ILLINOIS ACADEMY OF FAMILY PHYSICIANS
Devoted to Advocacy, Education & Action

ILLINOIS FAMILY PHYSICIAN

VOLUME 64, ISSUE 3
May/June 2013

Published by the Illinois Academy of Family Physicians
Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004

twitter follow IAFP on Twitter @IllinoisAFP

2013 Match: family medicine makes gains in Illinois

Illinois family medicine residency program directors were smiling wide by Match Day. After combining the NRMP and AOA matches with only a few rounds of the SOAP experience, Illinois Family Medicine Residency Programs ***filled 100 percent their available positions by March 15th Match Day.*** Continuing their upward trends, Illinois FM Residency slots were 96 percent filled through the AOA and NRMP matches. Only three Illinois programs had to take part in the SOAP process and all three quickly found a fit for their remaining slots.

You can link to Illinois results online at www.iafp.com/residents.

Numbers are up among Illinois students, but it's actually good for other states!
The percentage of Illinois medical students matching into family medicine increased to 9 percent (99 out of 1,089 graduates), over last year's 8.2 percent. The net increase is largely due to outstanding results at UIC, Loyola and Chicago Medical School. But Illinois continues to be a family medicine exporter. Although the total number of Illinois students choosing family medicine is up by 13, the number staying in Illinois is not mirroring the increase. Of the 99 who matched into family medicine, **only 35 will enter Illinois programs**, down one from 2012.

Success stories at Loyola University – Stritch School of Medicine
IAFP recently visited Loyola's FMIG just weeks after Match Day to hear from a panel of four graduates headed to family medicine who addressed the FMIG meeting on April 4. Two were headed out west; one to California and the other to Arizona via the couples match with her husband.

Kristy Mount is headed home to Indiana to pursue her goal to practice full scope, small-town rural family medicine. "I want my patients to come to me for everything!" she said. Mount originally thought she wanted to be an OB-GYN, but then found that "I hated giving that baby away to another doctor."

L to R: Georgina Griffin-Rao, Kaitlyn Van Arsdell, Kristy Mount and Carolyn Quigley. All four are graduating from Loyola and headed to family medicine residencies.

Continued on page 4

President's Message

Carrie E. Nelson, MD

I received a number of positive comments from you about my Op-Ed in *Crain's Chicago Business* on increasing the family physician workforce in Illinois. One fellow member, Steve Rothschild, MD of Rush University Medical Center, made a valuable suggestion. He recommended legislation that would tie funding for medical schools to the volume of primary care physicians that they graduate. I have to agree, such legislation sounds like an outstanding strategy for increasing the primary care workforce.

Of note, several new medical schools have opened in recent years that report implementing strategies to increase student interest in family medicine and primary care. These include:

- The Commonwealth Medical College in Scranton, Pa.
- Florida International University Herbert Wertheim College of Medicine in Miami
- University of Central Florida College of Medicine in Orlando
- Texas Tech University Health Sciences Center Paul L. Foster School of Medicine in El Paso, Tex.

Several of these colleges provide student scholarships in order to mitigate debt load as a reason to choose the higher paying, non-primary care specialties. As reported in a 2010 *AAFP News Now* article:

All 41 members of the inaugural class at the University of Central Florida College of Medicine in Orlando received four-year loan packages totaling $160,000 each. "We wanted students to follow their passion without worrying about the debt," said Lynn Crespo, Ph.D., assistant dean for undergraduate medical education.

This community made a tremendous investment in providing the whole class with scholarships. Unfortunately, the results of their first match fell far short of providing primary care physicians. Their match list shows just two pediatricians, one primary care internal medicine and NO family medicine graduates. While the Florida business community is disappointed not to have graduates that are both staying in the state and going into primary care, the medical school boasts the following statement on the UCF website:

Students are pursuing a variety of specialties, from primary care to highly competitive sub-specialties like neurosurgery, diagnostic radiology and orthopedic surgery. They will train in hospital programs across Florida, including Orlando Health and the University of Florida, and across the nation, including the Mayo Clinic, Duke, Tufts, Brown and the University of Washington.

These four medical schools were touted as being primary care-friendly and while Texas Tech boasts that 38% of their inaugural graduating class of 40 is going into primary care (defined as pediatrics, family medicine, internal medicine and obstetrics/gynecology), the list reveals just ONE family physician and four pediatricians. We know the path of internal medicine often leads to a sub-specialty.

The financial burden of medical school is one variable in the equation of specialty choice, but there's something else in the soup here. It is clear that primary care incomes have got come closer to the specialists. It is true that academic medical centers don't place a high value on primary care. I made these points to Crain's readers last month. We need true primary care leadership at medical schools and a health care system that attracts and supports students who want to practice primary care.

I will say something positive. We have two prestigious academic medical centers in Chicago that are showing real signs of progress in meeting our (fingers crossed) state's future primary care needs; Feinberg School of Medicine at Northwestern University and the University of Chicago. At the recent Spring into Action sessions where IAFP members lobby our state legislature on issues important to primary care and patients, the University of Chicago brought a busload of medical students. This is in large part due to the excellent leadership of Dr. Mari Egan and Dr. Kortnee Roberson. The Northwestern residency program is thriving under Dr. Deborah Edberg's leadership. If not for the April 18 floods, all 24 of their residents would have attended over the three days of Spring into Action. The impact of these young advocates speaks volumes, our nation needs both good family physicians and strong family physician leaders to steer our health care system toward delivering better health outcomes. We need all hands on deck for this, my friends.

And now here is that op-ed column, in case you missed it last month.

Do we have enough physicians to care for newly insured patients seeking care starting Jan. 1? Some will be covered by

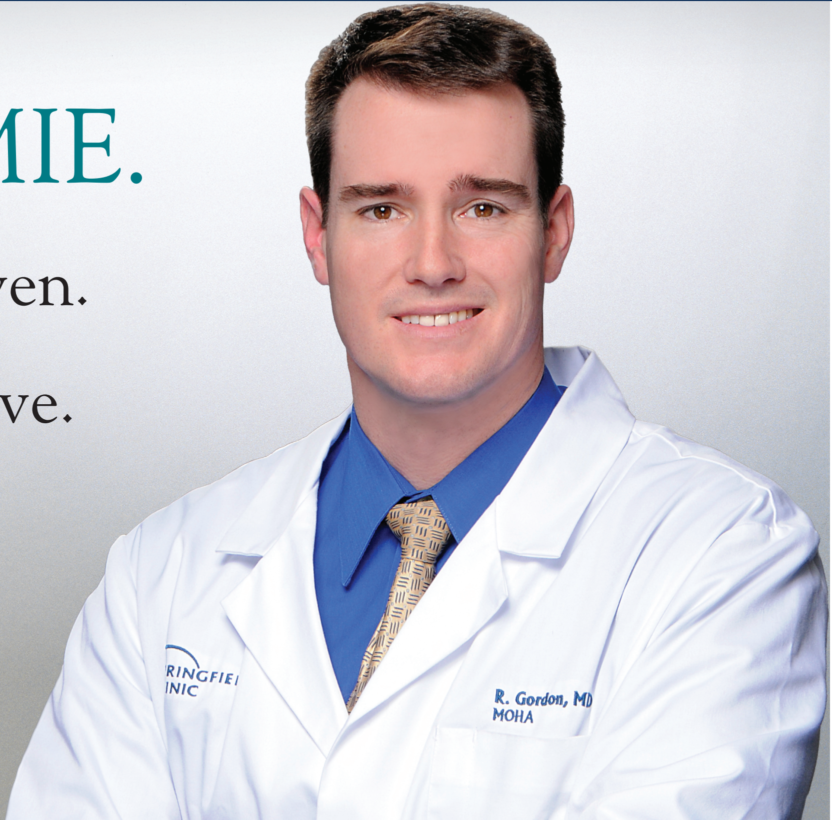
Continued on page 6

I am ISMIE.

Service driven.

Innovative.

Dedicated.



