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ILLINOIS FAMILY PHYSICIAN

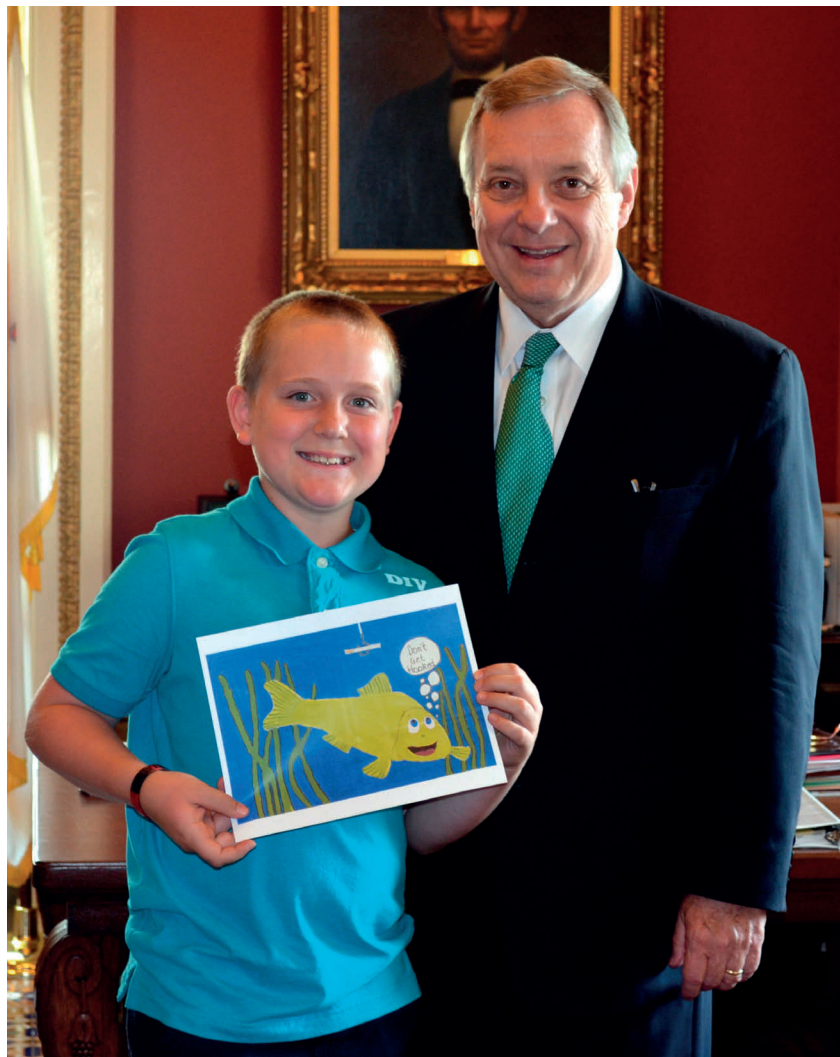
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Tar Wars Illinois winner takes 2nd in National Poster Contest



Carson Fisher, now a fifth-grader at Bureau Valley South School in Sheffield, took second place at the National Tar Wars Poster Contest in Washington, D.C. The National Poster Contest winner was announced on July 16 at a banquet honoring all the state winners. The following morning, all the Tar Wars state winners headed to Capitol Hill to meet with their members of Congress. Carson, his sister Kenzi and parents Chad and Angie met with U.S. Senator Dick Durbin (pictured above) and legislative staff for Sen. Mark Kirk, followed by a meeting with their U.S. representative, Rep. Adam Kinzinger.

President's Message

Carrie E. Nelson, MD

In my role at Advocate Physician Partners, I'm deeply entrenched in one of the more recent innovations in healthcare delivery, the accountable care organization (ACO). I'd like to take the opportunity to share some key lessons learned as we've traveled that journey. First, let's start with the Medicare definition of an ACO:

Accountable Care Organizations are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.

The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in both delivering high-quality care and spending health care dollars more wisely, it will **share in the savings** it achieves for the Medicare program.

Before I get into the lessons we've learned, let me lay the groundwork by describing the Advocate Physician Partners (APP) framework. APP is a structured collaborative between Advocate's 12 hospitals and approximately 4,200 physicians. About 1,300 of those physicians are employed while the others are independent practices of varying sizes. Approximately 50% of the practices are groups of three or fewer. APP has had a clinical integration structure for about nine years now which means the organization works as a group to improve the care provided to patients. As part of the program, APP reports to payers on a single set of quality measures. Our physicians receive quality incentives based on their performances on these measures. Clinical integration



has laid a solid foundation for the ACO.

So, on to a few highlights illustrating our lessons learned:

- Physician leadership is key. Improvements in quality, whether inpatient or outpatient, cannot be achieved without strong physician leadership. Our structure is one that relies upon a bench strength of physician leaders that are distributed throughout our organization.
- An enhanced infrastructure is needed to be successful in an ACO contract. Infrastructure needs include data management, practice support and deployment of success strategies. Such an infrastructure can be built into an employed physician group but employment is not a necessity. A strong Independent Provider Organization (IPA) can put an infrastructure in place under the guidance of a forward-thinking group of physician leaders and administrators.
- The most successful specialists in an ACO environment are those that are most efficient and that partner with primary care and other providers in order to optimally coordinate care.
- The cultural evolution that is required for success in the ACO world is not for the faint of heart. Hospital leaders are accustomed to seeing admissions and ED utilization as signs of success. Not so in an ACO contract; these are often failures. However, for now at least, we must live with having some patients in a value-based payment

structure and others for whom the health system is still rewarded for volume. And physicians must treat all patients the same if we are to look ourselves in the mirror each day. In order to endure this challenging conflict and be successful in the long term, integrity and a commitment to doing the right thing for the patient must be exemplified at the highest levels of health system leadership and everywhere in between.

- New competencies are needed to be successful. We must embrace medical home strategies, learn to work with care management and tightly manage care transitions. In addition we must pay a whole lot of attention to the data, analyze it and provide feedback to those who can take action for improvement. That data must then be used to proactively manage the entire population of patients – whether or not they are showing up in your office.

Ultimately, our economy cannot sustain the rising cost burden of our healthcare system. Incentives that align with care that delivers value instead of just volume are a necessary attribute for our future healthcare system. Health systems need to remain viable over the long term. Our communities need them. If the goals of the ACO are successful over the long term, our health systems will look very different than they do today. We'll need fewer hospital beds and more creative ways of reaching patients in the ambulatory environment like telehealth and e-visits. Despite the challenges and hurdles of engaging in this sea change, I am convinced this is not the time for a "wait and see" approach. We need family physicians leading this change.

IAFP has a Task Force on Family Physician Leaders in ACOs. Contact Vince Keenan at vkeenan@iafp.com for more information or to join the task force! AAFP's website also has FAQs on ACOs for FPs at <http://www.aafp.org/practice-management/payment/acos/faq.html>



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IAFP News

Continued from page 1

Carson's second place finish is the highest honor ever for an Illinois Tar Wars poster. Last year, Taylor Coley took fourth place and other Illinois state winners have finished fifth and sixth over the years. More than 30 students from the 36 participating states and the District of Columbia were among the crowd of approximately 150 at the Hyatt Regency Washington on Capitol Hill for the ceremony, which featured an appearance by Rear Admiral Boris D. Lushniak, MD, MPH, United States Surgeon General as of July 17.

Tar Wars is a tobacco-free education program administered by the AAFP 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 nine million children.

Dr. Jeffrey Cain, AAFP president and Tar Wars co-founder, said that after a quarter century, the program continues to provide a meaningful avenue for family physicians to communicate the consequences of tobacco use to kids. "The family doctors who visit with students across the country through the Tar Wars program play an important role in making sure kids understand that not smoking is sexy, glamorous and cool," Cain said. "We want to ensure that children have the knowledge and skills to make the decision to not use tobacco, even before the first cigarette is offered."

The Tar Wars program culminates each year with the poster and video contests, which encourage children to communicate the positive aspects



of not using tobacco. Now is a great time to think about teaching Tar Wars in your local school. You can fill out an [online form](#) or send an email to Illinois Tar Wars coordinator Ginnie Flynn at gflynn@iafp.com. Tar Wars is simple, fun and free for presenters and schools check out the program guide at www.tarwars.org to see the lesson plan and find out how easy it is to get started.

