excited to be a part of a program that creates well-trained and well-rounded physicians, and that also encourages growth in oneself and the community.

*Do you remember an experience from your summer externship experience that may have ultimately influenced you to choose family medicine?*

One of the primary reasons I chose to pursue a career in family medicine was the opportunity to truly get to know my patient population, and through this relationship provide them with education and empower them to take an active role in their health care. During my experience at Near South Health Center, I had the opportunity to meet with each diabetic patient and educate them on the various risk factors associated with diabetes (for example, goal blood pressure range, goal hemoglobin A1C, etc.). It was during these patient encounters that I felt like I was truly contributing to the health of the patient, and encouraging them to become an active player in their health care through empowerment with education.

*Where do you hope to be in 2017?*

In 2017, I will have just finished my additional fourth year maternal/child fellowship at JPS to become certified in C-sections. It is my hope that I will become an attending at a Federally Qualified Health Center that is actively involved in serving a medically underserved community, and that also provides an opportunity for teaching medical students or residents in the clinic.

*Any advice to offer the class of 2013?*

Always maintain perspective, and remember that medicine is a vocation. A lot of things may change (health policy, insurance, etc.), but your primary calling is to take care of patients, to serve the community, and to build into people so that you may educate and empower them. Find a mentor - this is a key determinant in how you view the field of family medicine, and often serves as an example of the kind of family physician you want to become.



**Julie Miaczynski (Loyola)**

*Family Medicine – Adventist-Hinsdale*

*Why did you choose the program you Matched?*

The program seemed like the perfect fit in terms of fellow residents, faculty and goals. I also liked it is an unopposed program, so the residents cover multiple services.

*Do you remember an experience from your summer externship experience that may have ultimately influenced you to choose family medicine?*

There was not just one experience, but when I was deciding on family medicine, it was nice to have my experience from the externship to look back on. Working with just one doctor for those weeks was great because I got to see the way the physician related with his patients and I knew I wanted a field that let me get to know my patients and build good working relationships. I also found it exciting to see so many different patients - which reminded me that I look for variety in my days.

*Where do you hope to be in 2017?*

I hope to stay in Illinois, somewhere in the Chicagoland area. Ideally, I'll be working in an underserved clinic.

*Any advice to offer the class of 2013?* Be open and consider both opposed programs and unopposed then think about which program felt right. Consider an away rotation if you want to get to know more residents or see a new geographic area.

# ILLINOIS FAMILY PHYSICIAN

## Illinois SEARCH Program: Providing Exposure to the FQHC Setting

*Ruth Arway, Illinois Primary Health Care Association*

The Illinois Student and Resident Experiences and Rotations in Community Health (SEARCH) Program is among 28 programs in the United States funded by the Health Resources and Services Administration (HRSA), National Health Service Corps (NHSC). The Illinois Program began in 2000 and has trained over 900 students.

The program provides training opportunities in federally qualified health centers (FQHCs) to encourage students to practice in these settings which will in turn address the primary care workforce shortage and increased access to quality care for the underserved. The SEARCH Program also works to enhance the teaching capacity of FQHCs, facilitate and strengthen community/academic linkages, and provide mentoring opportunities for students. Students eligible to participate in SEARCH include allopathic and osteopathic medical students; physician assistant, nurse practitioner and certified nurse midwife students; dental and dental hygiene students; some behavioral health students; and primary care residents.

The Illinois program offers placements in 23 Illinois FQHCs, which provide a valuable opportunity to work within the public health model with its emphasis on prevention and disease management. SEARCH also offers students and residents the opportunity to work as a member of the multidisciplinary team and to address community health needs. The Illinois program has a unique curriculum in which students learn community and cultural assessment skills, and have an opportunity to undertake a community-orientation project.

The Illinois program continues to evaluate the program and measure its impact on recruiting future primary care clinicians in HPSAs and within CHCs. Staff have expanded activities and developed mechanisms to track participants over the long-term to determine where students will practice. Preliminary data collected indicate a strong interest in primary care and working in an FQHC setting. The SEARCH "Graduation Survey" will be fielded again in Spring 2012.

Through the partnership with the Illinois Academy of Family Physicians, Illinois SEARCH was able to access 2012 Match data of medical students who graduated this year who were former SEARCH participants, in order to determine whether or not they matched to primary care residencies. During the current contract, 33 SEARCH participants were medical students with graduation dates in 2012. SEARCH staff was able to obtain Match data for 24 of these students. Of these students, eighty-four percent matched to primary care residency training programs: family medicine – 15 (63%); internal medicine – 5 (21%); OB/GYN – 2 (8%); Psychiatry – 1 (4%); Surgery – 1 (4%); Ophthalmology – 1 (4%).

For more information about the Illinois SEARCH Program and activities, contact Ruth Arway at IPHCA at 312/692-3030 or [rarway@iphca.org](mailto:rarway@iphca.org).

Thank you to all of these IAFP members who served as SEARCH program preceptors. Your dedication to the future of primary care helps inspire the next generation of dedicated primary care physicians!