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

As a policyholder, I value ISMIE Mutual Insurance Company's commitment to protecting Illinois physicians and our practices. ISMIE's comprehensive risk management program is a benefit to policyholders and our patients. Founded, owned and managed by physician policyholders, ISMIE is focused on being our Physician-First Service Insurer.®

ISMIE Mutual has continuously insured all specialties throughout Illinois since 1976. Policyholders know they can depend on us to remain committed to them not only as their professional liability insurance company, but also as an advocate and partner.

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

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

ISMIE
Mutual Insurance Company
The Physician-First Service Insurer®

Protecting the practice of medicine in Illinois

13-1874-P

IAFP News

Continued from page 1

Gina Griffin-Rao is joining Adventist Hinsdale Family Medicine Residency. Griffin-Rao was a scholarship student at the 2012 Family Medicine Midwest Conference, and she told the Loyola students that Family Medicine Midwest was an outstanding local conference, with quality workshops and networking. "I knew I wanted to do everything in family medicine and I have a passion for the underserved. My ideal life is that I will go where I am needed and mold my practice to what they need in that community."

Former IAFP student board member Lauren Kendall, who has been an instrumental and enthusiastic leader for IAFP and AAFP as a regional and then national FMIG coordinator, is graduating from UIC. Her constant efforts and social media savvy as the AAFP Region 2 coordinator were vital in attracting medical students to the first ever Family Medicine Midwest conference in November 2012. Though Lauren will be heading to the New Orleans area for her family medicine residency training, Illinois' loss is Louisiana's gain.

Lauren provided a Match Day photo with fellow UIC friends. Heather Belcher and Shamecka Edwards both attended Family Medicine Midwest (Shamecka was on the conference host committee) and Patti Rios, MD is a current resident at UIC. Belcher and Edwards both matched into family medicine – Belcher to California and Edwards will be joining the Cook Co. Loyola Provident Family Medicine Residency Program in Chicago.

Fellow UIC graduate Priya Kalaparulil matched at the University of Michigan-Ann Arbor. "I chose to rank U of M highly because I love that I will be training in both an academic setting at the university hospital, and also in a community setting at a smaller, local hospital--it seems like the best of both worlds!"

Northwestern graduate (and avid Tweeter @KrysFoster) Krys Foster matched at her first choice of Thomas Jefferson University Family & Community Residency Program in Philadelphia, Pa. "Jefferson is the place for me because it is a strong program truly committed to caring for the underserved in an urban setting, developing leaders in the community, and providing me opportunities to explore my interests in Family Medicine and Public Health. It had a pleasant environment for learning, coupled with devoted faculty, committed to supporting my personal growth, unique interests and overall success."

So Illinois continues to have an export problem. In many cases a student's choice is more based on where they came from, or where they plan to live. Yet Illinois has a family medicine workforce shortage that will only get worse if we don't find a way to keep more of the high quality physicians who attend medical school in our state. While Illinois residency programs enjoyed a great match between the AOA and NRMP, where will those new family physicians ultimately practice? Where will our state be when many of our current family physicians retire in the next 5-10 years? AAFP leadership has challenged U.S. medical schools to recruit and admit students who will fill the primary care workforce pipeline. Some recommended reading: AAFP president Jeff Cain, MD's AAFP News Now President's Message http://www.aafp.org/online/en/home/publications/news/news-now/opinion/20130409presmsg-gme.html. Similarly, we must work with our state's medical education community to grow our family medicine future.

National perspective

In this year's NRMP Match, the total number of students choosing family medicine — which includes U.S. medical school graduates and international medical graduates — is 2,938 compared to 2,611 in 2011. This year's "fill rate" of 96 percent, continues the family medicine increase over the 2012 rate of 94.5 percent. Due to the increases in both the number of

residency slots and the number of U.S. medical school graduates, family medicine nationwide did not gain in the goal of shifting more U.S. students into family medicine residencies. In 2013, 46.8 percent of family medicine residency positions were filled by U.S. medical school graduates. Only 8.4 percent of all U.S. graduates matched into family medicine. AAFP details can be found at on their web site.

Calling all Family Physicians – current and future!
The 2013 Match results demonstrate that we must continue to trumpet family medicine and build on our efforts to grow the future family medicine workforce. Our upcoming Family Medicine Midwest conference, October 4-6 in Milwaukee, 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 predicted shortages and turn the tide towards a strong primary care based health care delivery system. This is an excellent conference not only for faculty and residents, but also for community-based physicians to showcase what Midwest family medicine is all about.

Complete information is all on the conference web site at www.iafp.com/fmm.
Online registration will be available soon!

Check out the highlights and feedback from FMM 2012 in this 3-minute video

Link http://youtu.be/cqNqhcGIEWY for the video

What the 2012 Family Medicine Midwest attendees told us…

- A terrific, dynamic experience that showcases not only how active we are in the biomedical arenas but how strong we are when it comes to the matters of the heart, relationships and specifically, the patient-doctor relationship. *Sonia P. Oyola, MD, University of Chicago, Pritzker School of Medicine*
- Very efficient and well-paced, a good use of time and a great opportunity to meet other family physicians. *Irene Hamrick, MD - University of Wisconsin*
- A wide range of topics--like the family medicine specialty. *Camilla Larsen MD, Medical Director of a small group practice of employed physicians in Chicago*

Students can apply for a scholarship now online. Scholarship deadline is August 18!

Conference Hotel
Hyatt Regency Milwaukee
www.Milwaukee.hyatt.com
333 West Kilbourn Avenue, Milwaukee, WI 53203
Tel: 1-414-276-1234
Rooms starting at $159 a night
Online reservations: https://resweb.passkey.com/go/FMMC2013
FMM Room Block ends September 11, 2013

The Family Medicine Midwest Collaborative includes: Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wisconsin.

Javette C. Orgain, MD for AAFP Vice Speaker

IAFP Past President Javette C. Orgain, MD, MPH is running for her third term as Vice Speaker for the AAFP Congress of Delegates. Our Academy is proud to support her candidacy. Delegates will vote at the AAFP Congress of Delegates September 25 in San Diego. The Vice Speaker works along with the Speaker as the presiding officers over AAFP Congress of Delegates sessions and other procedural activities, and also takes responsibility for the Academy's bylaws updates.

Dr. Orgain is the medical director for University of Illinois Mile Square Health Center (MSHC) and former assistant dean of the Urban Health Program at the University of Illinois at Chicago (UIC) College of Medicine. Since 2009, she has been the medical consultant/director for the Village of Park Forest Health Department. Dr. Orgain has been chair of the Illinois State Board of Health since 2003. She served as the 100th president of the National Medical Association (NMA) in 2000 and vice-chair of the NMA Past Presidents Council from 2008-2012. She served as a faculty advisor and is especially honored that the SNMA UIC chapter named their Faculty Award for Academic Excellence and Mentorship in her honor and for Billie Wright Adams, M.D. Dr. Orgain was elected to the Board of Directors of the Illinois Public Health Institute February 2013.

She has traveled extensively to examine other health systems, visiting China, South America, East, West and Southern Africa, the Caribbean, Cuba, Laos, and Myanmar. She co-wrote and received funding from Rotary International for an ongoing HIV community health education and

Continued on page 7

Continued from Presidents Message page 2

Medicaid; some gain coverage through the insurance marketplace; and others turning 65 join the ranks of Medicare. The Illinois Academy of Family Physicians believes that we are ready for 2014 – but are not prepared for future demand for primary care.

Illinois currently has the capacity to care for more than 5.3 million Medicaid patients, with more than 5,000 primary-care providers participating in team-based medical homes. When patients have a regular primary-care physician, they get the care they need to avoid costly emergency room visits and hospitalizations. Connecting new Medicaid patients with a family physician will ensure they get the right care at the right time in the community setting, at a much lower cost. Otherwise uncontrolled chronic illnesses can develop into costly - and preventable - hospitalizations, which drive up medical costs for everyone.

