



ILLINOIS ACADEMY OF  
FAMILY PHYSICIANS



# 2009 Year in Review



ANNUAL REPORT TO THE MEMBERSHIP



**The Illinois Academy of Family Physicians (IAFP) is the specialty association representing the interests of family physicians and their patients. We work to support today's family physicians and attract tomorrow's family physicians to care for the growing needs of our population.**

### **Programs and Services**

Continuing medical education  
Representation with the medical community  
Government relations representation and advocacy opportunities  
Public relations  
Member assistance  
Leadership opportunities in health care  
Developing the future of family medicine

### **Advocacy in Springfield and in Washington, D.C.**

IAFP and our family medicine leaders are an established voice with state government and our Illinois Congressional delegation on healthcare issues impacting their practices and patients.

### **IAFP partners with Illinois government and like-minded organizations on:**

- public health improvement
- disease prevention
- health care access for all
- patient-centered medical home
- reducing disparities
- primary care workforce issues
- information technology
- physician payment

### **About this Annual Report**

This document is the only IAFP publication mailed to all IAFP members. In our ongoing mission of timely and efficient communication with our members, we have moved to e-mail as our primary communication tool.

If you have not provided an e-mail address to IAFP, you're missing critical e-news updates and the bi-monthly Illinois Family Physician newsletter.

**Please send your e-mail address to IAFP at [iafp@iafp.com](mailto:iafp@iafp.com).**

**IAFP does not share member e-mail addresses with any outside entity.**

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## loy·alty loɪ' əl-tē

Unswerving in allegiance. Faithful to a private person to whom fidelity is due, faithful to a cause, ideal, custom, institution, or product.



### For over 30 years we've been Illinois doctors' best friend.

You can't beat ISMIE when it comes to loyalty. When out-of-control jury awards caused other medical liability insurance companies to leave Illinois, ISMIE stayed right here. As a physician-owned company, we knew firsthand the tough professional and personal decisions physicians were being forced to make. That's why we continue to battle frivolous medical liability claims and those who seek to ruin physicians' reputations and livelihoods. ISMIE stands by its physician policyholders every step of the way. **That's unwavering loyalty. For more information on how ISMIE protects the practice of medicine in Illinois, call 1-800-782-4767 or visit [www.ismie.com](http://www.ismie.com).**

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## President's Message

Patrick A. Tranmer, M.D.

Happy 2010! I'm energized and enthusiastic about the year ahead. However, this IAFP annual report president's message will first take you back through the highlights of 2009. If you weren't at our annual meeting, allow me a moment to introduce myself as your new president. I am Head of the Department of Family Medicine at the University of Illinois at Chicago (UIC) College of Medicine. I'm in my 24th year at UIC. Before joining UIC I was in private practice in Muscatine, Iowa for seven years in a 10-person primary care group. In addition to primary care, we did all of the obstetrics in town and covered the ER 24/7. At UIC I continue to have an active patient panel.

After serving IAFP in various capacities, I am very excited to take the helm as president. Our organization and its members are responsible for many great advances and some small pragmatic changes in our state that make a big difference for our patients.

In 2009, IAFP had a banner year advocating at the federal level. With Dr. Javette Orgain as president, we rode a whirlwind of health care reform activity throughout the process.

Your IAFP board of directors met in May at the AAFP Family Medicine Congressional Conference. Our own U.S. Sen. Dick Durbin received the AAFP Award for National Leadership in Government Service. IAFP members met with both Senators and all 19 Representatives and their staff in DC. Our state chapter was the strongest contingent at the conference, and everyone noticed!

While Congress was in recess this



summer, IAFP pulled out all the stops with our "August advocacy." Members attended town hall meetings, spoke at press conferences, met with their representatives and wrote letters to the editor.

We saw the results of our advocacy when the House voted 220-215 to pass its bill. All the Illinois Democrats voted for it even though three of them are in districts that are closely split between Democrats and Republicans.

Special thanks must be given to:

- Dr. Arvind Goyal for his work with Rep. Melissa Bean
- Dr. Kristin Drynan for her work with Rep. Bill Foster
- Dr. Chinni Pulluru for her work with Rep. Debbie Halvorson

If these three representatives had not voted for the House bill, it would not have passed.