### **Erie Family Health Center**

Frank Castillo, MD  
Deborah Edberg, MD  
Jeff Panzer, MD  
Gail Patrick, MD  
Amy Schroeder, MD  
Anuj Shah, MD

**Greater Elgin Family Care Center**  
Mark Thompson, MD

### **Heartland Community Health Clinic**

Gregg Stoner, MD  
James Barnett, MD

### **Lawndale Christian Health Center**

Prosper Wang, MD  
Heather Bunting, MD  
Sandra Hoogland, MD  
Jim Melia, MD  
Donna Nielsen, MD

### **PCC Community Wellness Center**

#### **PCC Lake St.:**

Paul Luning, MD  
Kimi Suh, MD  
Karole Lakota, MD  
Sarah Carreon, MD  
Kerry Marcheschi, MD  
Sherif Milik, MD

#### **PCC Salud:**

Natasha Diaz, MD  
Jules Eckersley, MD  
Tamajah Gibson, MD  
Nancy Kuo, MD  
Toni Lullo, D.O.  
Kathy Lynch, MD  
Jen Rossato, MD  
Tuwanda Williamson, MD

#### **PCC Austin:**

TJ Staff, MD  
Katie McDonough, MD  
Chrissy Swartz, MD  
Alisha Thomas, MD

### **PrimeCare Community Health, Inc.**

Marie McCarthy, MD

### **Will County Health Department and CHC**

Timothy D. Bailey, MD





## 2012 Annual Meeting November 8-10, 2012

Eaglewood Resort in Itasca

Put it on your calendar, iPad, Blackberry, whatever gadget you use!

*Don't go it alone! Tap into the knowledge abundantly available when you gather with your fellow family medicine leaders from throughout Illinois. Top-notch CME with top-tier family physicians.*

### **Building Your Family Medicine Network**

Online registration is now available at [www.iafp.com](http://www.iafp.com)!

#### Basic Schedule

##### Thursday, November 8

2:00-8:00 p.m. SAMs Workshop - Topic to be determined

##### Friday, November 9

8:00 a.m. – 2:00 p.m. SAMs Workshop - 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

5:30 – 6:30 p.m. Reception

6:30-8:30 p.m. IAFP Awards Dinner

##### Saturday, November 10

7:00 a.m. Breakfast and plenary with Family Medicine Midwest attendees

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](http://www.eaglewoodresort.com))

**Would you like to be a CME presenter?** You can submit your idea and abstract to the IAFP CME committee for consideration.

We are looking for clinical and practice management CME topics. [Learn more](#) about the annual meeting CME programming and submit your abstract using our simple [online form](#) – all on the IAFP web site, [www.iafp.com](http://www.iafp.com) and click on “Annual Meeting.”

#### **Submissions are due by June 1st**

**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.

**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.

- Nominate your choice for **Family Physician of the Year** by **June 1**.
- Nominate your favorite family medicine educator for our employed or volunteer Family Medicine **Teachers of the Year** by **June 30**.

**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.

#### **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](mailto:vkeenan@iafp.com) by Friday, **August 10**. All active and life members will be able to vote online from September 4 through October 12, 2012.

- 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](mailto:vkeenan@iafp.com).
- We will honor AAFP Fellows who elect to have their convocation at our annual meeting. If you are eligible for Fellow convocation, please contact Ginnie Flynn at [gflynn@iafp.com](mailto:gflynn@iafp.com) to let us know you'd like to participate in our convocation.
- We will recognize members who complete the IAFP Safe Prescriber for Controlled Substances Program. Learn more about this exciting program on [page 18](#). Or visit the program web site: [www.iafp.com/safeprescriber](http://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 look forward to seeing you at the receptions and evening fun social events. Look for more details this summer when the meeting brochure is mailed and posted on the IAFP web site.

## New IAFP Task Force Tackles ACOs

As health care reform continues to evolve, one reform concept expected to survive any U.S. Supreme Court ruling is the Accountable Care Organization (ACO). This concept is a new way of structuring health care delivery and payment based on a collaboration of providers who take responsibility for a patient, then share the risk and share the savings of providing cost effective care and eliminating waste, duplication and preventable adverse outcomes. AAFP defines an ACO in this way: An Accountable Care Organization (ACO) is defined as a group of physicians, other healthcare professionals (e.g. nurse practitioners, physician assistants, licensed clinical social workers, and clinical psychologists), hospitals and other healthcare providers that accept a shared responsibility to deliver a broad set of medical services to a defined set of patients across the age spectrum and that are held accountable for the quality and cost of care provided through alignment of incentives. In contrast to the current fragmented model, ACOs aim to create a cohesive framework, encourage accountability, and create incentives and rewards to providers who focus on the overall scope of patient care. By coordinating and integrating care, ACOs can simplify the process for patients, enhance quality and efficiency, and cut costs.

So far in Illinois, Advocate Health Care and Blue Cross Blue Shield of Illinois have created the first systematic private ACO. OSF Health Care in Central Illinois will be one of the 27 Medicare Pioneer pilots for the Medicare program ACO demonstration.

To help Illinois family physicians, IAFP created the Task Force on Family Physician Leaders in Accountable Care Organizations. The new task force is chaired by IAFP past president Fredric (Rick) Leary, MD, MBA, who is Senior Medical Director at McKesson Health Solutions and the former medical director of the Illinois Medicaid Your Healthcare Plus disease management program.

Task force members comprise a wide variety of leadership experience in the accountable care organization model:

Bernard Ewigman, MD – Chair of Family Medicine, University of Chicago – Pritzker School of Medicine

Brian Stratta, MD – Chief Medical Officer, IlliniCare, Centene, Chicago

Carrie Nelson, MD – Medical Director for Special Projects, Advocate Physician Partners, Mt. Prospect

Dennon Davis, MD – Logan Primary Care/Southern Illinois Medical Services, West Frankfort

Donald Lurye, MD – Chief Executive Officer, Elmhurst Clinic, Elmhurst

Gary Wainer, DO – Chief Medical Officer, Chicago Health Systems, Westmont

Edward Hirsch, MD – Vice President of Medical Affairs, OSF Health Care

Kevin Most, DO – Vice President of Medical Affairs, Cadence Health (the new name of the merged Central DuPage and Delnor Hospital systems)

Margaret Kirkegaard, MD – Medical Director, Illinois Health Connect (Illinois Medicaid's primary care case management program)

Mark Loafman, MD – Chief Clinical Integration Officer, Norwegian American Hospital, Chicago

Michael Temporal, MD, IAFP President and Regional Medical Director for Southern Illinois Health Foundation, Belleville

Stanley Borg, DO – health care consultant in Chicago, specializing in market and technical strategy for health information, pharmaceutical, medical device, and health insurance companies

Stephen Stabile, MD – Associate Chief Medical Officer, Ambulatory Care Health Network, Cook County Health and Hospital Services, Chicago.