This year, only nine percent of 1,089 doctors graduating from Illinois allopathic medical colleges chose family medicine, And only one-third of that 9 percent — that's 35 people — will do their family medicine residency training in Illinois; the rest will leave for other states. Family physicians are the only physicians trained to care for all ages, both male and female.

Illinois should worry about the future of our state's primary-care physician workforce. Simply stated, too many physicians trained here choose to work in other states, and Illinois is not training enough primary-care physicians.

According to the American Association of Medical Colleges workforce data book, Illinois ranks 20th in the nation with 95 primary care physicians per 100,000 residents. As a nation, we are facing a staggering shortage of primary care physicians. So being in the middle of the pack should not be interpreted as a positive sign.

A 2010 study led by family physician Russell Robertson, MD (now dean of Rosalind Franklin University - Chicago Medical School) examined new physicians' plans for practice and the reasons for their choices. Almost one-half of graduating Illinois residents and fellows leave the state to practice elsewhere. While the primary reason for do so is for family, the medical liability climate is a major consideration for those who leave Illinois to practice.

How can we turn the tide? Medical schools need admission policies favoring students willing to practice in Illinois. We must also address medical school debt that keeps many from entering primary care. Those physicians should get loan repayment or loan forgiveness incentives to practice in areas in need of primary care physicians. The income gap between primary care and specialty physicians must be narrowed. Medicare and Medicaid must take the lead and pay primary care physicians in accordance with the quality care and coordination services they provide and private insurers must support primary care.

Making primary care practice a priority ensures that every Illinoisan entering the health care system has a medical home to care for them. A future without enough family physicians will leave patients without a medical home and on the doorsteps of emergency rooms instead.

Rushville's Dr. Russell Dohner Honored with IAFP President's Award

Russell R. Dohner, MD accepts his 2012 President's Award delivered by past president Michael P. Temporal at the Rushville Rotary Club Charter Night banquet on April 18.]

Better late than never. Russell R. Dohner, M.D., a family physician and pillar of the Rushville-area community for nearly six decades received the 2012 Illinois Academy of Family Physicians (IAFP) President's Award. Because Dr. Dohner doesn't leave his patients, the IAFP, based in Lisle, was proud to deliver the award to him at the monthly Rushville Rotary Club meeting for their Charter Night on April 18 at Virginia House.

Each year, the outgoing IAFP president has the opportunity to honor individuals or organizations that had a tremendous role in IAFP's mission to improve the health of Illinois or exemplifies the role of the family physician in providing quality, comprehensive care. 2012 president Michael P. Temporal, M.D. of Belleville chose Dr. Dohner for this award for his incomparable legacy of care. A December snowstorm cancelled plans to deliver his award on December 20, 2012.

Dr. Dohner has been providing primary care services to the people of Rushville (pop. 3,200) for 57 years. For many people in the area, he is the only affordable source for health care, as he charges only $5 per office visit. He was featured on NBC's *Today Show*, CBS News, KDSK-TV in St. Louis, the *Chicago Tribune* and other national and local media for his nearly six decades of compassionate care to those who would have nowhere else to go.
"Family physicians tend to shy away from attention and awards," notes Dr. Temporal. "Because Dr. Dohner was willing to share his life story with the news media, IAFP learned about his remarkable dedication and spirit

that exemplifies the service of family medicine unlike anything we've ever seen. I can't imagine many other communities anywhere in this nation have anyone like Dr. Russell Dohner." Dohner graduated from Northwestern University Medical School in 1953 with the intention of becoming a cardiologist. But Rushville needed a doctor. He moved to the small town in 1955, intending to stay for five years. Instead he has spent his entire career in the small town where he started. He works seven days a week, opening his office for an hour before church on Sundays.

Continued from Javette C. Orgain, MD for AAFP Vice Speaker page 5

nutritional supplementation project in Mtatha, South Africa, in collaboration with Walter Sisulu University.

From her personal statement:
I truly enjoy my role within AAFP leadership as we improve and transform the health care environment. As one of the presiding officers at the 2012 COD, I was inspired by and am proud of the emerging leaders from our family medicine family. Our nation is changing. Our family physician governing body is representative of our specialty and the patients we serve.

As medical director for Mile Square Health Center, I am excitedly awaiting the opening of our newest facility in January 2014 and pleased with our strides towards recognition as a PCMH. The timing of this new building will give a tremendous boost to Mile Square's ability to care for the underserved, just as thousands of Chicagoans will gain their first access to health care coverage under the Affordable Care Act, either through Medicaid expansion or through the new insurance marketplace.

As your Vice-Speaker, I want to ensure that our Academy is the most effective, efficient organization in medicine in our pursuit of a healthier society and health care for all. I ask for your continued support.

You can link to Javette's AAFP Candidate web page here http://www.aafp.org/online/candidates/home/vicespeaker-red/candidates/javetteorgain.mem.html

Avoiding federal program penalties and preparing for future years

By Lucy Zielinski, Health Directions, LLC. www.healthdirections.com

Family physicians can take proactive steps to limit or completely avoid the various approaching Centers for Medicare and Medicaid Services (CMS) payment penalties and prepare for future years.

Electronic Prescribing (eRx) Incentive Program
Physicians that are not e-prescribing and reporting to CMS have already seen a reduction in payment. To avoid further penalties, e-prescribing software can be implemented at no cost. The 2013 12-month reporting period (1/1/2013-12/31/2013) is the last reporting period to earn the eRx Incentive Program incentive payment. The 2013 eRx Incentive Program 6-month reporting period (1/1/13-6/30/13) is the final reporting period to avoid the 2014 eRx payment adjustment of 2%.
For additional information about this program, go to:
www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ERxIncentive/index.html

Physician Quality Reporting System (PQRS)
To avoid a penalty in 2015, physicians must successfully submit PQRS data this year (2013). The good news is that only one applicable measure or measure group needs to be reported. In order to receive the bonus of 0.5%, physicians must successfully report via one of four reporting options: Claims, Registry, EHR and Web Interface. Typically, solo physicians and smaller practices will report using the claims option.
For additional information about this program, go to:
www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html

Electronic Health Record (EHR) Incentive Program
Physicians that have successfully attested may have received incentive payment(s). The Medicare payment bonus has decreased this year by $5,000 (from $44,000 to $39,000) , so don't wait if you haven't already entered the Meaningful Use process. Physicians who do not meet the requirements for Medicare or Medicaid meaningful use by or in 2014, and successfully attest, will incur a 1% penalty beginning in 2015.

Providers that have already successfully demonstrated meaningful use for Stage 1 can begin preparing for Stage 2 requirements that will begin in 2014 for all physicians that have participated in the program for at least two years.

It is recommended that practices begin the following activities to prepare for Stage 2

- Incorporate lab test results as structured data into the patient record
- Send patient reminders for preventive services or follow-up care
- Perform medication reconciliations for new patients or patients transitioning into care from another care setting
- Provide transition of care summaries for patients transitioning to providers outside of the organization
- Send immunization data to the state immunization registry I-CARE
- Implement a patient portal with basic functionality

For additional information about this program, go to:
www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms/

CMS Incentives
This table illustrates the bonus incentives for the three programs. Please note that physicians that successfully attest under the EHR Incentive Program will not receive the eRx bonus in addition to the EHR incentive, however, they will additionally receive the PQRS payment.

	2013	2014	2015
PQRS	.50%	.50%	0%
eRx	.50%	0%	0%
EHR (Medicare)	$39,000 (2013-2016)		
EHR (Medicaid)	$63,750 (2013-2018)		

CMS Penalties
This table illustrates the penalties for the three programs. The percentages listed will be applied to the Medicare allowable charges and the physicians' reimbursement (for all patient charges) from Medicare will be decreased accordingly.