We can also report good news about the Medicaid programs here in Illinois. The *State Journal Register* reported in May on the success of the Illinois Health Connect and Your Healthcare Plus programs, each achieving substantial savings for the year ending June 2008. You probably know that the medical directors of these programs are IAFP members. Dr. Margaret Kirkegaard is the medical director for Illinois Health Connect. IAFP Second Vice President Dr. Carrie Nelson is the new medical director for Your Healthcare Plus, following IAFP Past President Dr. Rick Leary, who started in the position in 2004. Also at the state level, IAFP was a lead partner in efforts to pass three significant health bills concerning health insurance, texting while driving and treating STDs.

### Our focus in 2010

The momentum generated by our recent successes will propel us forward in 2010. IAFP will not rest until a federal health care reform bill passes that addresses the issues that affect family physicians, our future and our patients. Let's keep supporting these efforts.

IAFP 2009 DC delegation



At the same time, family physicians need to start thinking now about their own futures in health care reform. When a bill finally becomes law, the real work on implementation will shift to the states.

1. Federal funds made available through the federal stimulus package have provided grant funding for health information technology. Illinois received \$18.8 million in federal funds to help plan and implement an infrastructure for the next phase of statewide Health Information Exchange. Our state not-for-profit organization, called Illinois Health Information Exchange, will guide the development of a platform for sharing patient records between physicians' offices and hospitals statewide. You can imagine the opportunities for improved patient care quality and cost efficiency that this Exchange will bring.

Another federal grant is the Regional Extension Center program which will provide health information technology assistance to primary care physicians' practices. The Regional Extension Centers need to reach 30 percent of the state's primary care physicians. Make sure your practice is involved! Dr. Dennon Davis from West Frankfort will lead the IAFP Electronic Health Records and Connectivity Committee to watch over this important activity.

2. IAFP and AAFP are advocating for Patient Centered Medical Homes. Meanwhile, some members are already working to transform their own practices into Patient Centered Medical Homes. Dr. Mayank Shah of Park Ridge will chair the PCMH committee and lead the IAFP's efforts in making sure members understand the PCMH model and what steps they can take to transform their practices. IAFP will hold a statewide Patient Centered Medical Home conference June 25-26 to help family physicians realize the benefits of the medical home. Look for more information on page 13.

3. Working with health plans to make sure that Patient Centered Medical Homes are supported by health insurance is key. Dr. Matthew Johnson of Park Forest will chair the IAFP's Private Sector Advocacy Committee. IAFP will be working with Illinois health plans to adopt PCMH priorities. BlueCrossBlueShield of Illinois started a pilot project on PCMH with two practices in the fall of 2009, involving family physicians in both pilot sites. I would like to see PCMH pilot projects in all of the Illinois commercial health plans by the end of 2010.

4. IAFP will be working closely with any state agencies involved in translating federal health care reform into state health care services and programs. IAFP has been building these relationships for years, and we have earned the trust and the right to be at the table transforming our state's health care system.

Family medicine works to improve the lives of the patients we serve. Patients can lead lives that are increasingly more functional. Evidence must be used in our approach to the problems patients bring to us. It is my belief that health care is delivered best by family physicians who know their patients. The best possible health outcomes occur for the most people in society when family and other primary care physicians provide the foundation for the health care system.

I look forward to an exciting year as your president. I want you to get involved and make the changes that will make health care better for our patients. It will be slow. It will be frustrating. But we keep in our hearts the knowledge that family physicians know how to produce good outcomes - that are accountable - at reasonable costs. Join me and IAFP in making 2010 a year to implement better health care to Illinoisans.

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## Executive Vice President's Report

Vincent D. Keenan, C.A.E.

Family medicine...medical home... health care reform. Our Academy has never been better positioned to make the case for the benefits, values and strength of primary care, family physicians and the medical home. The developments in 2009 were no accident, but the deserved result of long-term relationships and a reputation for consistent, thoughtful, pragmatic and effective advice and action. Here are a few stories from 2009 that highlight the year in family medicine. You can also view a short slide show presentation on our website at <http://www.iafp.com/Recap.htm>.

### Public Health advanced through Family Medicine efforts

Texting while driving became illegal in Illinois beginning Jan. 1, 2010, thanks to efforts by Illinois family physicians. IAFP's support began at the 2008 All Member Assembly with a resolution introduced by Arvind Goyal, M.D. of Barrington. IAFP added its voice to Secretary of State Jesse White, whose office pushed through the legislation. (<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-0130>) The Illinois efforts have been echoed at the national level where U.S. Department of Transportation Secretary Ray LaHood (of Illinois) held a summit on "Distracted Driving".