Anthony Tedeschi, MD – Chief Medical Officer, Vanguard Health Systems

David Soo, MD, Vice Chair, Clinical Affairs, DFM, North Shore University Health System

The Task Force will produce a tool kit in 2012 with a position paper and reference materials on the value of primary care in accountable care organizations (ACOs) for use by family physicians involved in leadership positions. The tool kit being produced by the task force would be specifically targeted to family physicians that are in leadership of medical groups or health systems. "As payment for health care services transitions to the ACO model, the Illinois Academy wanted to ensure that the wealth of knowledge already at work in creating Illinois ACOs is shared with other members who can effectively represent their family physician colleagues in future ACO formation across the state," said Dr. Leary. "Just the size and scope of our task force is a great indicator of the assistance that IAFP will be able to provide to members in the very near future."

AAFP has already taken the lead role in educating member physicians on how to evaluate and participate in ACO opportunities, and the task force will encourage members to access their tremendous [resource materials](#). IAFP has developed and shared many general resources on ACOs for all family physicians over the past year through our communications and the Practice Improvement Network.

### Resources currently available - ACO and Affiliation guides for FPs

Several constituent chapters and AAFP combined to produce two documents that should be required reading for independent practice physicians in weighing their options for the future. All of them live on the IAFP Practice Improvement Network web site at [www.iafp.com/pcmh](http://www.iafp.com/pcmh). Get some answers especially for the family physician!

- [The Family Physicians' Guide to ACO Success](#)
- [The Family Physicians Affiliation Guide](#)
- [NEW "ACOs - Navigating the Legal Minefields"](#) looks at federal anti-trust and anti-kickback federal laws when forming ACOs
- [What is an ACO?](#)
- [Practice Assimilations: What Can You Do? Options to selling a practice, practice affiliations and ACO's](#)
- [Proposed Medicare Shared Savings Program](#)

This Task Force on ACOs hopes to serve as a "learning collaborative," with a curricula of topics that could be covered at monthly meetings. Most meetings would be teleconference, with occasional face-to-face meeting opportunities. The goal for each monthly meeting would be to produce a "change package" as a take-away for each meeting. Contact IAFP executive vice president Vince Keenan at [vkeen@iafp.com](mailto:vkeen@iafp.com) for more information.

### Additional Resources

March-April 2012 edition of Family Practice Management, "[ACOs are coming. Should you sell your practice?](#)"

Authored by IAFP Task Force member Stanley Borg, DO.

Center for Healthcare Quality and Payment Reform: <http://www.chqpr.org/Health2Resources/Accountablecaresection> <http://h2rminutesaccountablecare.com/about.html>

*How is Illinois evolving in the ACO marketplace?*

- [Advocate Health Care with Blue Cross Blue Shield of Illinois](#), as covered by [Kaiser Health News](#),
- [OSF Healthcare Medicare Pioneer ACO](#) covered in "[Fierce Healthcare](#)"

## May is National Asthma and Allergy Awareness Month



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888.50.ALLERGY.

## A quarterly “check-up” from the other IAFP committees and task forces

*The new IAFP committees have been meeting separately and then the chairs gather via conference call every other month. Here is a brief summary of what each group has accomplished or prioritized for the year so far. If you have any questions or ideas, email them to [iafp@iafp.com](mailto:iafp@iafp.com) and we'll route them to the right place.*

**The CME Committee** sent out a CME Topics Survey in mid-April to the membership to better assess the members' CME needs for the next two years. A call for abstracts has also been sent out encouraging members to submit proposals to present at the Annual Meeting and the Family Medicine Midwest conference. The committee will be working on topics selection for the Annual Meeting and also will be reviewing the results of the Topics Survey at their next meeting. The committee is continually reviewing the development of CME activities and evaluations from past activities.

**The Membership and Member Services** task force is working on a reception for International Medical Graduates during the Annual Meeting (November 8-10 at Eaglewood Resort in Itasca). The reception is to honor IMGs and get them more active in the Academy. The task force is also working on a campaign to target those graduating from residencies to retain their IAFP membership.

**Bylaws** – Continuing the work started in 2011, there will be several more bylaws amendments proposed at the All Member Assembly in November. The main thrust of this year's proposed changes is to move technical aspects of member dues from the bylaws into an accompanying document that would allow the board to make adjustments to the administrative rules without changing the bylaws. Other changes replace “member groups” with “interest groups” to allow members to form short-term groups around issues of concern. Another significant change would enfranchise the second vice president as a voting member of the executive committee. Finally, IAFP needs to make changes to IAFP bylaws to keep them in accord with AAFP bylaws.

**Family Medicine Educators** -- Their scope of work has expanded to include the following activities: Oversee the second annual Resident Research Webinar on May 24 with research presentations in this faculty-reviewed event; Organize Illinois residencies' exhibits at the AAFP National Conference of Residents and Students. Rush Copley Family Medicine Residency will serve as the coordinator. The committee will also participate in IAFP's work on the Family Medicine Midwest through the Host Committee charged with securing 200 scholarships (@ \$250 each) for students to attend the 12-state regional meeting, Nov. 10-11 in Itasca.