	2013	2014	2015	2016	2017	2018	2019
PQRS	0%	0%	-1.5% (2013 reporting year)	-2%	-2%	-2%	-2%
eRx	-1.5%	-2% (2013 reporting year)	NA	NA	NA	NA	NA
EHR	0%	0%	-1% (2014 reporting year)	-2%	-3%	-4%	-5%

AAFP's bottom line analysis is that a typical private sector, three-physician practice with a 20 percent Medicare payer mix could realize an additional $105,000 in revenue in the next three years. Waiting until 2014 to attest to these three programs would cut that gain to only $47,175 when penalties and lost incentives are factored in. Choosing to implement none of the options before 2015 could cost that three-physician practice over $17,000 by 2015. Check out AAFP's 2-page summary of bonuses and penalties for more information at http://www.aafp.org/bonuspenalty

2013 Poster Contest Results

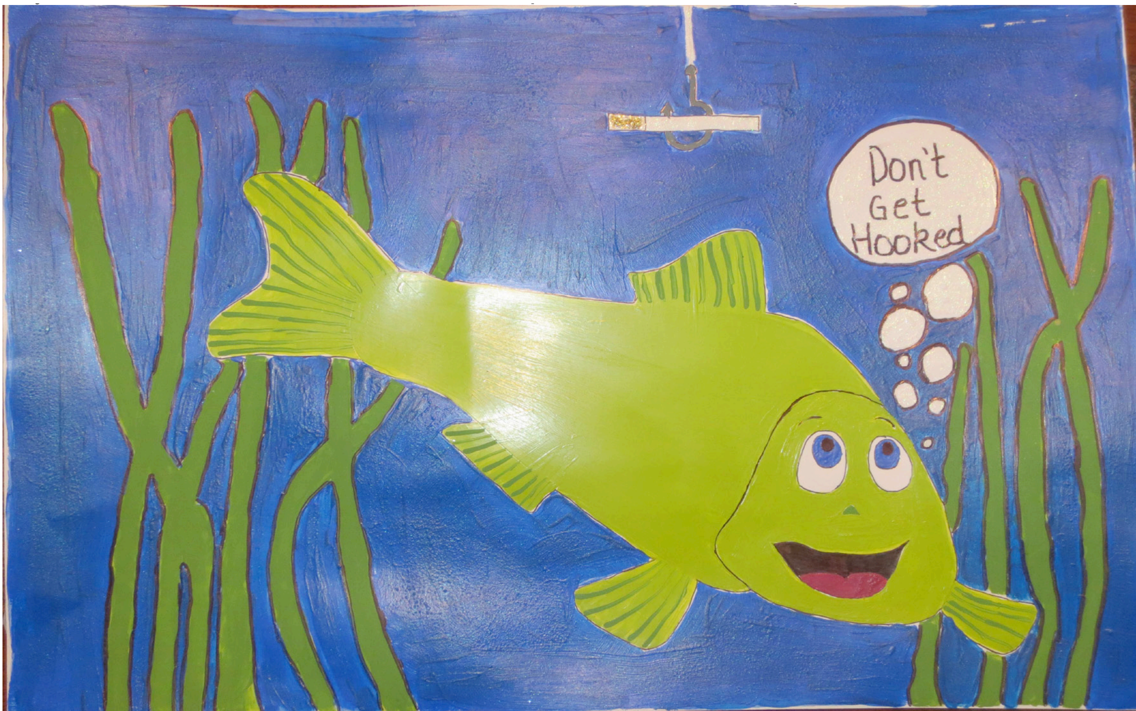
Carson Fisher of Sheffield, Ill. is Illinois' newest tobacco-free spokesperson. He designed the winning poster in the Family Health Foundation of Illinois Tar Wars Poster Contest, held April 16, 17 and 18 in Springfield during the IAFP's Spring into Action lobby days. Carson's "Don't Get Hooked" poster beat out 16 other finalists. IAFP members from around the state served as judges, evaluating the posters on creativity and positive message about being smoke-free.

Carson, a fourth grader at Bureau Valley South School, and his winning poster will represent Illinois at the National Tar Wars Poster Contest July 15-16 in Washington, D.C. The National Poster Winner will be announced on July 15 at a banquet honoring all the state winners. The following morning, all the Tar Wars state winners will head to Capitol Hill to meet with their members of Congress.

The 2013 Illinois Tar Wars poster contest is supported by Pfizer Charitable Contributions which will ensure that Carson is able to attend the poster contest in Washington, D.C. Prizes for our second and third place artists, as well as recognition to all the poster contest finalists was made possible by the grant the Family Health Foundation of Illinois received from Pfizer Charitable Contributions.

The 2013 Illinois Tar Wars Poster Contest Results:

WINNER: Carson Fisher, 4th Grade – Bureau Valley South School
Joy Jaraczewki of Bureau Co. Health Department -Tar Wars presenter



2nd Place Taylor Coley, Oak View Elementary - Bolingbrook

Jennifer Blair from Will Co. Health Department presented Tar Wars to Taylor's class
Taylor won the 2012 Illinois Tar Wars Poster Contest as a fourth grader
and her poster took 5th place in the National Tar Wars Poster Contest last July.

3rd Place: Saylor Jilderda, Ohio Grade School - Ohio

Joy Jaraczewki of Bureau Co. Health Department -Tar Wars presenter

Tar Wars, a program of the American Academy of Family Physicians, is at work in schools around the country, as well as in Canada and overseas. Tar Wars was created in 1988 by family physician Jeff Cain, MD and educator Glenna Pember. Tar Wars turns 25 in 2013 and Dr. Cain is now the current president of the American Academy of Family Physicians. The program is free for schools and for volunteers to teach in their local schools or youth groups. In Illinois, Tar Wars presenters include family physicians, medical students, family medicine residents, school nurses, health department health educators, and other volunteers.

For more information, including the complete program curriculum, visit www.tarwars.org.
If you'd like to be a Tar Wars presenter in the 2013-14 school year, contact Ginnie Flynn at gflynn@iafp.com to sign up and find a school near you, or contact the school where your children and/or patients attend.

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Celebrating Tar Wars 25 Years

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

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

A new name.
A new day in health care.

Iowa Health System has changed its name to UnityPoint Health. But it's more than just a name change. It reflects an organizational vision to improve the way health care is delivered. It's a more coordinated approach driven by the physician that surrounds the patient with care to help them manage their chronic disease, reduce readmissions and improve their quality of life.

We have also created UnityPoint Clinic with over 800 employed physicians who drive the patient-centered model of care between the clinic, hospitals and home care. We've torn down silos to improve communication, cooperation and team work. And we've embraced a bright future where we can better use our resources and meet the challenges of health care.

UnityPoint Health is a pioneer in Accountable Care Organizations and Care Coordination Programs, all with the goal of the best outcome for every patient every time. The care we deliver will demonstrate to every patient that they are the focus of everything we do.

Isn't that the reason we chose medicine as a profession?

CURRENTLY SERVING PATIENTS THROUGHOUT IOWA AND ILLINOIS

UnityPoint Health

unitypoint.org

Government Relations

Spring into Action sets record attendance numbers

IAFP members from all stages of medicine caravanned to Springfield to talk health care with their legislators during three days of the IAFP Spring into Action lobby days April 16, 17, and 18. Each day brought a cross section of family medicine expertise, from medical students to past presidents and everyone in-between.

Wednesday's Spring into Action attendees are ready for the Statehouse.

The Northwestern McGaw residency program planned to send residents down each day along with a faculty leader. Their program now has an advocacy committee and their residents have been active in IAFP government affairs since the residency was established three years ago. Unfortunately the severe storms of April 18 flooded the Chicago area and the third wave of Northwestern residents was unable to attend.

Here are some facts and figures for the three days:

- **59 total attendees**, including practicing family physicians, board members, residents and medical students
- Visited with **29 legislators** over three days
- Met with House Republican Leader Tom Cross and Asst. Majority Leader Barbara Flynn Currie

Board member Asim Jaffer, MD with his Senator, Tim LaHood.