Next Target: Menthol

Recently the Food and Drug Administration announced plans to investigate its potential regulatory authority over the use of menthol in tobacco products. The AAFP is urging the FDA to ban the use of menthol in cigarettes and other tobacco products. AAFP Board Chair Glen Stream, M.D.,



"Big tobacco is using menthol-flavored cigarettes to turn our children into lifelong addicts," - Carolyn Lopez, MD

responded to an FDA proposed rule on the use of menthol in cigarettes by asking the agency to prohibit it in cigarettes and other tobacco products. The AAFP supported past FDA proposals to ban cigarettes with fruit and other

flavorings because they encourage tobacco use, especially among young people.

Chicago is already launching a strategy to combat menthol, which is widely used among youth and at-risk residents of Chicago. Mayor Rahm Emanuel highlighted the

particular dangers menthol cigarettes pose to young people. Specifically, among African American youth ages 12-17 who smoke, 72% use menthol cigarettes and among LGBT youth, 71% use menthol. Mayor Emanuel announced his plans on July 25th and sent a letter to Chicago Board of Health President Carolyn Lopez, MD who is an IAFP past president.

To kick off their commitment to stamping out menthol the Board of Health adopted a resolution at their August 21 meeting calling for action on menthol flavored tobacco products in Chicago. In response to the Mayor's call for action on this critical issue, the Chicago Board of Health and the Chicago Dept. of Public Health will host a series of town hall meetings in September to identify innovative, community-driven solutions to reduce menthol cigarette use among Chicago's youth.

"Big tobacco is using menthol-flavored cigarettes to turn our children into lifelong addicts," said Lopez. "By passing this resolution, the Board stands with parents and youth across the city to help stop this problem and protect our families. Together, we will help ensure our youth have the opportunity to grow into healthy adults."

Following the September town hall meetings, the Board of Health and CDPH will release a comprehensive report detailing the feedback from

participants. The report will also include youth feedback and policy recommendations from public health professionals, scientists and other content experts to help Mayor Emanuel create a more comprehensive menthol tobacco abatement strategy. CDPH will also launch the Tobacco Prevention and Control program advertising campaign in October that focuses on menthol cigarette use.

Background information: *AAFP News Now* article:

AAFP Calls for Banning Menthol in Tobacco Products

<http://www.aafp.org/news-now/health-of-the-public/20130814mentholtr.html>

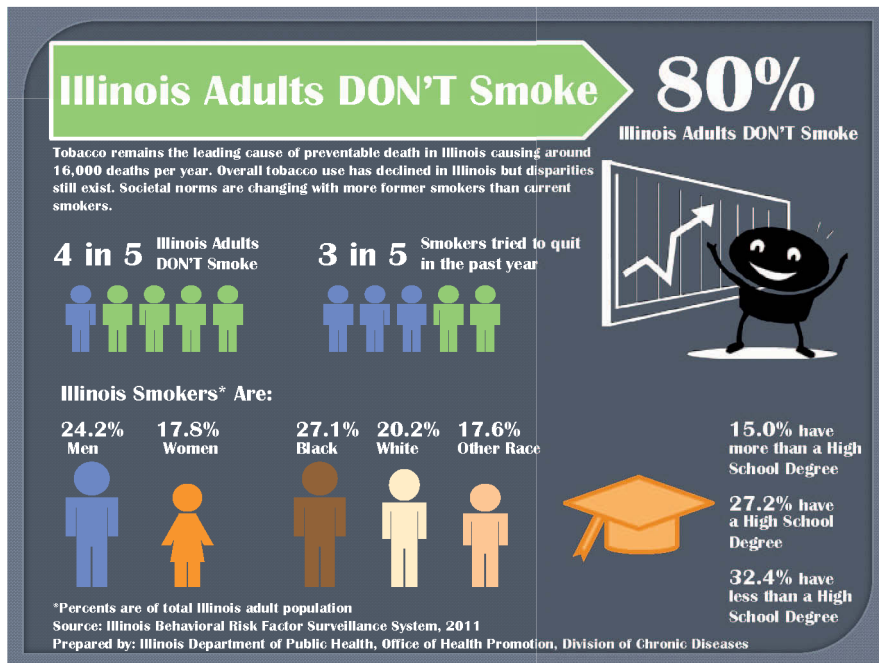
Our work to reduce tobacco use never stops. If you need easy to implement tools for your practice, go to the AAFP Ask and Act Practice Toolkit available at:

<http://www.aafp.org/patient-care/public-health/tobacco-cessation/ask-act.html>

Great news on statewide tobacco use

Illinois continues our progress in reducing the toll of tobacco. As of 2012, **80 percent of Illinois adults do not smoke!** The accompanying graphic from the Illinois

Department of Public Health shows where we are now and where we can focus our future efforts.



Annual Foundation Sox Game a big hit for family medicine

With perfect weather and over 150 baseball fans, IAFP celebrated our seventh annual Family Health Foundation of Illinois White Sox game fundraiser. Ticket sales, combined with our corporate sponsorship totals raised over \$3,500 for the Foundation. Unfortunately (for most of the fans), Detroit jumped on the scoreboard early and prevailed 6-2.

Special thanks to our three corporate supporters, [Cerner](#), [Health Directions, LLC](#) and [ProAssurance](#) for supporting the event and bringing such fun. ProAssurance continued their tradition of hosting the pre-game social for members who could get to the park a little early!

The Family Health Foundation of Illinois provides financial support for Tar Wars, student and resident activities, Family Medicine Midwest and other philanthropic endeavors. To make a tax-deductible donation to the Foundation visit

<http://www.iafp.com/foundation/donorform.htm>.



Annual Meeting – 2013 a.k.a. The SAM-a-Rama!

SAMs, CME, Leadership, Inspiration, Collaboration, Celebration & Camaraderie

November 7-9 at the Hilton Lisle/Naperville

Online Registration at www.iafp.com

Online readers, [click here](#) to go to Online Registration

We know the Maintenance of Certification process is cumbersome and daunting, and yet still required. To make this process less painful and dare we say – FUN, the IAFP is dedicating more of our annual meeting to providing those SAMs workshops that family physicians need. Stay current and tackle these tough issues in an interactive group setting with your family physician colleagues. Each SAMs workshop is \$200 separate from the IAFP meeting registration

Location! Location! Location! Our meeting is centrally located in DuPage County – easy to access and featuring FREE parking!

Thursday November 7

2:00 pm - 8:00pm

SAMs Workshop 1 -Cerebrovascular Disease

Friday November 8

7:30 am - 1:00 pm

SAMs Workshop 2 - Asthma

12:00 pm - 1:00pm

Lunch & opening presentation - Health Insurance Marketplace

The Marketplace will be open, what will that mean for you in 2014?

1:00 pm - 6:30 pm

SAMs Workshop 3 - Preventive Health

1:00 pm - 5:00 pm

Leadership Development

5:00 pm - 5:30 pm

Induction of 2013-14 Board of Directors

5:30 pm – 6:30 pm

Networking Reception

6:30 pm - 9:00 pm

Awards Dinner (*Family Physician of the Year and Teacher of the Year*)

the Awards Dinner is free for all IAFP members

Saturday November 9

7:30 am - 1:00 pm

SAMs Workshop 4 - Care of the Vulnerable Elderly

8:00 am - 9:00 am

Breakfast and AAFP Update from AAFP board member Rebecca Jaffe, MD

9:15 am - 10:00 am

CME: Up to date topics (*three 15-minute topics*)

Topic 1: Diabetes Group Visits – (Tentative)

Topic 2: Importance of Dentistry in the Medical Home – Larry Williams, DDS

Topic 3: Family Doctors in Mental Health Sectors (Tentative)

10:30 - 12:00 pm

CME: Up To Date Clinical Topics (*six 15-minute topics*)

Topic 4: Sports Medicine - David Jewison, MD

Topic 5: Dermatoses in Pregnancy - Alvia Siddiqi, MD

Topic 6: Flu Vaccine - Kristin Drynan, MD

Topic 7: Smoking Cessation - Renee Poole, MD

Topic 8: Cognitive Assessment at the Medicare Annual Wellness Exam – Raj Shah, MD

Topic 9: Safe Prescriber Program - Arvind Goyal, MD

12:00 pm - 2:00 pm

All Member Assembly & Lunch, includes AAFP Fellow Convocation

1:00 pm - 6:30 pm

SAMs Workshop 5 – Childhood Illness

2:00 pm - 3:00 pm

CME: AAFP Lecture Series - HPV

3:00 pm - 4:00 pm

CME: Sports Medicine Knee & Shoulder Workshop - Deepak Patel, MD, FAAFP, FACSM

4:00 pm - 5:00 pm

Foundation Board Meeting

Saturday Evening Social Event: Wine tastings at Tasting deVine

Cellars in downtown Naperville



Choose from 6pm or 7:30pm tastings and then stay downtown and dine with your friends!
Proceeds from the tasting benefit the Family Health Foundation of Illinois

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Call for 2013 Resolutions Have a great idea or a problem that needs an Academy solution? Please send resolutions to Gordana Krkic at gkrkic@iafp.com by September 30, 2013.