**The Government Relations Committee** meets approximately every other month via teleconference. The Committee's charge is to: Make decisions regarding IAFP's legislative agenda, initiate grass roots lobbying efforts, educate members on key issues, and actively lobby on behalf of the Academy. So far, committee members have reviewed bills of interest to the Academy and followed the Medicaid reform deliberations. Since the primary election and Spring Break, the General Assembly has slowly worked through non-controversial issues while awaiting the final budget proposal to be passed by May 31st which will include both Medicaid and pension reform.

**Practice Transformation** – In 2011, the Practice Improvement Network was launched to 1) communicate health care reform changes from a family medicine perspective; 2) provide CME on topics that would assist members in transforming their practices; 3) empower family physicians to lead the changes in health care; and 4) implement a pilot project for solo and small group practices to assist them with practice transformation. Twelve solo and small group practices have undertaken the pilot project. The pilot project has been expanded in 2012 and offered to larger practices to assist them in practice transformation.

**Public Health** -- Obesity, tobacco/smoking prevention, and mental health are the three issues of greatest concern. IAFP helped the Illinois Alliance to Prevent Obesity launch its “Rethink your Drink” symposium April 25 which featured IAFP member **Goutham Rao, MD**, speaking on beverage consumption and childhood obesity. Issues at the intersection of family medicine and public health are also of concern. IAFP helped the Illinois Chapter American Academy of Pediatrics in its March 6 webinar on “Physicians' Statement on Breastfeeding” which featured **Risha Raven, MD**, speaking on the community-based physician approach to supporting breastfeeding. **Ravi Grivois-Shah, MD**, successfully worked with other Chicago organizations to close two coal-fired plants that are contributing to the asthma epidemic in surrounding neighborhoods.

**The Public Relations Task Force** selected the 2012 Illinois Tar Wars state poster contest winner at their meeting on April 23. Taylor Coley and her poster will represent our state at the National Tar Wars Poster Contest in Washington, D.C. July 16-17. The task force also eagerly awaits your nominations for the 2012 Illinois [Family Physician of the Year](#) and [Family Medicine Teachers of the Year](#) honors. They will meet in August to select the recipients.

# Tar Wars

A tobacco-free education program for kids from the American Academy of Family Physicians

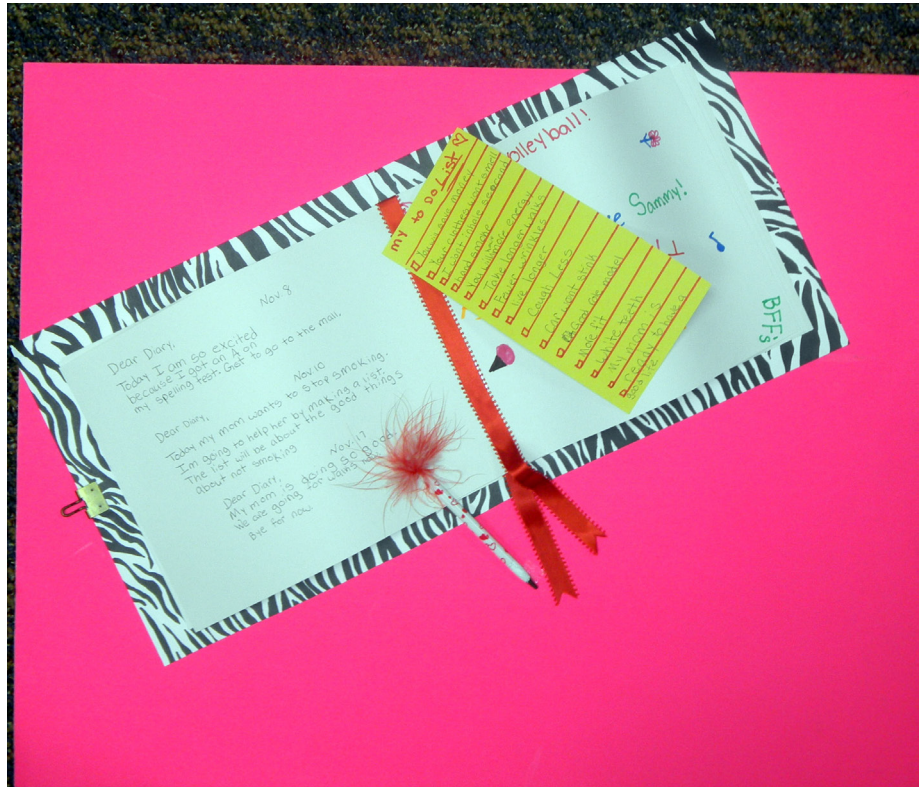
And here is that state-wide winning Illinois Tar Wars poster:

Taylor Coley, 4th grade  
Oak View Elementary in Bolingbrook

Jennifer Blair  
from Will Co. Health Department  
presented Tar Wars to Taylor's class



Taylor and Jennifer celebrate the winning poster in a surprise visit to school on May 8.



## We specialize in the business side of practice management



### IAFP welcomes a new staff member

Sara Gadberry joined IAFP on May 1 as our Education Coordinator. Sara's work experience with large association management firms in coordinating and implementing education programs with various clients will be a tremendous asset to IAFP's growing CME empire. Sara will work coordinating IAFP enduring education projects, as well as live events such as SAMs on the Road, and our IAFP Annual Meeting education tracks. Her experiences with live event video capture will help as we continue to modernize our CME programming and functionality. Welcome to Team IAFP!