Because many bills were on third reading or had already cleared their chamber of origin, family medicine had plenty of active issues to discuss with senators and representatives. After a morning briefing on the current issues, members sloshed through the rain to the capitol building for direct conversations with their legislators. On the family medicine advocacy agenda:

Rep. Cynthia Soto looks over IAFP position papers with Northwestern-McGaw resident Mark Stoltenberg, MD.

- Urging the House to pass SB26 for the Medicaid eligibility expansion,
- Opposing SB2187 prescribing authority for psychologists,
- Supporting HB2675 science-based sexual health education standards in public schools for grades 6-12,
- Supporting HB188 legislation prohibiting tanning bed use for minors,
- Opposing SB2321 waivers to allow schools to exempt physical education requirements for students who participate in show choir and
- Supporting SB 2202 requiring that all college campuses become 100 percent smoke-free.

Day one was led by IAFP board members Glen Aduana, MD of Chicago's South side and Alvia Siddiqi, MD of Palatine and past presidents Carolyn Lopez, MD, Katie Miller, MD and Ellen Brull, MD,

Adventist Hinsdale Family Medicine Residency program was represented by Roseanne Vasiloff, MD and Rachel Klamo, MD

who were joined by the first round of Northwestern-McGaw residents, along with educators Janice Benson, MD and Mark Potter, MD. The Statehouse corridors and elevators were crowded with large advocacy groups representing realtors, early childhood learning, and gun-control. Our intrepid members braved the crowds and diligently worked to have a few moments with their lawmakers outside of their chambers to make their case for family medicine and the policies we stand for.

"We see every day how many of these issues affect our patients as a federally qualified health center, so many of decisions made here in the General Assembly will directly impact what care we can provide and the quality of care we can offer, so it's good to be part of that process," said Northwestern Resident Mark Stoltenberg, M.D.

A busload of students from the University of Chicago and residents from U of Chicago/NorthShore arrived on Wednesday, and they graciously gave rides to UIC residents and students as well. Current IAFP Family Medicine Teacher of the Year Mari Egan, MD and FMIG leader Gabby Liu coordinated the Univ. of Chicago student advocates, along with faculty member Kortnee Robertson, MD. They joined IAFP president Carrie Nelson, MD of Wheaton and president-elect Michael Fessenden, MD of Elgin, Resident board member Lubna Madani, MD of Glenview and student leader Aaron Goldstein of Chicago in a whirlwind of catch-your-representative-as-you-can. Unfortunately most of the senators remained behind closed doors, limiting our conversations to the House of Representatives.

Student president-elect Aaron Goldstein of UIC speaks with Rep. Art Turner, Jr.

While IAFP members advocated for their list of priority legislation, one of the bills went to a vote before the House on Wednesday. House Bill 2675, which would require accurate and comprehensive sexual health education curriculum and supported by IAFP, generated vigorous debate on the House floor for over an hour. As IAFP advocates looked on, the House voted to pass HB 2675 by a vote of 66-52. Therefore Thursday's IAFP members were able to thank those representatives who voted in support of the bill.

"While meeting their legislators is the highlight of anyone's trip to Springfield, today is an example of why establishing relationships and contacting your elected officials in the district is important. When the chambers are on 3rd reading, many legislators do not step out to visit with constituents," said Gordana Krkic, CAE, IAFP Deputy EVP of External Affairs.

Day 3 brought the wildest weather yet, as storms and flooding from across the state kept many in the Chicago area from leaving home. But those who did make it to Springfield found a less chaotic environment in the Statehouse and many IAFP members were able to have sit-down discussions with their Senator and Representative in their offices. The SIU-Springfield family medicine residents and their

The University of Chicago Pritzker School of Medicine FMIG brought a bus load from Chicago on Spring into Action day

program director Janet Albers, MD had productive discussions with both Senators and Representatives on their agenda. Albers described their meetings as "positive and impressive" and a great start to the advocacy careers of her residents. Meanwhile, board member Asim Jaffer, MD from the University of Illinois College of Medicine at Peoria/Methodist Family Medicine Residency program spent a solid 30 minutes with Rep. David Leitch on the myriad of mental health and the economics of access to care issues in the greater Peoria area. Rachel Klamo, MD and Roseanne Vasiloff, MD represented Hinsdale Family Medicine Residency program, a Level 3 Patient Centered Medical Home residency program, where they could effectively talk about the role of the medical home with their Republican lawmakers.

Rep. Ken Dunkin and Kortnee Roberson, MD high-five that they agree on a bill ensuring comprehensive, science-based sexual education in public schools.

Past presidents David Hagan, MD and Steve Knight renewed long-standing acquaintances with their lawmakers and built new bridges to family medicine with new faces from their districts. Board member Ed Blumen, MD used his time to reinforce the good advocacy work done by the U of Chicago/NorthShore family medicine residents the previous day with Sen. Daniel Biss and Rep. Robyn Gabel. The IAFP supported Gabel's HB 188, which would prohibit tanning bed use by anyone under age 18, regardless of parent consent.

Loyola graduate Kristy Mount, MD talks with Rep. Mike Zalewski

"Part of our mission as family physicians is to be strong advocates for our patients," said Aduana, after completing his statehouse visits. "That not only means caring for the when they walk in our practices, that also means speaking on their behalf to lawmakers to make good policy changes at the highest level that have a positive impact at the community level."

Throughout all three days, IAFP members conveyed their strong opposition to psychologists prescribing as yet another attempt to weaken a physician-led patient centered medical home and create a two tiered system of care that *legislates* scope of practice privileges not attained through sufficient education. IAFP and AAFP addressed a joint letter to both House and Senate members opposing psychologists' prescriptive authority and urging legislators to vote against SB2187. AAFP Strategist for State Government Relations, Amber Melaney stated that more than 10,000 scope of practice bills were introduced in state legislatures across the country, a troubling trend considering these include lay midwives seeking licensure to provide home births, physical therapists seeking use of invasive tools, and naturopaths as licensed physicians to name a few.

Gordana hoped this year's record-breaking attendance and large resident and student representation sets the bar for Spring Into Action in 2015. "Legislators appreciate family medicine's perspective and those who participated should be inspired to lead a meeting in their district with others interested in promoting primary care's values." For more information or assistance in setting up an in-district meeting, please contact Gordana at gkrkic@iafp.com or 630-427-8007.

Special thanks for coordinating Spring Into Action and helping IAFP members maximize their experience goes to: Cook-Witter, Inc., especially Bruce Kinnett, Beth Martin, Betsy Mitchell, and intern Tyler Scherer. In addition, IAFP's Gordana Krkic, Ginnie Flynn, and AAFP's Amber Melaney rounded out the IAFP's onsite team.

UIC Resident Charles Falzon, MD talks with Rep. Robyn Gabel

Continuing Medical Education

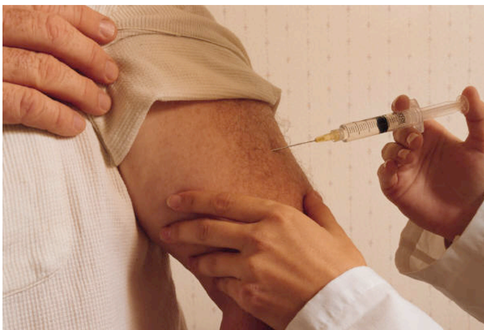
Annual Meeting – Calling All Speakers!

Are you interested in presenting at the 2013 IAFP Annual Meeting? We are looking for subject matter experts to present quick (15 minutes) updates on the latest news regarding the hottest topics in family medicine! If you are interested in presenting, fill out our online form today at www.iafp.com/cme.

In addition, we are looking for clinical presentations or hands on workshops. The number of slots is very limited, so please indicate if you are willing to present in another format. The deadline for IAFP Annual Meeting submissions is June 1, 2013.

The IAFP Annual Meeting is November 7-9 in Lisle. Save the date now and watch for future updates in all the IAFP's communications channels.