The IAFP Public Health Committee worked for two years to help pass the Expedited Partner Therapy law (<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=096-0613>). Physicians can now prescribe antibiotics for gonorrhea or Chlamydia for the infected person's sexual partner(s) without physical

examination of the partner(s). The Public Health Committee also helped to write the rules for implementation.

IAFP also supported family medicine's role in the Cook County Health System by providing testimony in September and October to make sure family medicine plays a vital role in meeting the needs of patients as changes are made in the largest county public health system in the state. <http://www.iafp.com/legislative/index.htm>.

One major public health story in 2009 was the H1N1 novel virus and the efforts made to vaccinate the most vulnerable and then the public at large. IAFP's public health committee was the clearinghouse for information on the vaccine. Rashmi Chugh, M.D., committee chair, made sure that IAFP members were optimally informed on the development and availability of the vaccine and issues regarding treatment. For her efforts, she received the IAFP President's Award in 2009. In December, IAFP member Catherine Counard, M.D., director of health for the Village of Skokie, orchestrated and implemented an H1N1 mass vaccination drive in December, enabling any person in a high-risk category from anywhere to receive the vaccine.

The high level of activity by IAFP in public health issues is a tribute to the many IAFP members who are involved either voluntarily or through their employment in public health.

### Illinois Medicaid projects promote medical home principles

Illinois Health Connect, [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com), the Medicaid primary care case management project has 1.7 million Illinoisans enrolled. Your Healthcare Plus, the disease management program [www.yhplus.com](http://www.yhplus.com) provides support services for 220,000 of those patients. The projects worked more closely together in 2009 to coordinate information to patients and practices.

Thanks to the federal ARRA (stimulus) funds, payments to physicians who participate in Illinois Health Connect remained on a 30-day schedule throughout the year. The first bonus payments were paid to qualifying practices in July 2009 based on 2008 claims data scored against HEDIS quality measures (see <http://www.illinoishealthconnect.com/qualitytools.aspx> for details). Additionally, the ARRA funds also included funding to increase the payments for primary care visits. On average, Medicaid payments were 50% of Medicare payments in 2008. With the ARRA funds in 2009 (which also continue in 2010) primary care visit payments increased to 70%-80% of Medicare payment levels. IAFP continues to advocate for parity in physician payment, bringing up Medicaid rates equal with Medicare payments.

Reinforcement of the medical home has stepped up in the Illinois Health Connect program. Beginning in October 2009, patients were given more guidance to seek care only at their medical home. The Illinois Medicaid program began enforcing the medical home, so that primary care practices would only be paid for visits by patients enrolled in their panel roster. IAFP assisted in educating practices about the new "referral system" through an educational video, which you can view at <http://www.illinoishealthconnect.com/providerinfo.aspx>.

### Federal health care reform



IAFP made its biggest foray ever into federal advocacy in 2009 and launched a full scale health care reform campaign

to the Illinois Congressional delegation. IAFP board members were joined by six other IAFP members at the AAFP Family Medicine Congressional Conference in May 2009. Illinois family physicians carried that momentum year-round. For example, Jerry Kruse, M.D., chair of the Department of Family and Community Medicine at SIU School of Medicine, was in regular communication with Mayra Alvarez, senior health aide to Sen. Dick Durbin, about a variety of health care issues. He also testified before a House of Representatives committee in March to support increased funding for primary care training and research. For his consistent advocacy and for Ms. Alvarez's attention to the family medicine viewpoint, each received an IAFP President's Award.

CMS proposed and enacted January 1, 2010, a new Medicare fee schedule for primary care that increased payment rates by five to seven percent. IAFP members were involved in e-mail campaigns in August and December to convey our support for the new rule, just one of the ways AAFP and IAFP are working to increase payments to family physicians.

Unfortunately the Medicare payment formula, the Sustainable Growth Rate (SGR), continues to be a looming problem. Hope for an SGR fix to be included in the federal health care reform faded in November 2009. IAFP members contacted all the Illinois delegation in December; however the SGR fix was only postponed until February 28, 2010, when a 21.2% decrease in Medicare payments looms. The family medicine community's goal continues to be the establishment of a new and fair Medicare payment formula that works for all physicians.

