

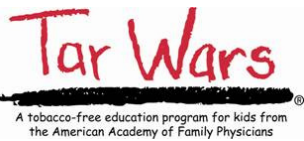


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With Honors Illinois takes 5th place Honorable Mention in National Tar Wars Poster Contest



Taylor at the Tar Wars National Poster Contest banquet



Taylor talks tobacco with U.S. Sen. Dick Durbin on Capitol Hill



Taylor visits her U.S. Representative Judy Biggert in her Willowbrook office on Aug. 20.

Congratulations to our Illinois Tar Wars State Poster Contest winner, Taylor Coley of Bolingbrook, who took 5th place in the National Tar Wars Poster Contest announced on July 16. The next day, Taylor and her mom and grandmother visited with U.S. Sen. Dick Durbin in his Capitol Hill office (the one in the actual big domed building!). Thanks to the generous members who donated to the Foundation (see the related story on the annual White Sox game for more), the Family Health Foundation of Illinois was able to help fund most of Taylor's travel costs.

Taylor's favorite memories from the Tar Wars experience were her personal visit with Sen. Durbin, her personal tour of the U.S. Capitol Building and her trip to the Crime Museum before the conference began. Taylor aspires to be a criminal justice major in her very successful future.

Taylor was unable to visit her own U.S. Representative, Congresswoman Judy Biggert in Washington, due to their conflicting travel schedules. However, Congresswoman Biggert welcomed Taylor and her mother, Jennifer Scanlon to her Willowbrook district office on August 20th for a personal visit before Taylor started back to school. Taylor was able to bring along her Tar Wars presenter, health educator Jennifer Blair from the Will County Health Department, to share the great work in reducing youth tobacco use rates in their county.

Students from 34 states across the country gathered in Washington D.C. to celebrate being tobacco-free during the American Academy of Family Physicians' Tar Wars National Conference. The conference includes educational workshops as well as Capitol Hill visits that allow students an amazing opportunity to voice their opinions about tobacco use and interact with

President's Message

Michael P. Temporal, MD

And it's back to school –already! My daughter and son are back at school. The swimsuits and beach towels are put away for now. Monday through Friday is back to a pretty tight schedule for the entire Temporal family.

We had a long checklist to get them ready: supplies, clothes, shoes, forms, fees and equipment. As family physicians, we had pretty long checklists for our patients: school physicals, sports physicals, Tdap boosters and other immunizations. Maybe you've even screened patients for Pertussis or West Nile virus?

Those back-to-school visits may soon be replaced with "what happens at school" acute visits, such as viruses, sports injuries and playground mishaps. Although the students may come back to see us for unscheduled visits, we can also schedule some time to visit classrooms in our mission of better health.

AAFP and IAFP have several programs in place where family physicians, residency programs and medical students can partner with their local schools to teach kids and inspire good choices about how they take care of the one body they have in this life. Some of our IAFP members have already been involved with these programs. You might have heard of them or followed their success stories, but never found the time to get involved yourself. And if you're new to the Academy and have not heard of any of these opportunities, I hope you'll take a closer look and try to plug one of these programs into your child's or your patients' school.

AIM-HI - As our society struggles with overweight, inactivity and the related adverse conditions at all age groups, it's more important than ever that we



reach our kids early and often. Our lives revolve too much around food, and often the wrong foods for our children. Families and communities need the leadership and inspiration to start healthy, get healthy and stay healthy. AIM-HI includes the Ready, Set, FIT program, which is targeted to 3rd and 4th grades with interactive education on food and beverage choices, exercise and mental health.

Fuel Up to Play 60 is a program from the National Dairy Council and the National Football League (the NFL, you know the Chicago Bears and the St. Louis Rams). This school-based program is a year-round commitment by the entire school community (all grades, teachers and families) to 60 minutes of activity a day, coupled with healthy eating. Maybe you've seen the commercials with kids and football players on a bus. Find out if a school near you is a FUTP60 school and offer to help with one of their activities. Naomi Parella, MD of Mount Prospect spoke at a school's FUTP Kickoff assembly along with a former Chicago Bear.

Tar Wars (www.tarwars.org) was created by current AAFP president-elect Jeff Cain, MD in 1988 and is administered by AAFP. The Illinois chapter started a Tar Wars effort in the fall of 1998. Tar Wars is a fun, interactive one-class lesson covering the short term effects of tobacco use and the false marketing tactics that the tobacco industry uses to target young people. Saint Louis University – Belleville FMR, where I am on faculty, was the first Illinois residency

program to organize a large-scale effort, sending our residents into 12 Belleville district schools. The first annual Illinois state poster contest winner in 2000 was from Belleville. That year SLU also received a national Tar Wars Star Award for our efforts; and I was able to attend the poster contest and Capitol Hill visits with our young poster contest winner. That experience helped shape my decision to continue to be active in Academy leadership and in the political affairs of family medicine.

I'm happy to learn that several more of our state's local health departments have added Tar Wars to their official plans for youth tobacco use. I bet they could use your help. Volunteer to present to just one school, and help take some of the load of these hard-working health educators. If you live or work in these counties (LIST out the Counties) contact Ginnie Flynn at the IAFP at gflynn@iafp.com or 630-427-8004 and she'll link you with the right person.

Whether you have kids in school or not, everyone is busy this time of year. Those summer vacations or precious days off around your community seem like a distant memory as we face the endless lists of big projects and little daily tasks on our agendas. I urge you to check out any of the three programs described above and try to set aside a few hours this semester to contribute your enthusiasm and wisdom in preventive health. We're so good at this!