For more information visit http://www.iafp.com/education/



Upcoming Webinars

The IAFP and Illinois Maternal & Child Health Coalition are pleased to sponsor a free CME webinar:

Adult Immunization - Communicating Risk Benefit

Presented by: Mary Anderson, MD, Assistant Dean - Student Development, Rush University; Marie T. Brown, MD, FACP, Governor, Illinois Northern Chapter, American College of Physicians

Thursday, May 16, 2013, 12:00-1:00pm CST

Learning Objectives:

- Recognize the challenges of communicating the risks and benefits of adult immunization.
- Recognize the complexity of patients' attitudes toward immunizations and individualize the message.
- Identify common barriers that involve the interactions among the patients, physicians, and health care system.
- Identify health care team members and resources to improve immunization rates.
- Implement an appropriate intervention to identify and improve immunization rates into daily patient encounters.

Register Online or visit http://www.iafp.com/education for more information

Registration is limited, so secure your spot today!

Join the IAFP on the last Thursday of each month for a free Lunch and Learn CME webinar! Grab some lunch and your office staff and log on.

Beer's Criteria: A Fresh Look at an Old Way of Looking at Old Drugs for Old Patients

Presented by: David Hagan, MD, IAFP Past President, Gibson City Clinic

Thursday, May 30, 2013, 12:00-1:00pm CST

The 2012 American Geriatric Society Beers Criteria is an important and improved update of a previously established guideline with great clinical utility. Also employed as a quality measure, the Criteria can aid the family physician in more effective and safer prescribing practices, which should lead to fewer adverse drug reactions, toxicity and lower cost of care for our senior patients.

Register Online or visit http://www.iafp.com/education for more information. Registration is limited, so secure your spot today!

Are you looking

for Practice Acquisition, Working Capital Lines of Credit or Business Credit Cards?*

RATES AS LOW AS

4.95%

FLEXIBLE TERMS

NO PRE-PAYMENT PENALTY

*Credit card rates as low as 9.90% APR

Contact Norma Cantrell today at 630.276.5730 or 800.942.0158 x 5730

We fight frivolous claims. We smash shady litigants. We over-prepare, and our lawyers do, too. We defend your good name. We face every claim like it's the heavyweight championship. We don't give up. We are not just your insurer. We are your legal defense army. We are The Doctors Company.

The Doctors Company built its reputation on the aggressive defense of our member physicians' good names and livelihoods. And we do it well: Over 82 percent of all malpractice cases against our members are won without a settlement or trial, and we win 87 percent of the cases that do go to court. So what do you get for your money? More than a fighting chance, for starters. To learn more about our medical malpractice insurance program, contact our Chicago office at (800) 748-0465 or visit www.thedoctors.com.

www.thedoctors.com

Renee M. Poole, MD
Access Community Health
IAFP board member class of 2013
IAFP Representative to the Illinois Medicaid Advisory Committee

Why did you choose family medicine?
To me family medicine encompasses the perfect way to give back to the community. Not only are you taking care of an individual, you are impacting their family and their community as a whole. Patient advocacy is key in family medicine. It really fit in line with what I wanted to do.

What do you think is the best academy program or service?
I've really appreciated the government relations, staying in tune with what's going on at the state level and the national level. Otherwise when you're out practicing you're not really in tune with those things. Then there's the CME programming and the camaraderie of getting together and supporting each other. I've really enjoyed those opportunities in the Academy.

How do you champion family medicine?
By providing the best care possible to each patient I encounter regardless of their socioeconomic background. I try to maximize resources and be their advocate to get those resources to them. I also connect with medical students to share the joy I get from family medicine and the importance of family medicine and primary care.

What conditions do you see most in your practice?
Very low health literacy is a very big challenge. And poor nutrition which we tie to obesity related conditions, high blood pressure, diabetes, cholesterol. I also see a lot of sexually transmitted infections and sexual health issues in general.

Importance of family physicians in adolescent care
I had a wonderful experience working at a teen clinic a few years ago. We're filling an important gap in that population that can easily fall through the cracks. They are at a stage where they are starting to exert their own independence and understanding themselves, but may not be comfortable talking to their parents about things and relying on their friends instead. So being able to answer those questions for adolescents and hold that confidential which is important to them on sensitive issues. I'm a younger doctor and that makes me approachable to them, so I want to maximize that relationship as much as I can.

How do you balance your career and your own well-being?
I do enjoy exercising and maintain my regimen. I get great support from my family and personal relationships. I'm also involved with my sorority which provides a great group of women to work with in community efforts. All these things feed me so I can continue to be of service to my patients.

If you weren't a doctor, what would you be?
I would be a teacher, maybe a health or science teacher. My mom was a teacher and I know that you can have such an impact on young people in that role.

Anything about you that would surprise us?
I love to dance, I love to go to concerts and I love experiences! I want to get out there and experience as many things as I can so I have more stories to tell.

Members in the News

If you have a news item to share, email it to Ginnie Flynn at gflynn@iafp.com.

Trina Scott, MD of Bloomington is featured in the April 30 issue of the *Bloomington Pantagraph* for the completion and opening of her Immanuel Health Center which will provide medical care and spiritual support for patients. The clinic will serve uninsured, as well as patients with public insurance and private insurance coverage.

Executive Vice President **Vincent Keenan, CAE** authored an article on audience response systems at live education meetings for *FORUM* magazine, the publication of the Association Forum.

Joseph Welty, MD was quoted in an article in the April 25 *Sauk Valley News* looking at the impact of concussions in youth sports and a lack of understanding on treatment and recovery.

IAFP President **Carrie Nelson, MD** authored an Op-Ed for *Crain's Chicago Business* that appeared online April 18 and the April 22 print edition. You can view it online here or starting on page 2 of this issue. Nelson calls attention to our family medicine workforce pipeline problems in Illinois and urges more support for primary care to ensure access for all newly insured Illinoisans coming into the system starting in 2014.

Jocelyn Hirschmann, MD, a Northwestern Feinberg School of Medicine graduate from Bolingbrook, was working at the finish line of the Boston Marathon when the bombs went off. She told her story to the *Chicago Sun-Times* who ran a story on April 18.

Eric Trautmann, MD was on WREX TV.com April 9th explaining how healthier doctors could better convince patients to adopt healthier lifestyles.

On April 10, **Yasmeen Ansari, MD** of Wood Dale and **Arvind Goyal, MD** (who is the Medical Director for the IL Dept. of Healthcare and Family Services) are quoted in a *Crain's Chicago Business* story about the need to keep Medicaid payments equal to Medicare in order for doctors to continue or increase Medicaid participation. That article helped inspire the IAFP Op-Ed column on April 18.

Dawn Brunner, MD was back live on WCIA-TV morning news in Champaign on April 9 for "Ask your Family Physician." She also appeared on March 26 answering questions about heart palpitations, stents, depression and more.

Goutham Rao, MD is featured in the April 10 *Evanston Roundtable* where he spoke about the need to cut the sweet drinks as a tool to fight obesity.

On March 19, **Tony Miksanek, MD** of Benton was interviewed on WSIU Radio (91.9 FM) about children's health and exercise. On March 6, **Dr. Miksanek** appeared on WQRL Radio (106.3) and discussed the health of the southern Illinois region.

Savitha Susarla, MD of Elgin was quoted in a March 25 *Daily Herald* story about community-based obesity and overweight programs that work with entire families together to lose weight and get active.

The March 28 *Modern Physician* included an article about how Illinois' licensing delays may affect both the Match and the start of residency in 2013. The article includes quotes from IAFP members **Mark Potter, MD** and **Susan Vandenberg-Dent, MD**. Illinois family medicine residency programs had a very successful 2013 match. Legislation passed in late March which restored staffing to issue and renew physician licenses.

IAFP was mentioned for our opposition to a bill in the state legislature that would give dentists authority to administer flu shots and other vaccinations in a *Crain's Chicago Business* article on March 14.

Northwestern McGaw resident **Tina Wheat, MD** is the featured doctor (and mom!) in a March 14 *Lincoln Courier* story on disposable vs. cloth diapers.