MEETING HIGHLIGHTS

Get Ready for Reform—2014 will be just weeks away!

Opening Plenary: Mastering the Illinois Health Insurance Marketplace. Enrollment in the state's health insurance marketplace opens Oct. 1 and coverage begins Jan. 1, 2014. Former IAFP board member Michael Fessenden, MD of Cigna HealthSpring will moderate this panel presentation that will explain the state's system for helping those remaining uninsured find insurance coverage and how providers will interface with this new Marketplace. Not only will you understand it, you'll be able to explain it to your community.

AAFP Update from Board member Rebecca Jaffe, MD from Delaware.

Get the latest on national activities and a look at what your AAFP leaders are doing to advance family medicine in our changing health care landscape.



Michael Fessenden, MD



Rebecca Jaffe, MD

Active members can now vote online for the 2013-2014 IAFP Board of Directors

The Leadership Development Task Force met August 15 and slated the following candidates for the online election, which will be open for voting September 9 through October 4. All active and life members have the privilege to vote. IAFP members with a valid e-mail address on file will receive an email with a custom link to access the independent online voting web site to cast their votes. Each member will only be allowed to submit one ballot. If you do not have an email address on file, you should receive a letter in the mail with the website address, your voter ID and your individual password to cast your vote. The online voting website will contain a standard CV and photo of each candidate. The independent secure voting is provided via a contract with Survey and Ballot Systems, Inc. of Minneapolis, Minn. Board of Directors update: President-elect Michael Fessenden, MD resigned effective July 31. The IAFP Board of Directors appointed Edward A. Blumen, MD to fill the vacancy at their August 27 board teleconference. Dr. Blumen will assume the office of President at the IAFP Annual Meeting on November 8.

Candidates for 2013-14 Illinois Academy of Family Physicians Board of Directors

President 2013-14
Appointed by the Board



Edward A. Blumen, MD
Evanston

President-elect, 2013-14



Janet Albers, MD
Springfield

First Vice President, 2013-14



Alvia Siddiqi, MD
Rolling Meadows

Second Vice President, 2013-14



Deborah Edberg, MD
Chicago

Board Class of 2016

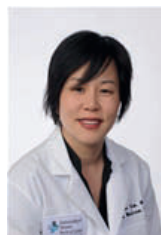
(four candidates for three positions)



Kristin D. Drynan, MD
Geneva



Carrie Holland, MD
Chicago



Regina Kim, MD
Oak Park



Renee Poole, MD
Chicago

**AAFP Delegate,
2013-2015**



David J. Hagan, MD
Gibson City

**AAFP Alternate
Delegate, 2013-2015**



Ravi Grivois-Shah, MD
Oak Park

New Physician Class of 2015

(two candidates for one position)



Michael Hanak, MD
Chicago



Glenn Skow, MD
Vandalia

Additionally, the Leadership Development Task Force recommended **Ravi Grivois-Shah, MD, for the position of Treasurer, 2013-14.** The board selects the Treasurer for 2013-14 at its November 10 meeting.

Illinois AFP submits resolutions for AAFP Congress of Delegates

The IAFP's Task Force on Resolutions takes its direction from the resolutions passed at the Illinois Academy's All-Member Assembly in submitting resolutions to the AAFP Congress of Delegates. Additionally, IAFP members are invited to submit proposals for resolutions. Finally, the Illinois chapter is sometimes asked to co-sponsor a resolution by another state. The Illinois Task Force on Resolutions is chaired by Margaret Kirkegaard, MD, Chair, and includes AAFP delegate Katie Miller, MD, IAFP Second Vice President Alvia Siddiqi, MD, and Gordana Krkic, CAE, staff. Their recommendations were submitted to the IAFP executive committee for final approval.

The Task Force took final action on all AAFP resolutions submitted for consideration. After their recommendations and the IAFP executive committee approval, these resolutions were submitted to AAFP for the 2013 Congress of Delegates, September 23-25 in San Diego. The condolence resolution will be part of the AAFP Congressional Record. The remaining two resolutions will be assigned to a AAFP reference committee for consideration and will be supported by the Illinois delegation.

Your Delegates to the AAFP Congress of Delegates are:

-Michael P. Temporal, MD of Belleville

-Kathleen J. Miller, MD of Decatur

Your Alternate Delegates are:

-Steven D. Knight, MD of Harrisburg

-David J. Hagan, MD of Gibson City

Resolution of Condolence (submitted by members Alicia Vasquez, MD and Tamajah Gibson, MD)

IAFP submitted a condolence resolution for resident member Dr. Vanessa Noboa, who passed away in June.

WHEREAS, The State of Illinois and the Family Medicine community suffered a great loss with the death of Vanessa Noboa, M.D., and

WHEREAS, Dr. Noboa, of Chicago, passed away June 1, at the age of 30, and was already well-known for her devotion to patients and service to the community, and

WHEREAS, Dr. Noboa was a PCC Maternal Child Health and Faculty Development Fellow with the PCC Community Wellness System at PCC South in Berwyn, IL, and with the Cook County Health and Hospital Systems, respectively, providing care to the underserved communities of Chicago's west side during her training, and

WHEREAS, Dr. Noboa was a standout resident at Cook-County Loyola Provident Family Medicine Residency Program, which is devoted to high-quality care to Chicago's most underserved and disparate populations, and

WHEREAS, Dr. Noboa provided quality high risk maternity care to the underserved patients of the Austin community as a PCC Maternal Child Health Fellow at the West Suburban Medical Center in Oak Park, Illinois, and

WHEREAS, Dr. Noboa was loved by colleagues, faculty, patients and countless family and friends, and

WHEREAS, Dr. Noboa was deeply committed to Latino health issues, particularly the issues of Latino youth, be it

RESOLVED, That the American Academy of Family Physicians joins the Illinois Academy of Family Physicians in recognizing Dr. Noboa's immeasurable dedication and service, and honoring her unfulfilled promise and potential, and be it further

RESOLVED, that a copy of this resolution be forwarded to Dr. Noboa's family as an expression of condolence.

Medicare Waiver for Older Physicians (sponsored by the Maine AFP)

The following resolution was adopted by the Maine Chapter to present to the AAFP Congress. IAFP was asked to co-sponsor. The IAFP will co-sponsor the resolution encouraging a Medicare waiver for older physicians.

WHEREAS current regulations impose financial penalties on any physician who does not incorporate electronic prescribing and electronic medical records, and

WHEREAS many physicians in private practice are finding the costs of implementing electronic modalities prohibitive, and

WHEREAS older physicians are limited in their opportunity to anticipate a return on the investment in an electronic record system, and



WHEREAS under these circumstances older physicians are inclined to avoid the penalties by opting out of Medicare or retiring earlier, and

WHEREAS projected manpower demands warrant encouraging physicians to remain active in the profession as long as practical, therefore, be it

RESOLVED, that the American Academy of Family Physicians encourage the Center for Medicaid and Medicare Services to institute a waiver of penalties to all one or two physician private practices whose principals are aged sixty (60) or older.