And finally, I ask you to set aside a couple days after the election to join us at the IAFP annual meeting, November 8-10 at the beautiful Eaglewood Resort in Itasca. Details and online registration is available at www.iafp.com. Share in our successes, discuss our challenges and, most importantly, come together under the united flag of family medicine. And be sure to book your hotel room by October 12. I'll see you there!



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

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

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IAFP News

Continued from page 1

their congressional leaders. A special ceremony provides a memorable event to recognize the winners of the Tar Wars national poster and video contests and celebrate their creativity in sharing positive messages about being tobacco-free.

Juan Elizondo, a fifth-grader from Houston, Texas, was named the 2012 Tar Wars national poster contest winner. As the national poster contest winner, Juan receives a \$1,500 gift card. Lauren Buete, a fourth-grader from Tierra Verde, Fla., was named the winner of the video competition. As winner of the national video contest, Lauren was presented with a \$1,500 gift card. Posters were judged on their artistry, creativity, originality and their ability to communicate a clear and positive message about being tobacco-free. You can view all the winning posters at www.tarwars.org.

Tar Wars is a tobacco-free education program administered by the American Academy of Family Physicians that focuses on developing fourth- and fifth-grade students' knowledge, attitudes and beliefs about tobacco use and the effects of tobacco on the body. Since it was established in 1988, Tar Wars has reached more than 8.5 million children with its tobacco-free message.

Tar Wars is the only youth tobacco education program offered at this time by a medical specialty organization in the United States. Tar Wars has been presented in all 50 states as well as in Australia, Bangladesh, Germany, India, Ireland, Italy, Japan, Kosovo, Macedonia, Nepal, the Netherlands, New Zealand, Sweden, Turkey and the United Kingdom.

Here in Illinois, Tar Wars has been a mainstay of IAFP's efforts since 1998. IAFP member family physicians, residents and students volunteer as presenters. Individual school teachers and nurses also use Tar Wars. The program is free to schools and presenters, with the only requirements of drinking straws, magazine ads, lots of enthusiasm and a big heart!

Tar Wars has been a useful program for Illinois county health departments in their youth tobacco prevention efforts for years, due to its easy implementation and cost-effective format. This year the Illinois Department of Public Health has included Tar Wars as an approved program for local health departments in allocating their small tobacco budgets funded by the Master Settlement Agreement. As a result, IAFP has seen a boost in requests from county health departments across the state that plan to use Tar Wars in their local schools this year. This will ensure that even more children benefit from this wonderful and effective program. Many of our state's poster contest winners have come from the steady efforts of the local health departments, who run outstanding local poster contests and submit their local winners to our state contest. For those who prefer something a little more high-tech, Tar Wars national also hosts a video contest. All the details are at www.tarwars.org.

Now is a great time for YOU to get involved in our community tobacco-prevention program. Tar Wars is easy and flexible! You can visit your own children's school or the school near your practice. If you are in a county where the health department is implementing Tar Wars, they would welcome your volunteerism to take a school or two on their very busy schedules! We'll connect you to the health educator who can work with you and your schedule. Simply contact Illinois Tar Wars coordinator Ginnie Flynn at gflynn@iafp.com or 630-427-8004 with

your contact information.

*Need help with your efforts to assist your patients in quitting tobacco use? Don't forget about the AAFP **Ask and Act** program, which has all the information, resources and materials you need to address tobacco use in your practice. Find it all at www.askandact.org.*

Don't have the time or support staff to implement smoking cessation services in your practice?

Do you know about the Illinois Tobacco QuitLine and website?

The Illinois Dept. of Public Health and the American Lung Association of Illinois operate the state's Tobacco QuitLine services. The QuitLine is funded by the 1998 Master Settlement Agreement with the tobacco industry.

Illinois Tobacco QuitLine

Web site: <http://www.quityes.net/>
Phone number for patients to call for assistance: 866-QUIT-YES (784-8937)
Providers can order FREE promotional materials, such as enrollment forms, brochures, tear-off pads, coasters and window clings to easily spread the word about the free QuitLine to your patients. Go to <http://www.quityes.net/FreePromotionalMaterials1.pdf> for an order form.

When patients call the QuitLine here is what they will experience:

- **Convenient access** - Callers are greeted by a live medical professional through our toll-free services, 7am-11pm (Central Time) seven days a week. Voice messages can be left at any time after hours and will be returned the next business day. Information can be accessed via the Internet at any time.
- **Assessing needs** - Professional counselors ask the callers about readiness to quit, history of tobacco use and previous quit attempts.
- **Customizing a Program** - A cessation program is customized each

Annual Sox Game Foundation Fundraiser

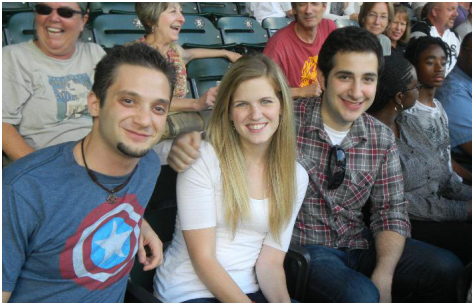


Board Chair David Hagan, MD and family

It's truly a win-win-win for everyone! Over 200 IAFP baseball fans gathered at U.S. Cellular Field July 24th for the 7th Annual Home Runs for Healthy Families game, which raises funds for the IAFP's Family Health Foundation of Illinois. This year's event raised just under \$5,000 for the Foundation's programs, which include Tar Wars and support for IAFP resident and student activities.