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# ILLINOIS FAMILY PHYSICIAN

## News You Can Use

### Workforce Warning: Nine Out of Ten U.S. Physicians Are Unwilling to Recommend Medical Profession

*Submitted by The Doctors Company*

A recent survey of over 5,000 physicians and surgeons on the “Future of Health Care” indicates that the anticipated shortage of health care professionals may be exacerbated by growing physician sentiment. The medical profession has been projecting a shortage for years, but the findings from this survey indicate two critical factors.

First, nine out of 10 are unwilling to recommend the health care profession to family and friends. In Illinois, nearly two out of every five physician respondents indicated that they are contemplating retiring within the next five years, lower than the 43 percent national average, but still a concerning number. In both instances, the responses were attributed to the transformative changes occurring within America’s health care system as a result of health care reform.

For those physicians considering early retirement, many cited the demands on their practices resulting from new legal requirements and continued reimbursement reduction, despite the anticipated influx of newly insured Americans into the health care system. In addition, 60 percent of respondents indicated that the pressure to reduce costs, increase volume, and improve quality will have a negative impact on patient care and how doctors practice medicine. Finally, these transformative changes are also impacting their desire to recommend the health care profession, a career that is often viewed as a legacy passed down from one generation to the next.

“The physician sentiments expressed in the Future of Health Care Survey are deeply concerning and disheartening,” said Donald J. Palmisano, MD, JD, FACS, former president of the American Medical Association and member of The Doctors Company Board of Governors. “Today, we are perilously close to a true crisis as newly insured Americans enter the health care system and our population continues to age. Unfortunately, we may be facing a shift from a ‘calling,’ which has been the hallmark for generations among physicians, that could threaten the next generation of health care professionals.”

*The survey, conducted by The Doctors Company, is the largest of its kind on the subject and includes responses from over 5,000 physicians and surgeons from across the United States. For more information about the study, please visit the Knowledge Center at [www.thedoctors.com/future](http://www.thedoctors.com/future). The Doctors Company is the nation’s largest insurer of physician and surgeon medical liability.*

## Why choose between national resources and local clout?

### In Illinois, The Doctors Company protects its members with **both**.

With nearly 71,000 member physicians, we are the nation’s largest insurer of physician and surgeon medical liability. We constantly monitor emerging trends and quickly respond with innovative solutions, like incorporating coverage for privacy breach and Medicare reviews into our core medical liability coverage.

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

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

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

*We relentlessly defend, protect, and reward  
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The Spring session is scheduled to adjourn May 31. The General Assembly has slowly worked through non-controversial issues while awaiting the final budget proposal to be passed by May 31st which should include both Medicaid and Pension reform. Controversial bills are being held until after the General Election and may be considered during the Fall Veto session. In addition, the GOP has stated they will not place any of their members' votes in the House and Senate on healthcare implementation bills related to the Affordable Care Act (ACA) until the U.S. Supreme Court votes on its constitutionality sometime in June.

**Legislation** – During this session, Cook-Witter has tracked 180+ bills for IAFP. The following bill synopsis reflects those bills no longer in their original chamber or referred to rules; they will likely continue to move through the legislative process:

- **SB 2885 – (Healthcare Co-Ops)** Amends the Health Care Purchasing Group Act. Defines “employer” as an individual, sole proprietorship, partnership, firm, corporation, association, or any other legal entity that has one or more employees and is legally doing business in this State. Provides that “employer” includes employers as defined in the Illinois Health Insurance Portability and Accountability Act. Provides that a health care purchasing group (HPG) may be an organization formed by 2 or more employers with no more than 2,500 covered employees each. Provides that if an HPG is formed it shall utilize a licensed insurance producer to negotiate, solicit, market, obtain proposals for, and enter into group or master health insurance contracts on behalf of its members and their employees and employee dependents under certain conditions. AAFP policy supports healthcare co-ops. IAFP is in support of the legislation. It has passed the Senate and awaits assignment in the House.
- **HB 4968 – (Hospital-Infant Feeding Policy)** Creates the Hospital Infant Feeding Act. Provides that every hospital that provides birthing services must adopt an infant feeding policy that promotes breastfeeding. Effective January 1, 2013. This legislation supports the Illinois Physicians’ Breastfeeding Statement that was released in September 2011. IAFP members participated in review of this statement and continue to raise awareness and promote education on breastfeeding and supports the legislation. It has passed the Senate Public Health Committee and is now on third reading.
- **HB5485 – (DHFS-Medicaid NCQA Accredited)** Provides that any health insurance company that contracts with the Department of Healthcare and Family Services or the State to provide managed care to individuals enrolled as clients, beneficiaries, or recipients, who receive medical benefits under the Illinois medical assistance program, must be National Committee for Quality Assurance (NCQA) accredited within 3 years after beginning to provide services under the Illinois medical assistance program, and any such health insurance companies engaged in providing managed care or coordinated care under the Illinois medical assistance program on the effective date of the amendatory Act must be NCQA accredited by January 1, 2015. Initially, this was a resolution brought to the ISMS by IAFP members Drs. Rashmi Chugh and Margaret Kirkegaard. IAFP supports this ISMS-sponsored legislation. It has passed the House and is assigned to the Senate Human Services Committee.
- **HB 5823 – (Health Care Services Liens)** Amends the Health Care Services Lien Act. Provides that a petition filed by the injured person, the health care professional, or health care provider may be served upon the interested adverse parties by personal service, substitute service, or registered or certified mail. Since its introduction, this bill was heavily amended. Providers remain opposed. You can read our group [statement](#) here.
- **SB 3410 – (Athlete Concussions)** Amends the School Code. In provisions that require a school board to adopt a policy regarding student athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws of the Illinois High School Association, provides that the protocols, policies, and by-laws state that any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the contest and shall not return to play until cleared by a physician licensed to practice medicine in all its branches in this State or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in this State. IAFP supports this legislation and is watching for amendments. It passed the Senate and is assigned to the House Elementary and Secondary Education Committee.
- **SB 3514 – (Medical Practice Act Sunset)** Amends the Regulatory Sunset Act. Extends the repeal date for the Medical Practice Act of 1987 from December 31, 2012 to December 31, 2013. This shell bill passed the Senate and awaits assignment in the House. IAFP is watching the bill for content.