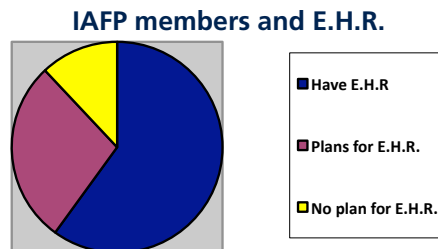
### Taking family medicine electronic

One of the first acts of the new federal administration was to provide new financial support towards electronic health records. Under the ARRA (stimulus) funding, one major target

area is technical assistance for practices.

### Interconnectivity

Illinois family physicians reported in the IAFP 2009 member survey that 60 percent have EHRs and 28 percent more will by 2011. Twelve percent still have no plans for converting to EHR.



The federal ARRA funds create "health information technology regional extension centers" to provide technical assistance to primary care practices seeking to obtain or upgrade EHRs. "It is difficult for large hospitals and health systems to keep in mind that over 90% of the patient visits occur in family physicians' and other primary care physicians' ambulatory settings," said IAFP past president Ellen Brull, MD. Additionally, federal money is available to individual providers that reach the federal standards for "meaningful use" (proposed rules are in the public comment period as of this writing) of electronic health records in the coming years.

### Member survey reveals that family physicians still love their specialty

Government intrusion, long hours, payment issues, insurance company demands, technology hurdles, PAPERWORK...and still Illinois family physicians love what they do.

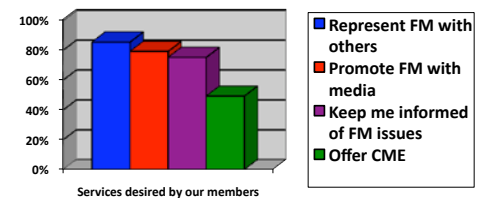
Even with all the problems, 41% of those who responded to the IAFP bi-annual active member survey said family medicine is just as rewarding as it was three years ago. Thirteen percent responded that it is more rewarding.

Not surprisingly, IAFP members' greatest concerns are financial; including

payment rates, lower take-home pay than other specialties and overhead costs. The most urgent priorities in practice management are cash flow and payments. After the financial concerns, members cited current health care reform, workforce and tort reform as their priorities. For more information on the 2009 IAFP member survey results, see pages 11-13 of the November/December 2009 issue of Illinois Family Physician, [www.iafp.com/newsletter/](http://www.iafp.com/newsletter/).

### Supporting members in practice – Top Four Priorities:

Member survey results also indicated that the top four priorities for Academy services in 2009 were the same as they were in 2007:



#### 1. Representing family medicine

At the state level, IAFP continued its 8th annual Spring into Action, advocacy days at the state capitol on five separate days in March and April. This format provides opportunities for high-touch family medicine advocacy. One great day was March 18, when five resident members came to Springfield along with NorthShore residency faculty physician Deb Edberg, M.D. Many of those residents are now members of the IAFP government relations committee. The government relations report on page 11 outlines all the ways IAFP is meeting this priority.

#### 2. Promoting the family physician viewpoint

IAFP's Public Relations Task Force has 11 members who are specially trained to respond to media requests. We also have 26 members who are listed as media sources on the IAFP web site. IAFP efforts garnered over 150 media

(continued on page 8)



(continued from page 7)

placements in 2009.

Outstanding leaders in family medicine were honored with the IAFP's annual awards:

- Family Physician of the Year – Risha Raven, M.D. of Polo
- Family Medicine Teacher of the Year – Kelvin Wynn, M.D. of University of Illinois at Peoria- Methodist Medical Center Family Medicine Residency



Risha Raven, M.D.



Kelvin Wynn, M.D.

### 3. Communicating family medicine issues

IAFP has three regularly scheduled publications to keep members informed on family medicine issues starting with this annual report. IAFP began the annual report in February 2009 to ensure that all active members receive one printed communication per year, as we know that 100 percent of our members do not yet communicate with us via e-mail.

E-news is e-mailed to all IAFP members every two weeks. Back issues are available on line at [www.iafp.com/newsletter/](http://www.iafp.com/newsletter/).

Published once every two months, *Illinois Family Physician* is distributed via e-mail and back issues are available online at [www.iafp.com/newsletter/](http://www.iafp.com/newsletter/).