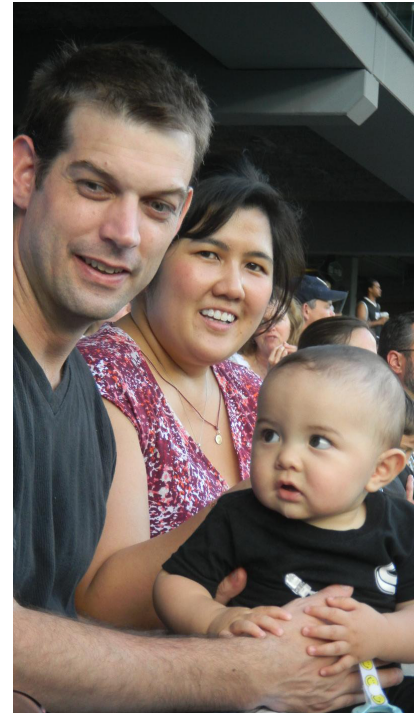
The highlights:

The White Sox delivered an exciting 11-4 victory
A total of 217 IAFP fans cheered under



Student president-elect Aaron Goldstein (left) and his friends from UIC

fantastic clear skies (seven years, no rainouts!)
Cleanup Hitter: IAFP board member Ravi Grivois-Shah, MD brought 58 fans!
Long-distance support: board chair David Hagan, MD and his family and friends came all the way from Gibson City!
Special thanks to our endorsed partner, ProAssurance Professional Liability Company, and our friend Lynelle Jackson-Evans for a great pregame social at the Bullpen Bar! And thank you to our generous corporate sponsors: Greenway Medical, Health Directions, LLC and United Allergy Services.



Lareina Pedriquez, MD of Chicago brings baby for his first White Sox game

caller's needs.

- **Reinforcement** - A quit-kit including self help materials, information about nicotine replacement therapies, and requested health information is mailed to the caller.
- **Follow-up** - Counselors maintain weekly communication with participants for a minimum of six weeks. Thereafter, follow-up calls are made at three months, six months and twelve months.
- **Tracking Success** - Each call/ counseling session is well documented. Data is available as needed to monitor success of the overall program.
- **Feedback** - An evaluation of the program is completed by each caller and participating group.
- **Whole Health** - Counselors are qualified to discuss all issues relating

to lung health. Physician referrals and information about medicines and treatments are also available.

More victories in the war on tobacco

IAFP is a steering committee member of the Illinois Coalition Against Tobacco (ICAT) which works to enact and implement good public health policy to reduce tobacco use and protect the public from secondhand smoke. During 2012 Spring Session, ICAT worked diligently to protect the Smoke Free Illinois Act from an attempt by the casino industry to exempt gaming facilities from the Act. Meanwhile ICAT and the many partner organizations continue to safeguard the ironclad protections of the Smoke Free Illinois Act, as special interests seek to either carve out loopholes or repeal it.

ICAT and the public health community scored a major victory in finally passing a \$1 per pack increase in the tobacco excise tax, which brings Illinois up to \$1.98 per pack, which now ranks 16th in the nation. The increased revenue will be used to draw down federal Medicaid match dollars to help chip away the state's Medicaid budget deficit.

TODAY more than
3,500 children will try
their first cigarette.

Stop kids from starting.
Volunteer to be a
Tar Wars presenter.

www.tarwars.org



Supported in part by a grant from the American Academy of Family Physicians Foundation.

IAFP and the Governor



IAFP past-president and current AAFP Vice Speaker Javette C. Orgain, MD joined Gov. Quinn at the annual Bud Billiken Parade in Chicago. Orgain is running unopposed for re-election as AAFP vice speaker. Check out her [candidate website](#) and be sure to visit with her if you are headed to AAFP Annual Scientific Assembly in Philadelphia in October.



Former IAFP board member Janet Albers, MD and 2010 IAFP Family Physician of the Year Michael Brewer, MD join Gov. Pat Quinn for a photo op at the Illinois State Fair. The governor signed the pledge to "Fuel up to Play 60," a wellness program by the National Dairy Council and the National Football League, which is supported by AAFP and IAFP. Learn more in the President's Message on page 2.

Ewigman honored as Endowed Chair of Family Medicine

Friends, family and fans packed a reception to honor IAFP member Bernard Ewigman, MD of Chicago, who was celebrated with the investiture of the Owen L. Coon Endowed Chair of Family Medicine at a ceremony on August 22 at Evanston Hospital. Endowed chairs represent the highest level of prestige at academic medical institutions and ensure excellence in care, research and medical education. He is only the third endowed Chair of Family Medicine in Illinois. John Halvorson, MD at the University of Illinois College of Medicine at Peoria was the first. Judith Gravdal, MD, is the Morris M. Goldberg, MD Chair of Family Medicine and Program Director at Advocate Lutheran General Hospital's Family Medicine Residency.

"It's an honor, responsibility and an opportunity," said Ewigman in his acceptance remarks. He started with the third tenet and summed it up magnificently: "The opportunity is simply this: it's an opportunity to save lives."

Dr. Ewigman was quick to thank his family medicine family; from his colleagues at NorthShore and the University of Chicago, to IAFP, to the residency program, his staff and his family physician community. "You're endowing a great team!" he declared. Dr. Ewigman is the founding Chairman of the Department of Family Medicine and Professor of Family Medicine at the University of Chicago Pritzker School of Medicine, NorthShore's academic affiliate. Since his arrival in 2002, he has grown the department to include clinical practices, over 110 physicians, medical student education, a residency program, fellowship programs and a practice-based research network. He joined NorthShore in 2009 with an



Bernard Ewigman, MD of Chicago.
Photo courtesy of Genie Lemieux

expertise in clinical trials methodology and clinical epidemiology. Dr. Ewigman has won numerous research and teaching awards and honors, including the Pew Primary Care Research Award, which is given to one leading primary care researcher annually from general internal medicine, general pediatrics or family medicine.