**Medicaid reform – How to Save the System:** The backlog of unpaid Medicaid bills is expected to reach \$1.8 billion by the end of the fiscal year, and some estimate a structural deficit of \$2.7 billion (or 23% of the HFS budget). HFS Director Julie Hamos laid out a “menu of possible options” where cuts and reductions may occur and included the following:

- Changes in Medicaid eligibility, where not otherwise prohibited by federal law
- Elimination of optional services –or utilization controls to better manage use of services
- Cost-sharing by clients
- New policies/reforms to redesign service delivery
- Rate reductions for all providers (up to 9%)

Yet the total savings for ALL these options falls short of covering the deficit! In order to meet these savings, the Administration intends to work with the General Assembly for the remainder of the legislative session to create a package of cost reductions that achieves balance in a bipartisan effort and brings the Medicaid program back from the brink of collapse. A 12-member bipartisan Advisory Committee on Medicaid was created with three members from each caucus. The first attempt at constructing a Medicaid reform plan was released by the Governor’s office on April 19. The following links offer highlights and details:

### Stabilization Fact Sheet

<http://www2.illinois.gov/Documents/Medicaid/Medicaid%20Stabilization%20Fact%20Sheet.pdf>

### Spending Reductions

<http://www2.illinois.gov/Documents/Medicaid/Medicaid%20Spending%20Reductions.pdf>

### What has IAFP done?

- Met with members of the Advisory Committee, including the four co-chairs
- Submitted [written testimony](#) to – (read our testimony at [www.iafp.com/legislative](http://www.iafp.com/legislative))
  - Senate Human Services Subcommittee on Medicaid and the
  - House Appropriations Human Services Committee
  - House Health Care Availability and Access Committee (one testimony sample attached)
  - Lt. Gov. Sheila Simon
- Served on the Illinois Chamber’s Healthcare Council Medicaid Reform Working Group, whose [statement](#) was released in late April and is posted at [www.iafp.com/legislative](http://www.iafp.com/legislative).
- Worked with the Illinois Hospital Association on their blueprint for reform and recommendations.

Our message: Preserve primary care, and enable the cost-savings from a strong, patient centered medical home led by the primary care physician. Despite the strong legislative and media support for expanding managed care, IAFP and other organizations have cautioned that immediate savings to the state budget are negligible at best while creating unintended consequences like a disruption in the continuity of care that would lead to more costly and frequent ED visits and hospitalizations.

We believe a high-functioning, efficient Illinois Medicaid program should include:

- A 3-part payment model that supports the patient-centered medical home
- Investing 30% more in primary care
- Providing local care management of high risk, high utilizing patients
- Creating patient registries to better manage and coordinate care
- Incentives for clear quality measures and robust quality improvement

Engaging the next generation. Gordana Krkic, CAE, Deputy Executive Vice President for External Affairs, has regularly presented an advocacy lecture to medical students at Midwestern University and Loyola, and family residency programs at Lutheran General and SIU – Springfield. This year, in a combined effort with the IAFP Board of Directors’ outreach to all family medicine residency programs, she also presented to the Northwestern-McGaw and MacNeal programs. If you’d like an IAFP advocacy presentation conducted at your family medicine residency, please contact Gordana at [gkrkic@iafp.com](mailto:gkrkic@iafp.com).





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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. A task force from the IAFP Public Health committee helped shape the program to ensure it would be helpful and useful to members.

Physicians who have completed the program criteria are awarded Safe Prescriber status by the Illinois Academy of Family Physicians. *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](http://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](http://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. To have access, a physician must apply at <https://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 and 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
- Recognition on the IAFP list of Safe Prescribers on [iafp.com](http://iafp.com)
- A press release in your local paper (upon request)
- A recognition reception at your practice (upon request)
- 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](http://www.iafp.com/SafePrescriber)



## Lunch and Learn CME – archived online and new programs on tap!

Each month, the IAFP hosts a lunchtime webinar featuring CME-approved topics related to practice transformation. Each presentation is free to members and their staff. Plus, presentation recordings are available in the Delta-Exchange IAFP PIN zone. You can find them all by going to [www.aafp.org](http://www.aafp.org) and click on Delta-Exchange. Login using your AAFP ID and password, then click on the Yellow IAFP PIN Zone tab at the top.

A summary of key learning objectives from each webinar are provided below:

**October 27, 2011 Modified Open Access** Presented by Brenda K. Fann, MD, FAAFP, Program Director of the Rush-Copley Family Medicine Residency Program in Aurora

Participants learned three different scheduling models for same day acute access in a Family Medicine Center, including Traditional Scheduling, Advanced (Open) Access, and The Lean/Toyota Way or “Same Day Sick Visits.” Each scheduling model was evaluated in terms of efficiency, patient and employee satisfaction, and continuity. Dr. Fann explained that the Lean Model can be used to eliminate office inefficiencies related to same-day access. Finally, Dr. Fann discussed the necessary tools to implement an efficient same day access system in a Family Medicine Center.

**January 26, 2012 Office Redesign to Optimize Planned Patient Care** Presented by Carrie Nelson MD, MS, FAAFP, Advocate Physician Partners

Dr. Nelson presented a care model paradigm for practices to emulate that will improve outcomes and operational efficiencies in a family medicine practice. Core components of this model include self-management support, delivery system design, decision support and clinical information systems. When a practice is redesigned to optimize planned patient care, the variability and risk of day-to-day operations is minimized and clinical outcomes, patient satisfaction and employee satisfaction improves.