ACO Liability (submitted by the IAFP Task Force on ACOs)

With family physicians as leaders in the ACO movements, the IAFP Task Force on ACOs brought forth a resolution to support ERISA protection for ACOs. The Task Force recommended to the Executive Committee that the IAFP submit "ACO Liability" resolution to the AAFP for consideration at its Congress of Delegates.

WHEREAS, Congress passed and President Obama signed the Patient Protection and Affordable Care Act of 2010; and

WHEREAS, a key provision of the Act created the Medicare Shared Savings Program (MSSP) and the establishment of Accountable Care Organizations (ACOs); and

WHEREAS, the intent of the MSSP is to encourage physicians, hospitals and other health care professionals to organize care for Medicare beneficiaries so as to increase quality, increase patient satisfaction and reduce cost (also known as the "Triple Aim"); and

WHEREAS, achieving the Triple Aim via an ACO may require counseling individuals or groups of patients both to undergo and not to undergo specific types of care; and

WHEREAS, in so doing an ACO may be exposed to allegations of medical negligence; and

WHEREAS, such allegations could have a chilling effect on ACOs, render them less effective in pursuit of the Triple Aim and dramatically increase their cost of operations with no resultant benefit to the public; and

WHEREAS, ACOs will not directly engage in the licensed practice of medicine or related professions; and

WHEREAS, ACOs currently lack the ERISA protections afforded managed care organizations that have attempted to organize care around the Triple Aim; therefore, be it

RESOLVED, that the AAFP investigate the issue of ACO liability, and based on the findings, make recommendations for member education and determine appropriate advocacy.

Your IAFP delegation will update you on the progress of these resolutions through the Congress of Delegates and report the final outcome to the Illinois membership.

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Government Relations

On the Doorstep of Health Care Implementation.

As you prepare for 2014, here is an update on the many aspects of federal and state activity that will take us into the next phase of health care revolution, evolution... big changes! Let's take a look:

Enhanced payments for primary care services: The Illinois Department of Healthcare and Family Services has begun processing payments as established under the Affordable Care Act (ACA). Services eligible for the enhanced payments will initially be paid at the department's fee schedule rate. The incremental increases, or the difference between the department's fee schedule rate and the rate allowed under the ACA, will be paid as adjustments. The department is currently processing adjustments for dates of service January 1, 2013 through June 30, 2013. After the initial adjustments are completed, they will be processed on a monthly basis. Providers will begin receiving remittance advices over the next several days. These adjustments can be identified by the following:

Bureau Code: "D – Bureau of Comprehensive Health Services NIPS/ Pharmacy"
 Process type/Reason codes:
 22D/ 3313-ACA PCP Payment (Use for ACA payment add on only)
 22C/ 3314-ACA PCP Payment Void (Use for void of ACA payment add on only)

Please note: During the first three weeks of adjustment processing, the adjustment amounts for vaccine administration were inadvertently reduced by \$6.40 each. That problem has been corrected. The department will make an additional payment adjustment of \$6.40 per occurrence for the affected claims.

EHR Medicaid Meaningful Use Update: As of July 31, 3,223 Illinois physicians have received over \$69 million in Medicaid Meaningful Use incentive payments. If you are one of the physicians still waiting for your incentive payment, the Department of Healthcare and Family Services (DHFS) can help you. The opportunity for this first cycle absolutely ends September 30. Please call the **Hotline Number: 877.782.5565**

EHR Adjudication Unit Direct Contact Number:
 (enter phone number and then the star (*) button and then extension number)

Kevin Miller	217.782.5565	*3236
Amanda Wanless	217.782.5565	*3234
Mecky Lang	217.782.5565	*3235
Veronica Schulz-Lehr	217.782.5565	*3237

Medicaid Expansion: The Medicaid expansion option for adults without minor children goes into effect on January 1, 2014. This expansion is a cornerstone of the Affordable Care Act and has the potential to cover over 600,000 low income adults in Illinois under the Medicaid program. The expansion is financially advantageous for states because the federal government pays all of the costs of the new Medicaid adult group for the first three years and thereafter, the state pays no more than 10% of the costs - making this the most lucrative Medicaid program in history for state governments.

Illinois will begin accepting Medicaid applications for this new adult group on October 1, 2013, and coverage will begin on January 1, 2014. For residents of Cook County, they can enroll right now and begin getting coverage into the [CountyCare program](#) which is an early implementation of the Medicaid expansion. To date, CountyCare has close to 80,000 applicants, one-third of whom haven't accessed healthcare anywhere. Most of the applicants in the 45-55 age group are presenting with high blood pressure and diabetes. Another update is expected in September.

Medicaid Managed Care

The coming months will bring several new models of care to Illinois Medicaid. Such changes are likely to spark questions for both patients and provider offices. Specifically, patients and providers familiar with Illinois Health Connect (IHC) need to understand how the current care model will shift and how IHC will collaborate with the new models. The IHC program will continue to operate as a statewide mandatory health plan choice for those individuals that are

not required to participate in an Integrated Care Plan (ICP), Medicaid Medicare Alignment Initiative (MMAI), or a Care Coordination Entity (CCE). CCEs have a direct link to IHC. Primary Care Providers who participate in a CCE are required to be enrolled as an IHC Primary Care Provider. Additionally, patients who select a CCE will be enrolled not only in the CCE but also in IHC. The CCE will collaborate with IHC to manage their panels and assure access to both the medical home and the continuum of services within the CCE. The CCE implementation will roll out geographically over several months. For more information, please visit the HFS Managed Care webpage <http://www2.illinois.gov/hfs/ManagedCare/Pages/default.aspx> and HFS Care Coordination webpage <http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx>.

The color coded map on page 15 details by county which programs will implement Care Coordination Activities. You'll notice that far southern and southeastern rural counties do not have care coordination programs available at this time.

Resources explaining how to get new coverage

Your patients, your friends, maybe even your staff or family members will soon have opportunities to obtain health care coverage through either the Medicaid expansion, through their employer, or individually through the Health Insurance Marketplace (For 2014, Illinois' marketplace is a state-federal partnership). Patients who previously could not afford or were denied coverage due to a pre-existing condition will find those barriers removed in the marketplace. Use the Kaiser Family Foundation graphic on the next page to determine the course of action to take starting in October.

Are you looking for an entertaining way to summarize or understand the upcoming health care expansion? Try sharing this You Toons [cartoon from the Kaiser Family Foundation](http://kff.org/health-reform/video/youtoons-obamacare-video/) at <http://kff.org/health-reform/video/youtoons-obamacare-video/> to explain it to your patients (or your kids, friends, anyone who needs a quick education on what's coming up in 2014!). When open enrollment starts on October 1, 2013, consumers will be able to apply, compare plans, and enroll. Coverage starts as soon as January 1, 2014. www.Marketplace.cms.gov has new information such as brochures, fact sheets, videos, a postcard, resource card, and a checklist for consumers.