In addition to serving as Department Chair at NorthShore, Dr. Ewigman serves as the Executive Medical Director of the NorthShore Practice Based Improvement Research Network, as well as on the board at NorthShore Research Institute and the NorthShore Board of Directors.

"For 38 years, Dr. Ewigman has epitomized the best in American medicine through his work, having a stellar reputation among his peers and colleagues as well as the thousands of patients he has cared for over the years," summarized J.P. Gallagher, President of NorthShore Evanston Hospital, who conducted the investiture.

Gallagher also gave some great insight into Bernard Ewigman, the boy who was raised on a farm and started doing deliveries at age eight – piglets! He also had the honor of "getting run over" by Pro Football Hall of Fame running back John Riggins while playing defensive end at the University of Kansas. You can also check out the Member Spotlight

feature on Dr. Ewigman in the [July/August 2011](#) issue of *Illinois Family Physician*.

Many IAFP leaders showed up and showed their support for Ewigman, including board member Edward Blumen, MD; past president Carolyn Lopez, MD; NorthShore Family Medicine Residency Program Director Debra Miller, MD; IAFP resident president-elect Monica Fudala, MD; ACO Task Force member David Soo, MD and IAFP Executive Vice President Vincent D. Keenan.

Ewigman was instrumental in building Illinois support for a North Central States Family Medicine Education Consortium, now called the Family Medicine Midwest Collaborative. He serves on the IAFP Task Force on Family Physician Leaders in ACOs.

The endowment will provide a stipend to enable Dr. Ewigman to pursue research and clinical projects. Owen L. "Trey" Coon, III expressed the family's pride in the selection and investiture of Dr. Ewigman. "He is truly a multi-dimensional Chair; combining patient care, community service, education and medicine," he said. "I can't wait to see the difference this opportunity will make."



Ewigman celebrates with his wife Sophia Medvedev, PhD and IAFP board member Edward A. Blumen, MD

Progress in the future of family medicine on Chicago's south side

"The diagnosis of diabetes was not the end of the world, but is the beginning of learning," declared Gladys Tavares, one of the new *compañeros* at Alivio Medical Center. Ms. Tavares suffers from Type 1 diabetes and first started receiving care from Alivio in 2006. Her diabetes was out of control; she did not eat well, did not exercise, and often forgot about her insulin shots. Her father and older brother had died from diabetes complications. Her younger brother had pancreas and kidney transplants due to his diabetes.

Ms. Tavares and her 15 colleagues, all dressed in blue, will be working with patients with diabetes at Alivio in the new 'My Health Comes First' program, providing the critical links between the medical visits and the daily life routines of patients. The program was announced at an August 1 press conference at Alivio.

"While students have breaks between school terms and workers have vacations, diabetes is 24/7, 365 days a year," related Edwin Fisher, PhD., Global Director for Peers for Progress, www.peersforprogress.org. "The *compañeros* uniforms were specifically designed not to be medical uniforms. They will spend 80-90% of their time outside of the medical office, helping their patients at home, work and school; at the grocery store and elsewhere, to optimize the help they can provide for persons with diabetes." *Compañeros* will accompany their patients to Alivio for medical visits, when necessary; and will participate in preventive health team meetings, but most of their work is in the community.

My Health Comes First is a peer support program integrated with primary care that focuses on patients with Type 2 diabetes. The ultimate goal of



Craig Doane (left) and Edwin Fisher, Ph.D. with five of the 15 Alivio *compañeros*

this initiative is to reduce the risk of diabetes-related complications such as kidney disease, blindness and heart disease among Alivio's nearly 4,000 patients with diabetes, most of whom are Latino. According to the Office of Minority Health, Mexican Americans are almost twice as likely as non-Hispanic whites to be diagnosed with diabetes by a physician. They have higher rates of end-stage renal disease, caused by diabetes, and they are 50 percent more likely to die from diabetes as non-Hispanic whites.

To ensure coordination and accuracy, the *compañeros* share access to the medical record to update information about the patients and also be updated about patients' medical visits.

Led by Alivio's medical director, pediatrician Abdul Bhurgi, MD, the seven family physicians at Alivio's three medical centers and four school health centers, have been integral to the implementation. "I was skeptical about the idea of peer support when I first heard of it five or six years ago," said Dr. Bhurgi, "but I came to understand how much the *compañeros* can help patients comply with the education and medications we prescribe."

Another solid brick in the Medical Home

The project is funded by Bristol Myers Squibb Foundation and involves the work and cooperation of the American Academy of Family Physicians Foundation, TransformMED, the National Council of LaRaza and Alivio Medical Center. According to Craig Doane, executive director, AAFP Foundation, "Visits to Alivio's 21st Street medical center and the Western Ave. medical center reveal how a community health center can function well as a patient centered medical home and innovate in the service of community health workers."

AAFP's TransformMED has been an integral part of the health care transformation at Alivio. Last summer, Kristi Bohling-DaMetz, BSN, RN, MBA, a practice enhancement facilitator, began working with Alivio. "This may be one of the few, or perhaps the only TransformMED project that is attempting to change the practice at the same time as adding a peer-support, community-health component," said Bohling-DaMetz. The two projects started independently but soon merged. "I am most proud of how Alivio, as a federally qualified health center (FQHC), really understands the concepts of patient centered medical home and community health workers."

Small Town, Big Accident, Stellar Response

On August 2, a double-decker MegaBus travelling from Chicago to Kansas City blew a tire, flipped and crashed into an overpass support at highway speed on Interstate 55 at Litchfield with 80 people on board. Litchfield is small community of fewer than 7,000 residents. Emergency responders, medical professionals and volunteers sprang into action, including Dr. Keith Cochran from Litchfield Family Practice Center (a medical home practice featured in the July/August issue of *Illinois Family Physician*).