**February 23, 2012 Diabetes Group Visit** Presented by Brenda K. Fann, MD, FAAFP

Dr. Fann provided insights into designing and conducting effective intervention in a group setting to manage diabetes. She discussed chronic disease models to manage type 2 diabetes and the basic components of a diabetes management program including self-management through education, medical nutrition therapy, and pharmacotherapy. An outline for designing and preparing your office for group visits, conducting these visits and coordinating quality improvement initiatives were discussed. Finally, Dr. Fann provided information on coding and reimbursement for group visits.

**March 29, 2012 Treating Chronic Obstructive Pulmonary Disease (COPD) in a Primary Care Practice**, Presented by Michael Hanak, MD, Assistant Professor at the University of Illinois at Chicago

Dr. Hanak presented the risk factors and strategies for eliminating exposures that may cause COPD and provided information on key diagnostic tests for COPD. Dr. Hanak also offered information on effective management strategies for COPD patients. In addition, he provided information on PQRS measures relevant to COPD including tobacco screening and counseling, evaluation of COPD patients with spirometry, and prescribing inhaled bronchodilator therapy.

### Upcoming PIN Lunch and Learn Webinars

May 31, 2012 - Adult Smoking Cessation: Intervention Strategies for Primary Care Providers – [Register online here](#)

June 28, 2012 - Pneumococcal Immunization in Primary Care Practice: Why and How to Do it Better – [Register online here](#)

*If you would like to present a practice transformation topic as part of the Lunch and Learn webinar series, please contact the Assistant Vice President of Education Kate Valentine at [kvalentine@iafp.com](mailto:kvalentine@iafp.com).*



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# ILLINOIS FAMILY PHYSICIAN

## IAFP Member Spotlight



**Alice F. Daniels, MD**  
Cook County Health and Hospital System  
Provident Hospital and Englewood Clinic  
IAFP Board Member, Class of 2014

## IAFP Member Spotlight

### Why family medicine?

I chose family medicine because I wanted to treat the whole family. My family always asks me questions and I like being able to give good answers to my family and friends. And my church, sometimes I think I do more care there than I do at work! I always wanted to be a doctor who could treat everybody.

### How do you champion family medicine?

I am the pre-doctoral coordinator for my residency program (Cook Co. Loyola Provident) so I get to work with students from three medical schools on a regular basis. And I encourage students to get into family medicine and offer them a different perspective. I tell them about all the wonderful things about family medicine and the many options you can have in family medicine.

### What are the health issues you see most?

I would say non-compliant diabetics are the most concerning to me because I'm still trying to teach patients the long-term effects of this problem. So I started diabetic group visits and I'm excited about it, as it's the first group visit program in the entire Cook County Health and Hospital System. I think the patients are finally "getting it." I had a

patient who finally told me he couldn't read. He was injecting insulin into his finger. So I had a home health nurse go over to his home every day to teach him and his wife how to manage his medications and his insulin, and they created a color coded system for him. I think we can really make progress with this group approach.

### Why did you decide to run for the IAFP board now?

I had always been a consistent AAFP member, but then an IAFP past president talked to me and suggested that I become more involved with IAFP. I've always been active in family medicine at Rush and Cook County, but they never really encouraged us to get involved [in our professional society]. Then a young colleague who is an IAFP board member encouraged me to attend the AAFP National Conference of Special Constituencies as the woman physician representative and I really enjoyed it! Until then, I didn't realize the AAFP and IAFP do so many things. And now I'm at a point in my life and career where I can do more things, and I want to get involved at this level.

### How do you balance your health and well-being with the busy career?

My husband is a health fanatic, and has been one all his life. I exercise three days a week; he exercises every day. So he encourages me saying, "Come on, let's go out and do something!"

### If you weren't a doctor, what would you be doing now?

I would be a landscaper! I love gardening and designing with flowers and trees.

### Tell us something about you that would surprise us...

I sing!



Daniels and fellow board member Sachin Dixit, MD at the 2012 AAFP National Conference of Special Constituencies (NCSC).

## Members in the News



Left: Robin Levy of the Midwest Dairy Council, former Chicago Bears WR Anthony Morgan and Naomi Parrella, MD.

If you watch NFL football on television, you've seen the commercials with NFL teams and schoolchildren that get on the bus, and then participate in a variety of activity drills together. Those commercials spotlight a nationwide campaign against childhood obesity, Fuel Up to Play 60, spearheaded by the National Dairy Council, in partnership with the Nation Football League. The Chicago Bears and Midwest Dairy Council have a tremendously successful program in the Chicago area.

IAFP member **Naomi Parrella, MD** of Mt. Prospect helped kick off River Trails Middle School's with Fuel Up to Play 60 event on April 5th. She spoke about the importance of good nutrition and physical activity as a family commitment to healthy living. The other featured speakers were former Chicago Bears wide receiver Anthony Morgan and Northwestern University basketball star John Shurna. The school assembly kicked off its commitment to **Fuel Up To Play 60**, a program that promotes a healthy lifestyle through nutritious meals, exercise and physical activities for at least 60 minutes a day. Fuel Up to Play 60 encourages school children to eat nutrient-rich foods, including food containing low-fat dairy, fruits, vegetables and whole grains, and to engage in exercise and physical activities every day.