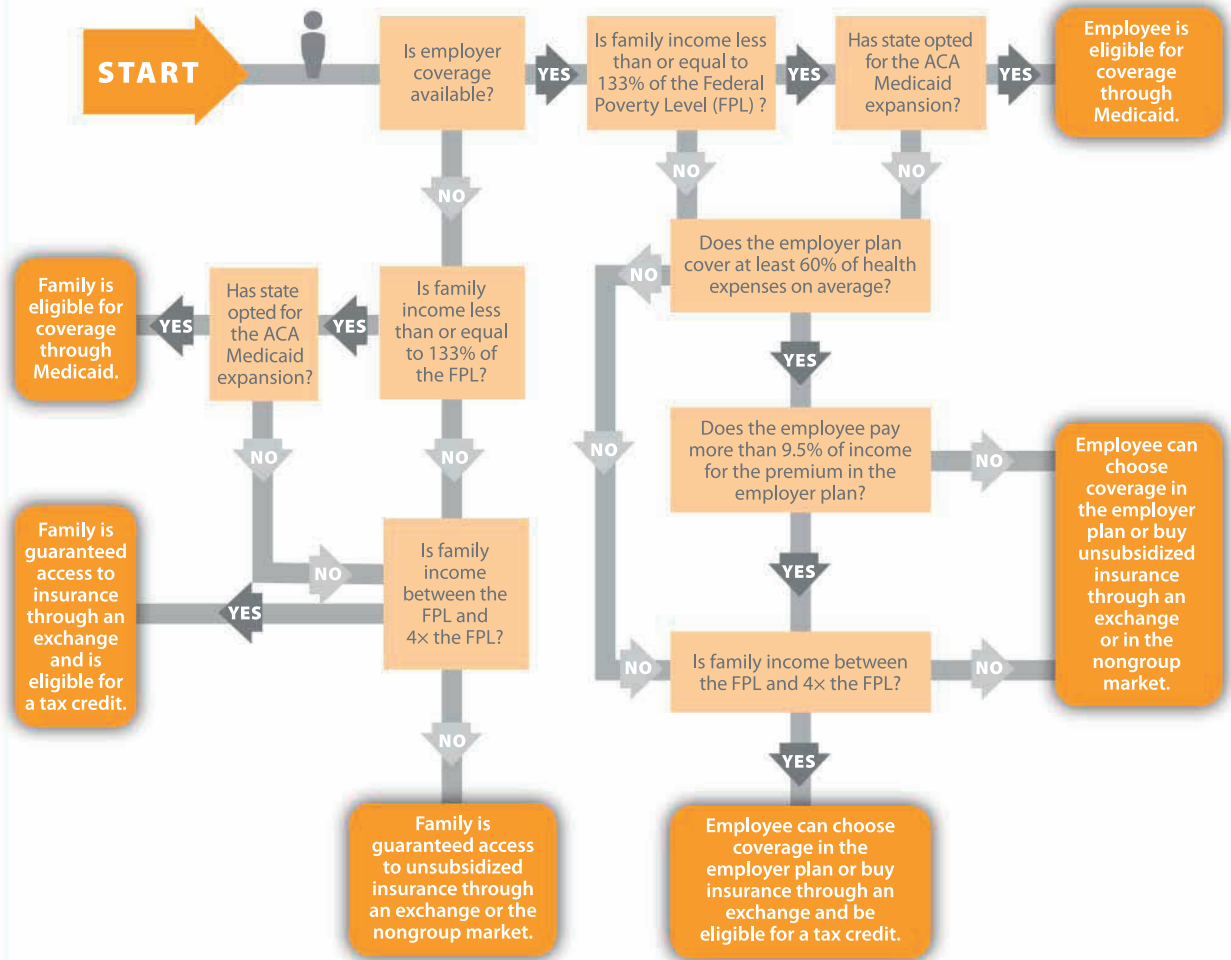
STAY INFORMED: The AAFP has launched a grassroots advocacy center to keep members informed in the legislative and advocacy processes and to help family physicians take action on issues that are vitally important to the future of family medicine. The online resource is a one-stop center for in-depth information and tools on grassroots advocacy; it provides information and updates on Medicare physician payment, the sustainable growth rate formula, graduate medical education, and primary care medicine training grants, among other issues. Check it out - <http://www.aafp.org/advocacy/involved/grassroots.html>

Look to IAFP for updates: Your state and national Academies have long supported health care coverage for all. With the ACA's enactment, numerous strategies for expanding health care coverage, improving health care delivery, and supporting primary care have been implemented and will continue to evolve. And primary care physicians continue to play a crucial role in this evolution of the health care system. Look to IAFP for updates on new provisions and regulations as they are proposed and implemented. Your greater understanding will help instill the value of primary care where you practice and also allow you to address your patients' concerns.

Turn the page to see how all it all maps out!

HEALTH COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA)

How to Get Coverage Beginning in 2014



KEY FACTS

- The FPL in 2012 is \$11 170 for a single individual and \$23 050 for a family of 4.
- In 2012 employees paid \$951 on average towards the cost of single coverage in an employer plan and \$4316 for a family of 4.

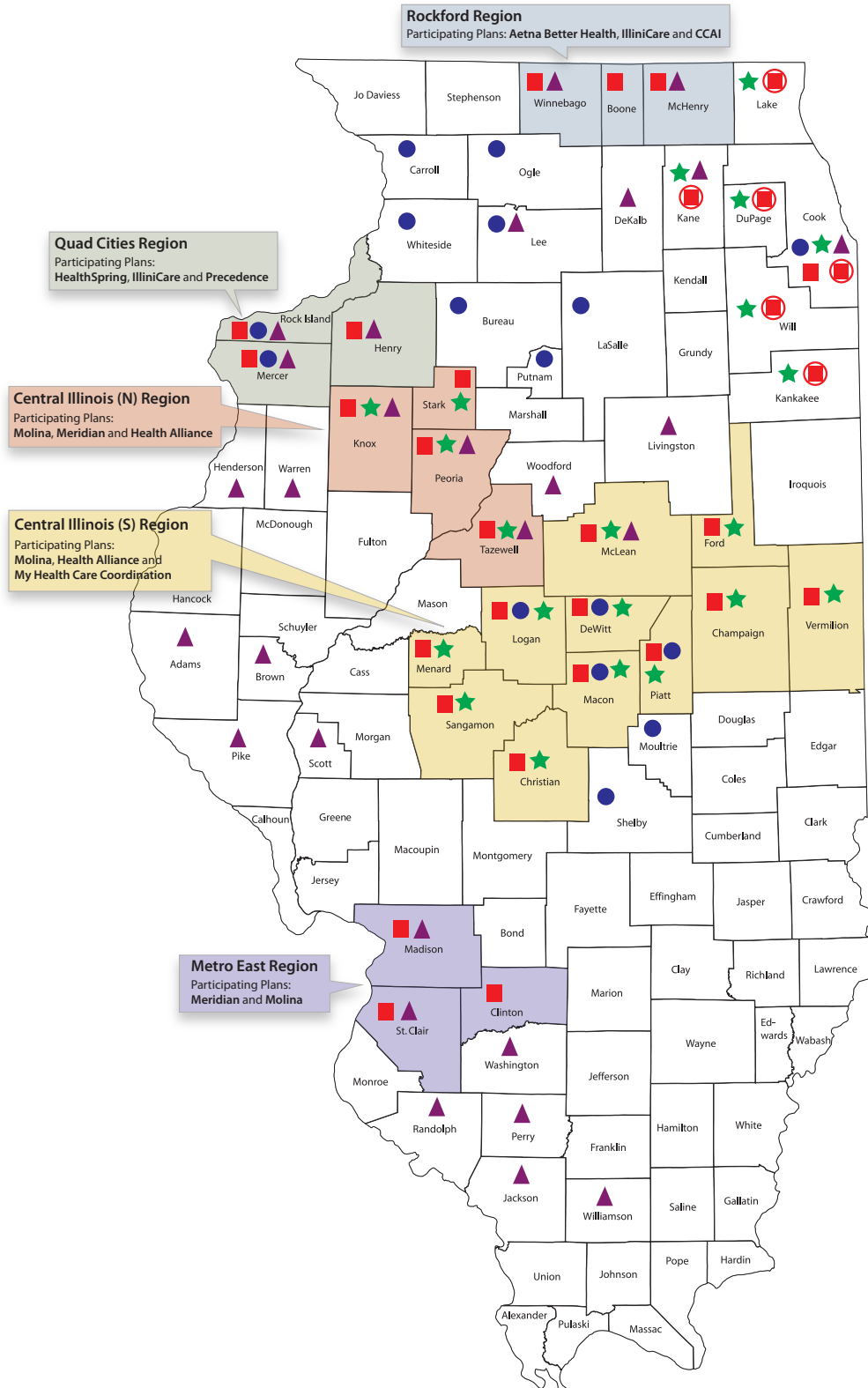
NOTES

- Some states may have higher income eligibility levels for Medicaid.
- In general, individuals who are currently eligible for Medicaid in their state of residence (who are mostly parents and children today) will continue to be eligible for Medicaid after ACA implementation. Those below 133% of the FPL who will be newly eligible for Medicaid after implementation are mostly adults without dependent children.
- For a discussion of the tax credit that may be available for insurance purchased through an exchange, please see Levitt L. "The Middle Class Tax Break Hardly Anyone Is Talking About." *The JAMA Forum*. <http://tinyurl.com/chogalp>. August 2, 2012.
- In some cases, children may be eligible for public coverage through Medicaid or the Children's Health Insurance Program (CHIP) while their parents are covered through an employer or an exchange.
- Undocumented immigrants are ineligible for Medicaid and may not purchase coverage in an exchange or receive a tax credit.
- In general, people are required to obtain coverage or pay a penalty, but those whose health insurance premiums exceed 8% of family income (after tax credits or employer contributions are taken into account) will not be penalized if they choose not to purchase coverage.
- Final regulations specifying how dependents of workers with employer coverage available are treated have not yet been issued. Draft rules indicate that the affordability of employer coverage (ie, whether it costs more than 9.5% of income) will be based on the required premium for a single worker rather than family coverage.
- Small businesses may choose to buy insurance through newly created Small Business Health Options Program (SHOP) exchanges or directly from insurers.