Cochran headed to the ER at St. Francis, which accepted 22 patients, to help with triage alongside the ER doctor. Most of the injuries were fractures and lacerations requiring stitches. "After the seriously injured were triaged and evaluated they set up a clinic for the remaining 'walking wounded' on the

fourth floor and started putting more serious patients in rooms where I worked my way through them," says Cochran.


St. Francis Hospital in Litchfield held a disaster drill just weeks before this accident; and that practice plan paid off, according to Litchfield FPC office manager Pat Bickoff. She mobilized the practice's nurses to care for the 'walking wounded' at the city's community center. See this [State Journal Register editorial](#) from Litchfield Mayor Thomas Jones for more on the city's outstanding effort. In fact, earlier this summer a school bus and semi-tractor trailer collided on I-55 near Litchfield, sending seven injured passengers to St. Francis.

Asked for his thoughts at the end of the day when he was finally able to process what he'd seen and done,

Cochran says, "I was proud that we were able to respond to this disaster quickly and effectively. I met many patients from all over the place who left with good things to say about Litchfield, Illinois and that makes me proud. It is the way things should work. I also met several people on a very bad day of their lives, and that always takes me a bit to shake off."

Bickoff summarized the experience at the Community Center: Volunteers filled ice packs, moved stretchers, hugged and comforted, lent cell phones, supplied food, drinks and even games for the children. "And this was one small part of the response sites set up to aid the victims," she says. "I saw [identification] badges from Hillsboro, Raymond, Gillespie, Alton, Nokomis, Wood River and at least 10 other towns, while our own Litchfield school buses transported as many injured passengers as possible."

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Government Relations

Creating the Illinois health insurance exchange

Once the Patient Protection and Affordable Care Act of 2010 (ACA) was upheld by the U.S. Supreme Court this summer, Illinois earnestly began pursuing the establishment of a health insurance exchange, which is intended to help uninsured Americans obtain health insurance. As part of this effort, private health insurance plans will be offered to low- and moderate-income individuals and small business employers through state-based "purchasing exchanges," often with financial help. The ACA requires that insurance plans participating in the state

purchasing exchanges cover a set of essential health benefits (EHB) which has been defined as "essential" by the Department of Health and Human Services (HHS).

This package includes at least 10 general categories of health services similar to those currently provided by a typical employer. Those categories are

- ambulatory patient services;
- emergency services;
- hospitalization;
- maternity and newborn care;
- mental health and substance use disorder services, including behavioral health treatment;
- prescription drugs;
- rehabilitative and habilitative services and devices;
- laboratory services;
- preventive and wellness services and chronic disease management; and
- pediatric services that include oral and vision care.

Why do we need the exchange? The Illinois Academy of Family Physicians hopes the health insurance exchange will give Illinois the opportunity to move from a volume-based to a value-based health care system by putting in place measures to better reward the provision of primary care services. Much of Illinois' challenge will be in how the health care plans within the exchanges construct their networks. In our opinion, the networks will have to:

- Require that participating plans provide access to team-based, coordinated primary health care if they are to successfully improve outcomes, address health care disparities and bend the cost curve.
- Make health insurance work for the sick as well as the healthy.
- Address health care disparities by providing adequate access to primary care, pay more and differently for primary care services by moving away from fee-for-service to a system that rewards care coordination and value.

Where is Illinois in the process? As of this writing, it appears that Illinois will begin with a state-federal exchange and then move to a state-run exchange. It is anticipated that Governor Quinn's administration will be submitting an application to HHS by November 16th to establish a State and Federal Partnership Exchange. This means that HHS will need to certify Illinois' application by January 1, 2013. If approved, Illinois will have a state-federal partnership exchange beginning on January 1, 2014. No legislative action is needed by the General Assembly to implement a state-federal partnership exchange. Illinois will have to go through a similar application process again in November 2013 in order for HHS to approve a state-run exchange beginning on January 1, 2015.

Many questions remain unanswered, but every attempt is being made by all stakeholders to understand and proceed optimally. Here are some of the quandaries:

- Which functions of the partnership will the Illinois Dept. of Insurance (DOI) control and which functions will HHS control?
- Who funds the Navigator program in a state/federal partnership?
- How will Medicaid eligibility and enrollment be handled in the federal/state partnership?
- How does having a federal-state partnership affect a state's choice to offer a Basic Health Plan?
- What steps will DOI, HFS, and other state agencies take to ensure the transition from a state-federal partnership to a state-based exchange will occur?

A challenging balance between EHB and cost of coverage: CMS' *Essential Health Benefits Bulletin* (15-page PDF) simply says states can choose one of several existing state plan types. But the AAFP wants more specificity than what CMS is offering currently - "The AAFP hopes that HHS follows up this bulletin quickly with an actual proposed regulation and that HHS specifies that primary care services performed by family physicians are essential."

AAFP President Glen Stream, MD said studies show that when patients have a patient-centered medical home -- a health care setting in which primary care physicians form the foundation of the health care team -- "illnesses are prevented, complications of chronic conditions are avoided, unnecessary hospitalizations are reduced, patients have better outcomes and costs are constrained."

AAFP was disappointed that the recent bulletin did no more than reiterate ideas already clearly outlined in the Patient Protection and Affordable Care Act, such as the creation of 10 specific benefit categories that all basic health programs must cover.