Neni Prasad, MD paid tribute to colleague and IAFP member **Paul Smelter, MD** in a March 14 Letter to the Editor in the *Illinois Times*. Smelter is relocating to Texas.

Kohar Jones, MD of Chicago authored a striking column in the March 15 *Chicago Sun-Times* illustrating how gun violence impacts the health of families and entire communities, well beyond the person who took the bullet.

News You Can Use

Eight Steps to Electronic Patient Engagement: Connecting Patients for Stage 2 Meaningful Use

By Jennifer Dynia

The Centers for Medicare & Medicaid Services (CMS) released its final rule for Stage 2 Meaningful Use last summer. The biggest surprise by far was the government's decision to stand by its new core requirements for electronic patient engagement. The new Core Measures will require providers to give patients online access to their health information and communicate with patients via secure electronic messaging. What most physicians find alarming is that they will be measured on not just what they do, but what their patients do.

Under the final rule, physicians must make health information available online to more than 50 percent of patients. The "catch" is that more than five percent of patients need to view their information on the online portal, download it, or transmit it to a third party. Similarly, more than five percent of patients must actually send an electronic message to their provider. Some large healthcare organizations have found that getting patients to use portal and messaging technology is difficult. These organizations report that patient activation rates are well under 10 percent. Meeting the five percent threshold will be a challenge for even the most advanced medical practices.

How can medical groups meet the government's targets for electronic patient engagement? The answer is to integrate portal and messaging technologies into practice workflows and begin weaving them into patient interactions. The following eight steps will help you implement patient engagement technologies efficiently, promote them effectively, and run them smoothly.

1. Check Your Technology

If your group invested in electronic health record (EHR) technology more than two years ago, you will need to upgrade your software. Most EHR systems certified for Stage 1 Meaningful Use will need to update to a 2014 certification to provide full Stage 2 capabilities.

The first step is to talk to your vendor. Ask your representative about the company's plan for meeting Stage 2 requirements. Find out when they will release a 2014-certified version of their system and how much it will cost. Inquire specifically about secure messaging and portal capabilities. How will patients create messages within the system, and how will those messages be received within the user interface?

It is important to start this dialogue now, especially if you have had problems with your vendor in the past. Allow time for appropriate planning from an operational and budgetary standpoint.

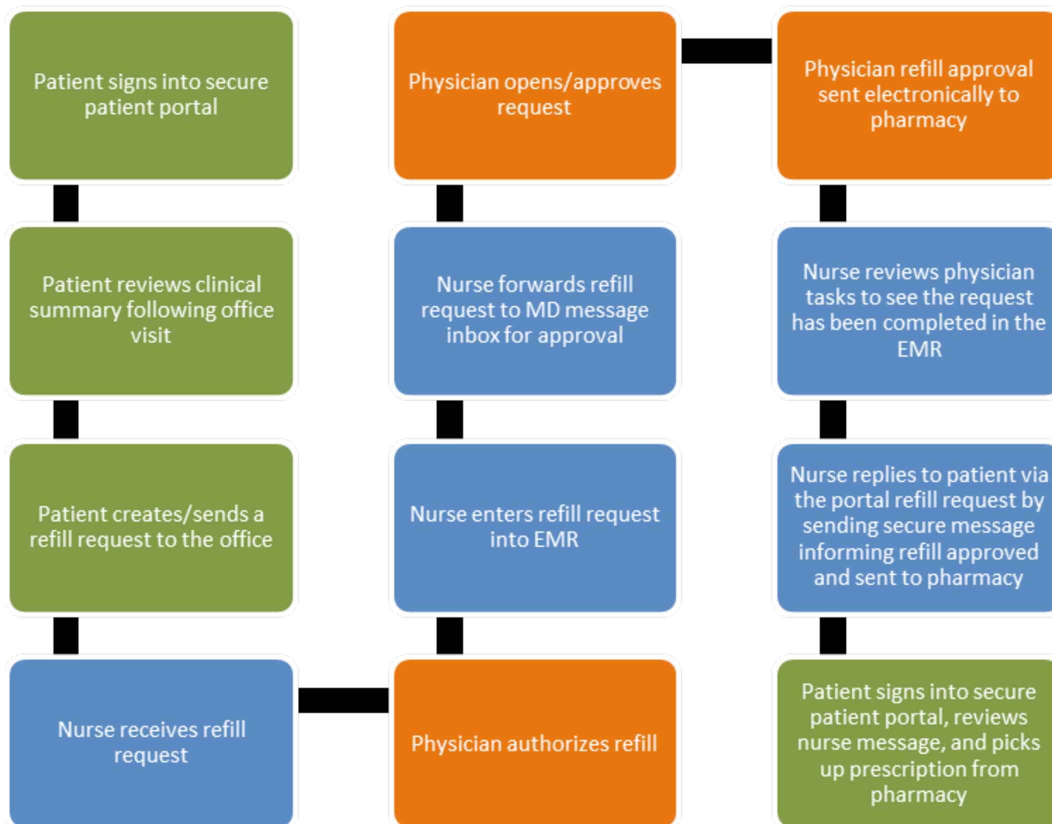
2. Establish Processes for "Feeding" the Portal

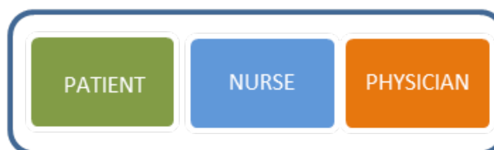
The Stage 2 final rule requires providers to make specific information available on the patient portal within four business days. Most of this information can be populated to the portal automatically from the EHR. Simply use the system's administrative settings to configure triggers for transmitting data to the portal. Two elements, however, need to be "handled" before being made available to the patient.

One element is the problem list. Many physicians are concerned that problem lists will become a fresh source of confusion for patients and their families. Clinicians fear that most patients will not understand medical problem terminology or how a problem list is used to help manage their care. Patients are almost always troubled when a list includes a problem they were not treated for during their most recent visit—for example, "chronic otitis media" in a pediatric medical record or a "fracture of the radius" that has already been taken care of. The solution is to manage problem lists more actively.

When charting, the physician should update the list so that it includes current and/or relevant medical problems only. The physician could also review the list with the patient at the conclusion of the visit to ensure complete understanding. Although

these steps take a few extra moments, they will turn the problem list into a useful tool for patient education. Physicians are also concerned about using a patient portal to communicate laboratory results. It is vital to create practice guidelines for populating results to the portal. This will prevent instances in which patients view sensitive test results before discussing them with their physician. The key is to create a process for evaluating lab results before they are released to the patient portal. For example, a nurse can be assigned to go through all incoming labs, approve normal results for posting online, and suppress abnormal results pending physician review and patient discussion. The final rule permits providers to withhold any information from online access that they believe would cause substantial harm to the patient.





3. Create Workflows for Responding to Patient Messages

The introduction of secure messaging could disrupt workflows in many medical offices. To maintain efficiency, groups need to develop effective processes for receiving, triaging, and responding to electronic patient messages.

Start by determining which staff member will receive incoming messages. Next, think through the response to various message types. For example, when a patient sends an appointment request, what is the minimum information required to schedule a visit? How will the appointment be confirmed? Under what circumstances should staff call a patient to clarify details?

The current best practice is to assign a clinical staff member to triage all messages. (The final rule does not require physicians to respond personally to secure messages from patients). Following agreed-upon protocols, a nurse can review patient messages, resolve many issues immediately, and route others to the medical staff as needed. It may make sense to assemble messages for physicians to review in batches, such as prescription refill requests.

Establish timely response policies and educate staff and physicians on response requirements (see Figure 1). Many systems include tools for tracking responses to ensure all messages are resolved in a timely manner.

4. Launch a "Get Connected" Campaign

Early adopters of portal and messaging technologies have found they need to promote them to patients. To meet the government's patient engagement goals, create a marketing campaign to encourage your patients to use electronic tools. First, develop a patient handout that introduces the new electronic resources and explains how to access and use them. Second, incorporate this information into the patient discharge process. For example, note to patients that their clinical summary will be available on the portal and encourage them to send any follow-up questions via secure messaging. You may also want to survey patients on which features of the portal are most important to them. In addition, staff could highlight the electronic options when capturing the patient's preference for communication under HIPAA. In all communications with patients, emphasize the convenience of the electronic tools.