Source: Kaiser Family Foundation (<http://www.kff.org>) analysis.
*Produced by: Larry Levitt, MPP, Anne Jankiewicz, and David Rousseau, MPH.

Illinois Department of Healthcare and Family Services Care Coordination Expansion

June 21, 2013



Integrated Care Program (ICP)
Existing Counties

HEALTH PLAN NAME
Aetna Better Health
Suburban Cook, Lake, Kane, DuPage, Will, Kankakee
IlliniCare
Suburban Cook, Lake, Kane, DuPage, Will, Kankakee

Integrated Care Program (ICP)
Expansion Counties

HEALTH PLAN NAME
Aetna Better Health
Greater Chicago, Winnebago, Boone, McHenry
CCAI
Greater Chicago, Winnebago, Boone, McHenry
IlliniCare
Greater Chicago, Winnebago, Boone, McHenry, Rock Island, Mercer, Henry
Health Spring
Greater Chicago, Rock Island, Mercer, Henry
Health Alliance
Knox, Peoria, Stark, Tazewell, McLean, Logan, DeWitt, Sangamon, Macon, Christian, Piatt, Champaign, Vermilion, Ford, Menard
Molina
Knox, Peoria, Stark, Tazewell, McLean, Logan, DeWitt, Sangamon, Macon, Christian, Piatt, Champaign, Vermilion, Ford, Menard, Madison, Clinton, St. Clair
Meridian
Greater Chicago, Knox, Peoria, Stark, Tazewell, Madison, Clinton, St. Clair
BCBS
Greater Chicago
Humana
Greater Chicago

Care Coordination Entities (CCE)
Expansion Counties

CCE NAME	Counties
Be Well	Cook
My Health Care Coordination	Macon, Logan, Piatt, DeWitt, Moultrie, Shelby
Precedence	Rock Island, Bureau, Carroll, LaSalle, Lee, Mercer, Ogle, Putnam, Whiteside
Together4Health	Cook
Entire Care	Cook
Medical Home Network	Cook
County Care	Cook

Medicare Medicaid Alignment Initiative (MMAI)
Expansion Counties

HEALTH PLAN NAME
Aetna Better Health
Cook, Lake, Kane, DuPage, Will, Kankakee
IlliniCare
Cook, Lake, Kane, DuPage, Will, Kankakee
Meridian
Cook, Lake, Kane, DuPage, Will, Kankakee
HealthSpring
Cook, Lake, Kane, DuPage, Will, Kankakee
Humana
Cook, Lake, Kane, DuPage, Will, Kankakee
BCBSIL
Cook, Lake, Kane, DuPage, Will, Kankakee
Molina
Knox, Peoria, Tazewell, McLean, Logan, DeWitt, Sangamon, Macon, Christian, Piatt, Champaign, Vermilion, Ford, Menard, Stark
Health Alliance
Knox, Peoria, Tazewell, McLean, Logan, DeWitt, Sangamon, Macon, Christian, Piatt, Champaign, Vermilion, Ford, Menard, Stark

Voluntary Managed Care Organizations (VMCO)
Existing Counties

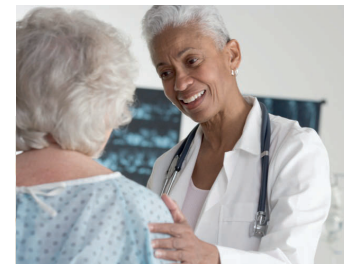
HEALTH PLAN NAME
Meridian
Adams, Brown, Cook, DeKalb, Henderson, Henry, Knox, Lee, Livingston, McHenry, McLean, Mercer, Peoria, Pike, Rock Island, Scott, Tazewell, Warren, Winnebago, Woodford
Harmony
Cook, Jackson, Kane, Madison, Perry, Randolph, St. Clair, Washington, Williamson
Family Health Network
Cook

Continuing Medical Education

Senior Medical Home Project Achieving Optimal Care for Seniors in Illinois

The IAFP has developed the concept of delivering the Senior Medical Home to provide optimal care for seniors by partnering with Group Practice Forum to utilize their software application in practice sites for collecting, tracking, and reporting patient

Medicare Annual Wellness visits. The reports generated from these visits will give physicians a comprehensive assessment of patients' health risks and a 5-years-out risk stratification guide for future prevention.



Through this pilot project, the IAFP seeks to:

- Pilot this program at residency programs and physician practice sites
- Coordinate the medical care piece with the social services piece by doing health services mapping (in geographic region or by distinct populations, i.e. Native American, Hispanic) to improve care coordination for seniors
- Gather, organize, and analyze data on the population health management of seniors.

The IAFP partners with The Kinetix Group (www.kinetixgroup.com) to utilize a software solution, Polygon Health, to improve the management of Medicare beneficiaries. This application allows for providers to easily take advantage of the new Center for Medicare Services (CMS) Annual Wellness Visit for Medicare patients. This software application will be utilized and become a database for intervention with identified patients in the Senior Medical Home project. The process/application will satisfy the requirements of the Medicare Annual Wellness Exam, as well as allow for providers to use data from the visit as a starting point of a Medicare management platform, in accord with the principles of health reform and The Triple Aim.

For this reason, the Medicare Wellness Solution application is a valuable tool to enable Senior Medical Homes and deliver coordinated care. The Polygon Health software application will feature:

- a customized patient toolkit for improved patient engagement and patient activation
- a process map with key provider workflow recommendations to enable pro-active, team-based care throughout the care continuum
- data and reporting capabilities that allow for this software application to serve as a registry for this patient population
- a risk stratification protocol based on the inputs of this application that help risk stratify senior patients and provide a customized pathway (five tiers)

This protocol is the ideal starting point for a population health management program for the senior population.

The IAFP will partner with social service agencies to provide social services for referred patients in this project. The social service agencies will collaborate with the practice sites by providing a seamless transition of care between the patient's medical home and to the patient's medical neighborhood.

What can the Senior Medical Home project do for family physicians who serve as the primary care physician for the growing senior population?

- Enable enhanced patient engagement and patient activation
- Increase needed access to medical care for seniors through a strategic reorganization of the care team
- Improve population management through data collection and reporting
- Increase the opportunities for practices to capitalize on existing financial incentives
- Utilize risk stratification protocols that will tier senior patients and provide customized care plans

If you are interested in learning more about the Senior Medical Home Project, please contact Vince Keenan, CAE, Executive Vice President, IAFP at vkeenana@iafp.com or (630) 427-8002.



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

- 1. Complete the current online IAFP CME course on Pain Management with Opioid Drugs in Primary Care Practice.**
Log onto www.iafp.com/education and complete the Pain Management CME course, worth 1 ACCME Category 1 credit or 1 Prescribed Credit.
- 2. Enroll in the Illinois Prescription Monitoring Program (PMP), www.ilpmp.org.**
- 3. Implement a policy for controlled substances management for the practice.** You can use or adapt the IAFP template for office controlled substance policy for your practice.
- 4. Develop and use a contract for patients.** Again, you can use and/or adapt the IAFP template as your own patient contract.
- 5. Complete on online Safe Prescriber Request form.**
- 6. Report back on progress at 4 months.** An online Progress Report will be sent to physicians requesting information on the number of patient contracts completed & any other changes in practice.

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

- ✓ A framed certificate and a logo to use on your practice web site and email signature.
- ✓ A Safe Prescriber lapel pin
- ✓ Recognition at the IAFP Annual Meeting
- ✓ Ongoing resources on controlled substances and safe prescribing through the IAFP

Safe Prescriber status is good for two years. Every two years the participating physician will get a reminder to renew their status by completing a new CME course on controlled substances and reporting back on office & patient contracts. The IAFP does not monitor prescription use by physicians and cannot be held liable for an misconduct of safe prescribers



GET STARTED NOW: www.iafp.com/SafePrescriber

IAFP Needs Assessment - 2013 Mini Surveys

Fill Out the Surveys to Win a Gift Card!