The goal of the ACA is to provide insurance coverage to more Americans. Each state will be challenged to balance the cost with the scope of benefits covered in the EHB. Unless some balance or compromise is achieved, Illinois may struggle to attain the health care coverage envisioned in the ACA. If the benefits are not affordable, fewer individuals will buy insurance. If accessing benefits is too difficult, people will not get the care that they need. And if health care spending continues to rise so rapidly, the benefits covered under the EHB could be cut. This eventually results in minimal coverage for the people who need it most.

The process requires leadership from our state policymakers and collaboration among providers and health plans. IAFP will continue to offer its support for establishing an Illinois health insurance exchange, but cautions against any attempt that would slight coverage of primary care services. We welcome the opportunity to collaborate, simplify and standardize the process in order to improve patient health and access to quality healthcare coverage.

Tuesday, November 6th is just around the corner – Be prepared to vote in your new district this Election Day!

Every ten years, legislative district boundaries are re-drawn and candidates who won their March 20th primary will seek to be the first representatives in these new districts. Technically, these new districts have no official representation until the candidates for the various offices are elected in the November 6, 2012 General Election. The individuals elected then will take office in January 2013. These maps will be used for all Congressional and Legislative elections through 2020. If you're not sure of your new district, the State Board of Elections offers this [interactive map](#) depicting the district boundaries.

And are YOU registered to vote? Your vote does count, but before you can vote you must be registered. Check out your voter registration status [here](#).

If you know your new district and are registered to vote, you are ready to get involved! Do you know if your state and federal representatives and senators have challengers or close races? Have you looked at candidates' positions on the issues? Are they friends of family medicine?

If you answered "yes" to all the questions, then get out and vote on Election Day. If not, there's still time to get involved! Find out your candidates' platforms and volunteer for their campaigns. With close to 50 new faces in the Illinois General Assembly, we need family physicians to establish themselves as resources so that newly elected legislators know family medicine's issues and policies. Keep in mind, with both incumbent and freshmen legislators:

- You are the "voice" of the Illinois Academy of Family Physicians for your legislator. Many legislators rely on your counsel when medical issues are up for debate.
- Collectively, our member key contacts make the Academy's presence in Springfield and Washington, D.C. stronger.
- Your personal contact with a legislator as a constituent from their district is the most effective way to get involved in the political process.
- Volunteer! Every campaign office is filled with walk pieces, brochures, yard signs, tally sheets, and phones. Help walk a precinct, post a yard sign, host a coffee, or make some phone calls. Showing up in person for a couple of hours is priceless help.
- Make a contribution. Find out about fundraising events and go! Most state campaigns offer tickets to fundraising events for \$20 --\$100 per person. If you're too busy to volunteer working in a campaign, consider making a contribution instead.
- Use the Illinois State Board of Elections website as a tool and reference to find out more about your elected officials. Go to <http://www.elections.state.il.us/>

Help make a difference and get involved. Although politics at every level can be frustrating at times, your civic responsibility is ultimately a privilege. Don't miss an opportunity to be politically active.

Above all else, exercise your right to vote. It counts.

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IAFP Annual Meeting CME

Online registration is open and you can link to the [brochure](#) on the IAFP web site.

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 for each session, and SAMs Workshops require separate registration online. Thursday afternoon is Childhood Illness and Friday morning is Hypertension.

CME on two tracks – Clinical topics and practice management.

Here's a partial list of sessions on the schedule:

Clinical Track

- Beer's Criteria 2012: A Fresh Look at an Old Way of Looking at Old Drugs For Old Patients
- Breast Cancer Screening in Primary Care Practice
- Cervical Cancer Screening: The Updated Guidelines and Application to Your Practice
- Priority Updates from the Research Literature Treating Chronic Obstructive Pulmonary Disease (COPD) in Primary Care Practice: A Case Study

Practice Management Track

- Building an Adult Immunization Practice: The Primary Care Physician's Role in Disease Prevention
- Climbing Aboard a Comprehensive Diabetic Management Pilot Program
- Evaluating EMR's From a Quality Reporting and Clinical Outcomes Perspective
- Improving Care Coordination for Children 0-3 with Developmental Concerns: Illinois Healthy Beginnings II

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Check out the newest free online CME Module - Pneumococcal Immunization in Primary Care Practice: How and Why to Do It Better. Invasive pneumococcal disease (IPD) causes significant morbidity and mortality, especially in young children and the elderly. Pneumococcal Immunization in Primary Care Practice: Why and How to Do it Better will cover the burden of invasive pneumococcal disease (IPD) in the U.S., the risk factors for IPD in children and adults, and the impact and recommendations for the use of pneumococcal vaccination. Access this free CME now at <http://www.iafp.com/education/>

ILLINOIS FAMILY PHYSICIAN

IAFP Member Spotlight



James (Jim) G. Cunnar, MD
Solo practice

DuPage Family Medicine, Naperville
IAFP Second Vice President

Why did you choose family medicine?
My first rotation in my clerkship year was psychiatry and I loved it. I enjoyed each subsequent rotation as well. I had a great rotation with some family doctors in Chatham (Jim Crabtree, MD and John Rollet, MD) and realized my personality fits more with family medicine. Much to the chagrin of the specialists in my life I made the right call.

The best IAFP service is...

IAFP puts family medicine in the position to be out in front of the public. I think we're seeing more family physicians quoted in the state's mainstream media than any other specialty.

Greatest thing about being a family physician

I'm actually included in people's families. That they know I'm their doctor, and they are my patient. The ownership we take of each other makes for a wonderful experience. It's why I went into medicine.

How do you champion family medicine?

I think I have to stay edgy and passionate, even when my patients aren't as passionate about their own care. I take each person and figuratively put them on my shoulders because sometimes I think they need that.

Most prevalent health concern in your practice?