Many groups are concerned about the difficulty of promoting electronic communication to certain populations, such as elderly patients. Keep in mind that the regulations allow a "patient representative" to access the portal and send messages on behalf of the patient. Adult children caring for elderly parents might appreciate electronic tools for keeping track of their parents' health information.

5. Enlist Physicians to Lead the Charge

Physicians themselves are in the best position to influence patients to use portal/messaging technology. The problem is that many physicians are skeptical of patient portals and fear that secure messaging will add to unreimbursed work time. Medical group administrators need to make a concerted effort to overcome these reservations.

Including clinical staff and physicians in portal/messaging planning may help remove some of the concerns physicians have about utilizing technology to increase patient engagement. Talk to physicians about how the patient portal can reduce information requests while increasing patients' involvement in their care. Note that secure messaging can reduce phone call volume1 and eliminate "phone tag." Secure messaging is also good for patient relations. Having the option to communicate with physicians electronically appears to increase patient satisfaction, especially if responses are received in a timely manner. [1, 2, 3]

In the best case scenario, the medical staff will take the lead in persuading patients to use the online portal and secure messaging tools. Physicians should encourage every patient to register on the portal and create a login. They can also promote specific uses, such as viewing upcoming lab results and downloading care plans for home use.

6. Monitor System Reports Weekly

Regular monitoring is critical to overall Meaningful Use compliance. Successful medical groups monitor individual providers' performance metrics and work as a team to address emerging problems. When it comes to Stage 2 patient engagement measures, weekly monitoring will enable your group to identify shortfalls early and troubleshoot timely solutions.

The denominator for the electronic patient engagement measures (Core Measures 7 and 17) is the number of unique patients seen by a physician during the 90-day reporting period. The numerators for the patient portal measures are the number of patients who have access to their health information via the portal within four business days, and the number of patients who use the portal to view, download, or transmit their health information. The numerator for secure messaging is the number of patients who send an electronic message to their provider. Many EHR systems include a built-in dashboard for monitoring Meaningful Use measures, including patient use of electronic tools.

A comprehensive, integrated dashboard report is the best way to track and manage compliance.

7. Be Ready for New Communication Patterns

Medical groups that successfully implement and promote the patient portal and secure messaging capabilities will likely see a reduction in information requests. As phone call volumes drop and back-office work is redistributed, you may need to make changes in staffing and roles.

Group administrators should be prepared to respond to new communication patterns as they develop. In addition to

monitoring portal and messaging metrics, track phone call volumes and phone requests for referrals, prescription refills, etc. Ultimately, a new clinical role—one focused on the electronic management of the patient—may emerge. In the meantime, it makes sense to cross-train staff for both phone and electronic communication.

8. Kill Several Birds with One Stone

Implementing a patient portal and a secure messaging system will require additional resources and management attention. The good news is that developing these capabilities will help your medical group comply with several other Meaningful Use requirements.

For example, Meaningful Use requires physicians to provide patients with healthcare reminders and patient-specific education resources. These are Menu Measures under Stage 1, but both are now Core Measures under Stage 2. Patient engagement tools can support compliance with both measures. In fact, the final rule clarifies that physicians can use secure messaging as a method for sending patient reminders and that a patient portal is an acceptable tool for providing patients with education resources.

A patient portal can also be used to fulfill the requirement to provide patients with a clinical summary. This requirement is getting tighter. Under Stage 1, physicians need to provide the clinical summary within three business days of the patient visit. Under Stage 2, the summary will need to be available within one business day. On the practical side, many groups are concerned about the waste of paper involved in printing out a clinical summary for every patient. The patient portal is the ideal solution in terms of both timeliness and cost. According to the final rule, providing clinical summaries via a patient portal complies with the requirement.

Start Now

It is not too early to begin work on electronic patient engagement. Groups that entered CMS's EHR Incentive Programs in 2011 or 2012 will need to begin meeting Stage 2 thresholds in 2014. But even groups that are only now tackling Stage 1 should set their course with Stage 2 in mind. Understanding the Stage 2 patient engagement requirements will help you implement Stage 1 more easily and be ready to hit the ground running when you reach the next level.
One thing is certain—these challenges are not going away. In fact, the proposed recommendations for Stage 3 Meaningful Use demonstrate the government's commitment to expanding portal and messaging functionalities. To prepare for the future, medical group leaders need to begin laying a solid foundation now for robust electronic patient engagement.

References

1. E.M. Liederman, J.C. Lee, V.H. Baquero, and P.G. Seites. 2005. Patient-physician web messaging: the impact on message volume and satisfaction. Journal of General Internal Medicine, 20: 52-57.
2. Ibid.
3. C.L. Goldzweig, A.A. Towfigh, N.M. Paige, et al. 2012. Systematic review: secure messaging between providers and patients, and patients' access to their own medical record. Evidence on Health Outcomes, Satisfaction, Efficiency and Attitudes. VA-ESP Project #05-226.

Jennifer Dynia is a senior associate at Health Directions, LLC, a national consulting firm that provides business solutions for healthcare organizations.

"As physicians, we have so many unknowns coming our way...

One thing I am certain about is my malpractice protection."

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians:
our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine and understand my business decisions. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.

To learn how we can help you lessen the uncertainties you face in medicine, scan the code with your smartphone camera.

Proudly endorsed by

ILLINOIS ACADEMY OF FAMILY PHYSICIANS

PROASSURANCE®
Treated Fairly

Professional Liability Insurance & Risk Management Services

ProAssurance Group is rated **A (Excellent)** by A.M. Best.
ProAssurance.com • 800.942.2742

Your Illinois Academy of Family Physicians

Executive Committee

PRESIDENT
Carrie Nelson, MD

PRESIDENT-ELECT
Michael Fessenden, MD

FIRST VICE PRESIDENT

SECOND VICE PRESIDENT
Alvia Siddiqi, MD

CHAIR OF THE BOARD
Michael P. Temporal, MD

TREASURER
Soujanya Pulluru, MD

DELEGATES TO AAFP
Kathleen Miller, MD
Michael P. Temporal, MD

ALTERNATE DELEGATES
David J. Hagan, MD
Steven D. Knight, MD

Board of Directors

CLASS OF 2013
Edward Blumen, MD
Timothy McCurry, MD
Renee M. Poole, MD

CLASS OF 2014
Alice F. Daniels, MD
Sachin Dixit, MD
Asim K. Jaffer, MD

CLASS OF 2015
Glen Aduana, MD
Abbas Hyderi, MD
Donald L. Lurye, MD

NEW PHYSICIANS
Carrie Holland, MD
Lareina Pedriquez, MD

RESIDENT
Lubna Madani, MD

STUDENT
Joshua Shapiro

IAFP Staff

EXECUTIVE VICE PRESIDENT
Vincent D. Keenan, CAE

DEPUTY EXECUTIVE VICE PRESIDENT
OF INTERNAL AFFAIRS
Jennifer O'Leary

DEPUTY EXECUTIVE VICE PRESIDENT
OF EXTERNAL AFFAIRS
Gordana Krkic, CAE

VICE PRESIDENT OF COMMUNICATIONS
Ginnie Flynn

VICE PRESIDENT
OF EDUCATION AND MEETINGS
Kate Valentine

OFFICE MANAGER
Diana Hernandez

VICE PRESIDENT OF BUSINESS DEVELOPMENT
Desma Rozovics

EDUCATION AND ACCREDITATION MANAGER
Sara Gadberry

Illinois Academy of Family Physicians

4756 Main Street
Lisle, IL 60532

Phone: 630-435-0257
Fax: 630-435-0433
E-mail: iafp@iafp.com

www.iafp.com

Printed on Recycled Paper