The IAFP Education Team needs your feedback to provide the CME that you need. Throughout the remainder of 2013, the monthly CME Connections e-newsletter will include a short, topical survey. For each survey you complete for through the end of 2013, you will receive one entry into a drawing for a \$250 Visa gift card.



Complete the current survey on Commercial Driver Medical Exams (DOT) today!
Link to the survey at <http://www.surveymonkey.com/s/DOTcert>.

Make sure IAFP has your email address so you receive CME Connections e-Newsletter every month and ensure you don't miss an opportunity for the high-quality, relevant CME that you need.



Why did you choose family medicine?

Family medicine was a new field at that time and it was the way to do community medicine. I wanted to take care of women and children and the fathers and grandfathers, too.

I wanted to improve community health and I felt that if the physician was going to do that, I needed to take care of the whole family.

How do you champion family medicine?

I have always had a teaching component throughout my career. Being involved in community medicine in Chicago's underserved inner city neighborhoods, teaching residents and students was partly my way of looking towards the future. I knew I wouldn't be able to solve all the problems in my career, so training residents and students can help bring along the next generation to work on it.

Why Family Medicine Midwest and why now?

For years, I've been working on the national scene with educators on building the family medicine workforce nationwide and in the Midwest. There have been several projects over the years, but nothing had truly stuck and gained ground. But this Family Medicine Midwest process is for the long term. We have a group process,

Janice Benson, MD
University of Chicago/NorthShore Health System
Family Medicine Midwest Chair of the Board

with people involved from all over the region. We've learned that we need to fundraise and "friend-raise" and now we're taking off and building for the long-term with succession planning. Every family physician in the later stages of their career is thinking about "who is going to take my place?" And we need a replacement plus 1 to meet the demands of a growing population with new access to primary care.

I thought the first Family Medicine Midwest Conference (November 2012) was amazing. The students were energized; the residents were involved in giving presentations and recruiting students. Meanwhile the faculty and community physicians could share their joys and experiences and wisdom to the next generation. The magic formula is simple: provide the funding for students to come and then give them



Benson meets with State Rep. Sara Feigenholtz

the opportunity to share what they've learned. That's the hook: What are they doing already to get involved in their communities? And what can we learn from them and their work? They want to be involved now as young leaders.

How do you balance your career and your own well-being?

My spouse is very supportive of my work and my passion to teach and be a good family physician. He's always helped me balance with exercise. I found exercise as the way to re-gain my energy. Together my husband and I found ways to include our children in that lifestyle. My daughter is a psychologist and we actually gave a joint talk at a breakfast on work-life balance. In fact, about five to ten years into my career, it was my colleagues who helped me realize I needed to balance my work and home life and include my children in that process. So my children became my conference buddies, and actually were some of my best residency recruiters in the exhibit halls. In that way, they were always a part of my work life and that kept me from feeling so split.

If you weren't a family doctor, what would you be?

I thought about neurology and pediatrics at one point, but there really wasn't any better place for me than family medicine because of my desire to work in the community.

Goutham Rao, MD of Evanston is quoted in an Associated Press article with his reaction to the new study in JAMA that showed a significant reduction in high blood pressure for patients who had no co-pays and were treated with a simple pill. The potential positives of reducing HBP rates on lowering heart attacks, strokes and health care costs shows promise.

James Cunnar, MD of Naperville is president of the SIU School of Medicine Alumni Society and had the honor of presenting the white coats at SIU's White Coat Ceremony on August 16, according to the Southern Illinoian.

Janet Albers, MD of Springfield authored a letter to the editor in the State Journal Register on August 14th explaining the role of health centers and encouraging all Springfield area residents in need of care to access the high-quality, compassionate care available at the area's two health centers.

Timothy Miller, MD and **Kristin Newcome, MD** of Forsyth were featured in an August 11 Decatur Herald and Review article about their move to a direct primary care membership practice, also known as concierge practice. They are the first such practice in the Decatur area.

The Oak Park Citizen Involvement Commission recognizes the efforts of all volunteers who serve on Village Advisory Boards and presents awards to commissioners nominated for outstanding service. **Ravi Grivois-Shah, MD** was the 2013 Outstanding Commissioner award winner for his work on the Board of Health and was honored at a special ceremony on July 29.

Past President **David J. Hagan, MD** was quoted in an Aug. 5 Champaign News Gazette article about Illinois' new law legalizing medical marijuana. Hagan does not plan to use marijuana in his treatment plans for patients.

Congratulations to IAFP Resident Board Member **Monica Fudala, MD** of NorthShore University FMR who is one of seven Arnold P. Gold Foundation Humanism and Excellence in Teaching awards recipients from the University of Chicago. These awards were given out to residents who demonstrated compassion and empathy in caring for patients, but who also served as a role model for students and colleagues, exhibited enthusiasm and skill in professional and personal interactions with students, and welcomed one-on-one mentorship.

Congratulations to IAFP board member **Edward A. Blumen, MD** of NorthShore University Health Systems for being awarded the first annual 2012-2013 Outstanding Preceptor Award from the University of Chicago Pritzker School of Medicine.

Health and Human Services (HHS) Secretary Kathleen Sebelius announced \$12 million in Affordable Care Act funding to support primary care residency programs in 32 Teaching Health Centers across the nation. Funding will help train more than 300 residents during the 2013-2014 academic year, doubling the number of residents trained in the previous academic year. Administered by the Health Resources and Services Administration (HRSA), the Teaching Health Center Graduate Medical Education Payment Program, created by the Affordable Care Act, expands residency training in community-based settings. Residents will be trained in family and internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and general and pediatric dentistry. **Northwestern University/McGaw Family Medicine Residency Program is the only Illinois THC and was awarded \$862,500.** Of the first class to graduate from McGaw in June 2013, seven out of eight are in community-based outpatient settings; with five of them remaining in the Northwestern community and two others in underserved clinics in Chicago.

Members in the News

Past president **Ron Johnson, MD** was quoted in an article in the July 15 Quincy Herald Whig describing the newly opened Pittsfield Clinic and Pike County Family Practice, which provides consolidated and expanded services.

Amit Garg, MD was featured in the July 12 Ottawa Times for earning his certification from the Department of Transportation for the National Registry of Certified Medical Examiners. He's now the only physician in a 45-mile radius certified by NCRME to conduct physical qualification exams for commercial drivers, such as truck and bus drivers. You can get that same certification Oct 12 in Davenport, IA.

Brian S. Rosborough, MD has been named chief medical officer of OSF St. Elizabeth Medical Center, as well as regional director of the OSF Medical Group's I-80 Region, according to the July 12 issue of the Ottawa Times.

Thomas Lee, MD of New Lenox provides insight on the importance and process of the sports physical required for youth sports team participation. The article appeared in the Mokena Patch on July 17.

July 22 Crain's Chicago Business examined the track records of Chicago teaching hospitals in producing primary care physicians. The article includes input from IAFP members **Susan Vandenberg-Dent, MD**, associate dean at Rush University and **Lee Sacks, MD**, chief medical officer for Advocate Health Care.

Sabrina Hofmeister, MD is featured in an Aug. 28 Rockford Register Star article about when it's time to take action in a heat wave. Many non-air conditioned schools were forced to close at least one day during the first week of school due to a heat wave with heat indexes at or above 100 degrees.

Current IAFP Family Physician of the Year **Ken Nelson, MD** of Westchester and the CURE Network that he co-founded are featured in the Sept. 5 La Grange Patch for the upcoming free health care clinic they will host in McCook, providing medical care, dental care, and eye exams with glasses provided on site. It's the third such large-scale event organized by the CURE Network in the Chicago area.

Andrius Kudirka, MD of Orland Park provides some key health tips for students headed off to college in the Sept. 5 Orland Park Patch.