Naperville is a pretty healthy

community; it's very connected, educated and middle-to- upper middle class. It is emotional issues that tend to dominate most days. I see the level of stress that comes along with that socio-economic community. Mental illness is a major part of what I do, but I don't know if it's more than in other communities. I also take care of over 400 diabetic patients.

Finding Career and Life Balance

It's a work in progress. I struggle sometimes with the question of "am I defined by my career?" and certain months of the year, I am. I am trying to be less of a "lone wolf." I call what I do "punk rock medicine" with the attitude that I can do this (solo) better than the collective. I'm smaller, I'm more nimble. But there has to be some "team" as a part of that. My hope is that I will in the next year learn to NOT throw it all on my own shoulders and better utilize the resources around me. I don't do it well now, but I'm working on it!

If I weren't a doctor...

I would teach high school science.

Something that might surprise us...

My senior year in high school, I was a Congress-Bundestag Scholar and lived in Hamburg, Germany for a year in the mid-1980s (just before the fall of the Berlin Wall). I was one of 400 awarded scholars out of 10,000 applicants. That

IAFP Member Spotlight

year abroad changed me, and I was "permanently different" when I came home. I got to see East Germany and East Berlin. I saw things that you just won't see anymore.

What did you learn in designing your DuPage Family Medicine clinic yourself?

I learned that I want to do it again, because I know now I can do it better! You have to be really anal-retentive and nit-picky, because you want your contractors to do it absolutely right. For me, it reinforced the fact that family physicians are smart. If your instinct is telling you it's right, then it is! For example, people really love our break room. The architects and contractors thought it was too big, but I stood my ground, and it's a wonderful space. The process was fun; I really liked doing the design work.

Why stay solo?

It's an attitude. I still think medicine has gotten too big. I'm really passionate about this; medicine isn't meant to be "big box." It's meant to be one-on-one and the bigger you get, the more likely you are to lose that. If we don't guard against that, we'll create exactly what we don't want. I think small practice physicians like me so embrace the intimacy of it. We don't hide from that one-on-one accountability. I might be wrong about that, but I don't think so.

Warren Kruckmeyer, MD of Wauconda authored a column about how to avoid overtraining and when to take a break from that intense workout regimen in the July 23 *Daily Herald*.

Debra Philips, MD and residents from the SIU Family Practice Center spent a day "down on the farm" to get a first-hand look at the dangers of farm work from a local high school's Future Farmers of America group, to better prepare them for rural practice. The field trip was covered by *Connect Tri-States* on July 27.

Brian Harrison, MD of Benton provides insights on various ways to safely incorporate cardiovascular exercise into your life, either by running or other options, in the July 30 issue of the *Southern Illinoisan*.

Ken Nelson, MD of Westchester and **Yasmeen Ansari, MD** of Bloomingdale provide some perspective on the current struggles with Medicaid cuts and the upcoming increase in Medicaid payment rates starting in 2013, along with some concern about the eligibility expansions on the horizon in 2014. While there is good news and bad news with Medicaid, these two family physicians still put a priority on access and services for their Medicaid patients. Their input was part of an in-depth look at Medicaid in the August 1 *My Suburban Life* chain of newspapers.

Timothy Ott, MD and **the SIU Quincy Family Medicine Residency Program** provided free school physicals at the annual Quincy Back to School Help Fair, which provided health services, eye exams, and even school supplies to 750 local students in need of help to get ready to get back to school. Students also had access to free backpacks, haircuts, clothing and shoes. The fair was covered by the *Quincy Herald-Whig* on August 4.

Ellen S. Brull, MD of Glenview offered her experiences with a care manager at her two-physician practice in Niles as

part of an August 6 *American Medical News* story on how to determine if a care manager is right for your practice.

Kara Fess, MD of Utica went to bat before the village boards urging them to place permanent speed bumps in her subdivision after temporary speed bumps were removed just weeks after their installation. She cited safety concerns over the 60 small children in the neighborhood. The story appeared in the August 7 issue of the *Ottawa Times*.

Three generations of the Nord family were featured in the August 10 *Bloomington Pantagraph*. Bloomington native **Bridget Nord, MD** is a family medicine resident at Loyola-Provident Cook County Family medicine Residency Program in Chicago. Her late grandfather **Stanley Nord, MD** is an IAFP Past President, her uncle

Members in the News

Paul Nord, MD is an IAFP member and a former board member as well. Her father and other uncles are also physicians. What a great family tree!

Paul Kinsinger, MD authored a column on good foot health in the September 6 issue of the *Edwardsville Aestle*.

Congratulations to **Naomi I. Parella, MD** for her AAFP Foundation Pfizer Teacher Development Award for outstanding leadership and dedication to family medicine.

Practice Opportunities

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News You Can Use

The Top Ten Reasons— Physicians are Sued for Malpractice

While a majority of malpractice claims against physicians involve an adverse outcome, or the patient's perception of one, few patient injuries are the result of medical negligence or incompetence. Adverse outcomes can occur despite excellent medical care. Indeed, the majority of claims against physicians ultimately are closed with no payment to the claimant.

Analysis of closed claims and depositions gives insights into the reasons patients are angry enough to sue after they've experience an adverse outcome—even one that is not their doctor's fault. Here are the top 10 reasons physicians are sued for malpractice:

1. Weak Medical Records

Attorneys may be encouraged to pursue an injury case if the medical record does not adequately explain what the doctor did or did not do. Records will undermine a defense if they lack documentation of the physician's rationale for critical decisions, as will factual errors, omissions, illegible entries, unresolved contradictions, or questionable alterations.

An altered record almost always guarantees even a medically-defensible case will be settled.