IAFP is a **Platinum Partner** organization of the Midwest Dairy Council's Fuel Up to Play 60 campaign (<http://www.midwestdairy.com/0t28p40/fuel-up-to-play-60/>), and was the first Illinois provider organization to endorse the program. AAFP is a national partner as well. Over 4,000 schools in Illinois participate with the program. Both AAFP and the National Dairy Council are supporters of the "Let's Move!" campaign founded by First Lady Michelle Obama (<http://www.letsmove.gov/>), to encourage families to get active, eat right and stay healthy. If this sounds like a program you'd like to support in your community school, it's easy to get involved. You can help at your own children's school or at the school near your practice. The Dairy Council support includes grant funding opportunities, a website filled with resources, activities and easy-to-implement ideas.

The IAFP Public Health committee has identified obesity as one of their top three priorities for Academy action (along with tobacco use and mental health). Family physicians are ideal partners reinforce positive messages about healthy eating and physical activity, provide content expertise and help guide and support a group of interested, committed individuals in implementing strategies for school wellness. You can provide important information to help bridge the healthy connection between home and school. AAFP has plenty of wonderful, easy to download information to use in any school setting, such as a school assembly or evening family health fair. Don't forget about the AAFP's Ready, Set, FIT program, developed for third and fourth graders, that you can share with schools <http://www.aafp.org/online/en/home/clinical/publichealth/aim/aimschoolprgm.html>.

Through a partnership between the American Academy of Family Physicians' fitness initiative, Americans In Motion—Healthy Interventions (AIM-HI) and *Scholastic, Ready, Set, FIT!* offers in-class lessons and take-home activities aimed at encouraging kids to be active, eat smart, and feel good. If you'd like to get involved with Fuel Up to Play 60, IAFP will connect you with the Midwest Dairy Council, who can link you with a participating Fuel Up to Play 60 school in your neighborhood. Contact Ginnie Flynn at [gflynn@iafp.com](mailto:gflynn@iafp.com) or 630-427-8004.



Nicole Stricklin (center), store manager for Salvation Army in Harrisburg, accepts the IAFP's Family Health Foundation donation presented by Foundation Chair **Steven Knight, MD** and 2011 IAFP Family Physician of the Year **Larry Jones, MD** in front of their Primary Care Group practice.

### Thank you for your generosity

IAFP Foundation board chair **Steven Knight, MD** and current IAFP Family Physician of the Year **Larry Jones, MD** delivered the \$2,225 check from the IAFP's Family Health Foundation of Illinois to the Harrisburg Salvation Army on April 11. IAFP members donated directly to support the tornado relief efforts after IAFP created a special fund and sent an email appeal to the membership. Knight and Jones, along with their colleagues at Primary Care Group in Harrisburg served as a triage center for victims of the Feb. 29 tornado.

## Other members in the News

**Bryan Albracht, MD** of Springfield was quoted in an April 15 *Springfield State Journal-Register* article about the new study demonstrating improvement in diabetes for patients who had bariatric surgery compared to patients who had only medication and counseling.

**Joshua Ellison, MD** of Springfield was featured in an April 19 *Illinois Times* article about the importance of being completely honest with your physician, and for the physician to listen to, and not judge, the patient. The story emphasized the physician-patient relationship and how important truthful information is in helping the physician treat the patient.

The announcement of the [Choosing Wisely Campaign](#) and the top 5 tests and treatments to consider and discuss with patients garnered significant attention around the country. IAFP PR Task Force member **Aaron Michelfelder, MD** of Loyola University-Stritch School of Medicine made an appearance on WTTW-TV "Chicago Tonight" on April 3rd with two other Chicago-area physicians to talk about these new guidelines and the positive impact they can have in the delivery of care. The 12-minute segment is [available online here](#).

**Paul Steinke, DO** of Sterling has been named as the new CEO of CGH Medical Center (formerly Sterling-Rock Falls Medical Clinic). He will officially take the helm January 4, 2013. The announcement was covered by the *Lanark Prairie Advocate* and the *Bureau County Republican*.

**Tracy Quinn, DO** of Wauconda discusses the importance of colonoscopy screening and recommended guidelines in the March 13 *Daily Herald* and *TribLocal-Barrington*.

**Michael Lesser, MD** of Crystal Lake provides a very comprehensive look at menopause in the March 13 edition of the *Lake County Journal*.

**David Shiba, MD** provides important patient education on the risks of excessive alcohol consumption in the March 21 *Daily Herald*.

IAFP members **David Gill, MD** and **Barbara Bellar, MD** won their primary election contests. Dr. Gill is running for Congress in the 13th district. After the surprise retirement announcement from Republican incumbent Rep. Tim Johnson, the GOP has yet to name the candidate who will replace Johnson on the November general election ballot. Dr. Bellar is running for Illinois Senate in the 18th district and will face Democrat Bill Cunningham.



### Congratulations to PCMH pioneer Paul Grundy MD

Though he's not an IAFP member, we are certainly a big fan. Paul Grundy, MD, MPH, president of the Patient-Centered Primary Care Collaborative and IBM's global director of healthcare transformation, was honored March 27 as a recipient of the 2012 NCQA Health Quality Award by the National Committee for Quality Assurance (NCQA). Dr. Grundy is an early champion of the Patient Centered Medical Home – dating back to the mid 2000's, especially for connecting providers and employers in realizing the better outcomes and corporate cost-savings possible through the medical home. IAFP was proud to support this well-deserved honor.

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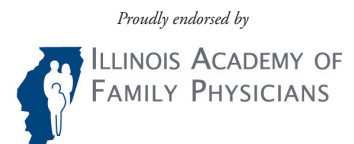


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## Illinois Academy of Family Physicians

4756 Main Street  
Lisle, IL 60532

Phone: 630-435-0257  
Fax: 630-435-0433  
E-mail: [iafp@iafp.com](mailto:iafp@iafp.com)



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