IN MEMORIAM:

Herman "Kelly" Sutton, M.D., 84, passed away peacefully at his home in Marseilles on September 5. As a dedicated physician, Kelly always wanted to give back to medicine, and in keeping with his request, his body will be donated to medical science. Kelly was a 1954 graduate of the University of Illinois School of Medicine. Also in 1954, Kelly married Seattle Remboldt, and after a one-year medical internship, he served two years as an officer in the United States Air Force. In 1957 Kelly and Seattle moved to Marseilles, and he began his practice in family medicine which lasted until his retirement in 1996. The Ottawa Times newspaper published a tribute editorial column shortly after Dr. Sutton's death that begins:

OUR VIEW: A well-lived life leaves a loving legacy. Many people in the Marseilles community and well beyond were saddened by the death last week

of Dr. Kelly Sutton at age 84. The beloved, longtime family physician will be missed for his practical ways, straight talk and example of a well-lived life devoted to his family, community and profession.

Daughter Sarah Borgstrom was quoted as saying, "He loved the people of this community and put his heart and soul into helping anyone he could. He had a knack for recalling historical events, dates, often referring back to his childhood and how he read encyclopedias to learn as much information as he could."

You can read the entire column at <http://mywebtimes.com/archives/ottawa/display.php?id=481531>

We hate lawsuits. We loathe litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. **We are the eyes in the back of your head.** We make CME easy, free, and online. We do extra homework. We protect good medicine. We are your guardian angels. **We are The Doctors Company.**

The Doctors Company is devoted to helping doctors avoid potential lawsuits. For us, this starts with patient safety. In fact, we have the largest Department of Patient Safety/Risk Management of any medical malpractice insurer. And, local physician advisory boards across the country. Why do we go this far? Because sometimes the best way to look out for the doctor is to start with the patient. To learn more about our medical malpractice insurance program in Illinois, call our Chicago office at (800) 748-0465 or visit www.thedoctors.com.

Resources for Mental Health Consultation for Family Physicians in Illinois

Paula Kienberger Jaudes, MD, Medical Director of Illinois Department of Children and Family Services, University of Chicago, Toya Clay, MD, Program Director of Illinois Doc Assist, University of Illinois and Brenda Henderson, Ph.D, Administrator of Psychology and Psychiatry Program, Illinois Department of Children and Family Services

News You
Can Use

Recent studies of mental health care for children in the United States have highlighted the paucity of available pediatric mental health care. For Illinois, this gap in mental health care is being bridged, in part, by three resources for family physicians in Illinois: Illinois DocAssist, Consult for Kids for youth in foster care programs, and youth that are experiencing a mental health emergency or crisis.

Illinois DocAssist: Psychiatric Consultation

The Illinois DocAssist provides psychiatric consultation to Primary Care Providers (PCP) to help guide pediatric mental health assessment and treatment. PCPs may call the “warmline” service during normal business hours of 9:00 am - 5:00 pm, Monday through Friday. During the initial call, PCPs provide their contact information and a brief description of the patient and the problem. Calls are returned within one business day with a goal of providing consultations in “real time.” Consultants accommodate the busy schedule of the PCP. If a PCP requests a phone call in 30 minutes or 30 days, the DocAssist team works to meet that request. In addition, PCPs can request assistance by completing an online consult form at www.psych.uic.edu/DocAssist.

A written summary report is completed after the phone consultation to document the discussion/recommendations between the consultant and the clinician. It can also serve as an ongoing guide to the clinician as the family physician manages that patient and other patients with similar presenting problems. As appropriate, additional resources are included with this report that PCPs can share with their patients and/or family. This report is sent to the provider within five business days of the consultation. Reports are usually sent via email unless faxed or mailed reports are requested.

Upon review of the clinical information provided by the PCP, the PCP and Consultant may determine that more intensive services than can be provided in a primary care setting are needed. In these cases, the Consultant establishes the level of care for the referral recommendation and works closely with the referral implementation specialist to provide appropriate resources. Many referral resources simply provide a PCP with a list of possibly available community mental health services with no information about the usefulness or availability of services. A unique trait of the Illinois DocAssist Program is that the DocAssist Referral Specialist prescreens referral resources to determine wait times and availability. DocAssist will not recommend a resource that has a lengthy waitlist unless the service is so specialized that the long waits are universal (e.g. autism evaluations, neuropsychological testing, and appointments with Child and Adolescent Psychiatrists). Wait times are noted on the referral forms DocAssist provides to the PCP so that families will know what to expect.

Consult for Kids: Consult with Child Psychologist for Youth in Foster Care

Family Physicians can consult directly with an Illinois Department of Children and Family Services (DCFS) Child Psychologist when they have concerns about behavioral/mental health needs of all children in foster care. This program provides physicians with direct access to consultations on the behavior/mental health needs of children in foster care.

In recognition of the importance of having appropriate behavior/mental health services for children in foster care and sharing that information with the Primary Care Physician, DCFS developed a program for HealthWorks Primary Care Physicians who have **non-emergency** concerns or questions about a child’s or youth’s emotional, interpersonal, behavioral or cognitive problems. Through HealthWorks, it provides direct linkage to a DCFS Child Psychologist. Clinical reasons for requesting a consultation for a child in foster care may include, but are not limited to, the following: concern about a child’s social/interpersonal/emotional/behavioral functioning at home or in the community; concern about a child’s intellectual or cognitive functioning; change in daily functioning; concern about appropriate mental health treatment; lack of progress in mental health treatment; mental health diagnosis unclear; and school problems.

The physician may request a consultation by filling out the Referral Form for Consultation with DCFS Consulting Psychologist. This form can be obtained by calling the DCFS Office of Health Services at 312-814-5516. The physician/staff faxes the form to the office of the DCFS Psychology and Psychiatry Administrator, Dr. Brenda Henderson (Fax # 708-225-8054; telephone # 708-225-8056). The DCFS Consulting Psychologist will contact the child's assigned caseworker and caregiver to review the existing case file and information. The Primary Care Physician will receive within five business days via the faxed Referral Form a written response detailing the DCFS Consulting Psychologist's plan of action.

In some cases, the physician's concerns may be easily addressed through prior evaluations and/or current case file information. In other situations, there may be a need for a psychological, psychiatric or neuropsychological evaluation. In these latter situations, the DCFS Consulting Psychologist will work with the assigned caseworkers, caregiver, school or therapist to process the referral.

Mental Health Emergency or Crisis

For children or youth who are experiencing a mental health **emergency or crisis**, such as a youth threatening harm to themselves or others, showing psychotic or bizarre behavior, or being cruel to others or animals, the state's Screening, Assessment, and Support Services (SASS) system is the appropriate resource. The way to access the SASS program or a SASS worker is by calling a toll-free number, 800-345-9049, Crisis and Referral Entry Services (CARES). The respondent will make the determination that the referral represents a psychiatric crisis and/or the child is a danger to self, others or property. If not, referral will be made to other resources. If so, a SASS crisis worker will respond by phone within 30 minutes and will make face-to-face contact with the parent/foster parent/relative caregiver/physician and the child/youth within 90 minutes of the referral. The SASS disposition is required to be completed without four (4) hours of the CARES telephone referral to the SAS provider.

Tracking & Follow-Up of Test Results - What You Don't Know Can Hurt You

Submitted by ProAssurance

Medical malpractice cases involving tracking and follow-up errors are difficult to defend. Why? Because there is less room for reasonable minds to differ when a case boils down to simple tracking and follow-up failures.

To avoid such errors, ProAssurance's risk management experts encourage medical practices to implement reliable systems that help ensure the following six steps occur:

1. tests are performed;
2. results are reported to the practice;
3. results are made available to the physician for review and sign-off;
4. results are communicated to the patient;
5. results are properly filed in the patient's chart; and
6. results are acted upon, if indicated.

Test results may be reported to your practice in a number of ways—by hand delivery, mail, telephone, fax, or email—just to name a few. They come from multiple places in multiple forms and at varying times of the day. As a result, you have to rely on staff members to ensure you receive the information. Staff should understand the importance of bringing test results to your attention when they are received. Unfortunately, test results are all too often misplaced, misfiled, lost, or simply not communicated to the physician until it is too late. If you are insured with ProAssurance and would like more information about tracking and follow-up systems, please contact your local [ProAssurance](#) risk management department.

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

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

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