A Texas case involving a filled prescription which was misread because of illegibility resulted in a \$450,000 verdict against a physician; jurors said they were angered that the patient died because of illegible handwriting and indicated their verdict would have been higher had the patient's attorney asked for more compensation.

2. Inadequate history-taking

Important medical information is not elicited, identified or documented, such as allergies, drug use, family history, prior medical problems, and names of other treating doctors.

Incomplete medical histories remain a major reason for delays in diagnosing breast, colon, lung and colorectal cancer, and heart disease.

3. Inattentive follow-up

Pending medical problems identified on one visit are not adequately followed up on subsequent visits, resulting in patient injury.

When a doctor elects to observe and monitor, rather than refer the patient to a specialist or for diagnostic studies: 1) document the reasons for deferring action, 2) revisit the problem when the patient is next seen; and 3) document a course of action, or note that the problem has been resolved.

4. Informed consent was not obtained

The risks of treatment and the elements of the informed consent discussion are not explained or properly documented.

Informed consent is what the patient gives to the doctor after the doctor has explained the purpose of treatment or tests; the risks, alternatives and their risks, and the expected outcome; and answers the patient's questions. The consent form patients sign

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is virtually worthless unless the doctor has personally obtained the patient's consent by following the steps described. A handwritten or dictated note about the consent discussion is often more helpful in defending the physician than a signed consent form.

5. Informed refusal was not obtained

The risks of refusal of care discussed with a patient are not documented.

Patients have the right to decline hospitalization, referral to other doctors, or any treatment. When the patient declines, the physician is obliged to explain the possible consequences of the patient's choice. Only after the patient has been given the information can it be said that the patient has given an "informed refusal," which should be documented by a confirming letter to the patient.

6. Overlooked lab studies

Diagnostic lab and imaging tests are not received in a timely manner or acted upon.

Utilize an effective diary system for keeping track of ordered tests and referrals. Assign a staff member to find out why an expected report was not received. To safeguard against overlooking significant test results or consultant's letters, physicians should be notified of test results and consultant letters and document their review. Claims in which filed, unreviewed reports resulted in a delayed diagnosis or treatment and contributed to a patient injury are rarely defensible—and always costly.

7. Communications problems

Miscommunication with co-treating, referring and consulting physicians results in overlooked or duplicate therapy, and delays in diagnosis or treatment.

Keep track of referrals; question delays in receiving reports; and document telephone conversations with colleagues and patients in which important information is given or received.

8. Medication problems

Prescriptions and refills are not adequately documented, causing or adding to patient injury.

Careless charting and incomplete documentation of prescriptions and refills are common factors in facilitating claims. Use a medication control record to easily track medications and reduce the risk of overlooking drug interactions or patient dosing errors.

9. Weak patient education

Patients are inadequately educated about their medical condition, treatment, and follow-up, which results in non-compliance, injury, misunderstanding, disappointment, and an inclination to litigate.

Oral education may be inadequate and easily forgotten by patients. Relying on a pharmacist to educate patients about drug use, side effects and interactions can be risky. Dispense written information about diseases or conditions, drugs prescribed, self-care and follow-up. Document that this information was dispensed.

10. Inattention to the importance of a sound doctor-patient relationship

Litigation often ensues when doctor-patient relationships are damaged by poor telephone etiquette; excessive or unexplained waiting time; rudeness by physicians or staff; inattention to the patient's concerns; and delays in reporting significant test results.

Make sure your staff understands they are your "patient relations department." The way staff treats patients on the phone and in person reflects favorably or unfavorably on the doctor. Don't overschedule. Apologize for delays; everyone's time is valuable. Treat patients respectfully. Plaintiff's attorneys say that most people who want to sue are more angry than injured.

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This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

Attorney General Releases Toolkit to Educate Medical Practitioners, Schools on Illinois' Emergency Epinephrine Act

As the start of a new school year approaches, Attorney General Lisa Madigan joined with doctors and advocates to increase access to EpiPens in Illinois schools to better protect a growing number of children suffering from deadly food allergies. Joseen Bryant, MD a resident at Northwestern McGaw Family Medicine Residency Program in Chicago represented IAFP at the press conference.

The Physician's Toolkit will educate medical practitioners and schools on Illinois' Emergency Epinephrine Act, which increases public and private schools' access to Epinephrine Auto-Injectors, or EpiPens, for students with food allergies. IAFP Public Health Committee Chair Rashmi Chugh, MD of Wheaton served as a physician reviewer for the final toolkit.

Under the Act, school nurses can now administer EpiPens on students who go into anaphylactic shock, a life-threatening allergic reaction – regardless of what their medical records show. The Act also allows any authorized school personnel to administer an EpiPen on a student who has their own, personal prescription for an EpiPen. In order for schools to obtain EpiPens, the Act allows physicians to write prescriptions in the name of a school district, instead of a single patient.

While many school districts, including the Chicago Public Schools system, have stocked EpiPens in schools under the law, Madigan said many more schools have yet to take advantage of the opportunity. Madigan said her toolkit is designed to be an all-encompassing resource for doctors to learn about the law and fulfill a school's request for EpiPens.

Madigan said the Emergency Epinephrine Act was prompted by an increasing number of serious food allergies diagnosed among children. According to the *Journal of Pediatrics*, one in four cases of life-threatening childhood anaphylaxis occurs in children who were not previously diagnosed with a food or other severe allergy. The Journal also found that 25 percent of first reactions among children allergic to peanuts or tree nuts occurred while they were in a school setting.

Madigan's office will be distributing the toolkit to schools, physicians and advocates throughout Illinois. To obtain an electronic copy, please visit <http://www.illinoisattorneygeneral.gov/children/index.html>.

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