### 4. Offer CME by family physicians for family physicians

IAFP has two CME websites, [www.yhplus.com](http://www.yhplus.com) and [www.iafp.com/education/](http://www.iafp.com/education/) containing eight chronic disease quality improvement modules and 15 case studies.

For the fourth consecutive year, IAFP offered live CME at our annual meeting December 4-5 in Oak Brook. IAFP will return to St. Louis, Mo. December 3-5, 2010 as part of a four-year plan (2008-2011) for annual meeting location and dates.

The *CME Connections* monthly electronic publication updates members on all IAFP CME offering as well as other CME opportunities. More on IAFP's CME efforts are outlined on pages 13-14.

### Governance

In 2009, IAFP members voted for board members via an electronic voting service, or had the option to vote via U.S. mail. Previously, members needed to be present at the annual meeting to vote. In 2008, 42 members voted in person. In 2009, 154 members voted using the electronic voting option. E-voting more than tripled IAFP member participation in the voting process.

In 2010, IAFP will allow for contested elections. Beginning with our next election the Leadership Development task force will qualify candidates for the ballot.

### Resident and student support – we need everyone's support

The future of family medicine is in the state's 28 family medicine residency programs and 12 medical school campuses. Illinois Match fill rates were nearly equal in 2009 (95% of positions filled) compared to 2008 (96%), but there were nine fewer positions offered. Sadly, less than seven percent of Illinois med school graduates chose family medicine.

Fall Forum is the Illinois version of AAFP's National Conference of Residents and Students. Student attendance at this event has dropped to all time lows; only 20-30 students participated in 2009. We also added three informational sessions for the exhibiting residents to run concurrent with student workshops. IAFP continues to assist individual campus family medicine interest groups (FMIGs) to provide information, inspiring guest speakers and opportunities to engage with IAFP and our members.

### The journey continues in 2010

2010 promises to be a challenging year in family medicine. But we have many opportunities to advance the family medicine viewpoint and advocate for the medical home. IAFP will listen closely to members and represent family physician's viewpoint in meeting the changes in health care.

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and be sure to watch  
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# Adding Chocolate to Milk Doesn't Take Away Its Nine Essential Nutrients

All milk contains a unique combination of nutrients important for growth and development - including three of the five "nutrients of concern" for which children have inadequate intakes. And, flavored milk accounts for less than 3.5% of added sugar intake in children ages 6-12 and less than 2% in teens.

## 5 Reasons Why Flavored Milk Matters

### 1 KIDS LOVE THE TASTE!

Milk provides nutrients essential for good health and kids will drink more when it's flavored.

### 2 NINE ESSENTIAL NUTRIENTS!

Flavored milk contains the same nine essential nutrients as white milk - calcium, potassium, phosphorus, protein, vitamins A, D and B12, riboflavin and niacin (niacin equivalents) - and is a healthful alternative to soft drinks.

### 3 HELPS KIDS ACHIEVE 3 SERVINGS!

Drinking low-fat or fat-free white or flavored milk helps kids get the 3 daily servings\* of milk recommended by the *Dietary Guidelines for Americans*.

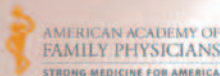
### 4 BETTER DIET QUALITY!

Children who drink flavored milk meet more of their nutrient needs; do not consume more added sugar, fat or calories; and are not heavier than non-milk drinkers.

### 5 TOP CHOICE IN SCHOOLS!

Low-fat chocolate milk is the most popular milk choice in schools and kids drink less milk (and get fewer nutrients) if it's taken away.

These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.



[www.nationaldairyCouncil.org/childnutrition](http://www.nationaldairyCouncil.org/childnutrition)

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\* DAILY RECOMMENDATIONS - 3 cups of low-fat or fat-free milk or equivalent milk products for those 9 years of age and older and 2 cups of low-fat and fat-free milk or equivalent milk products for children 2-8 years old.



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## Your Academy's year in government relations and advocacy

### State of our State

*"2009 will definitely be remembered as one of the most significant years in the history of Illinois politics. On a high note, the state became the epicenter of national politics with the election and inauguration of favorite Illinois son Barack Obama as the first African American President of the United States. At the same time, Illinois achieved the distinction of being the most ethically challenged state of the union with the indictment and ultimate impeachment of Governor Rod Blagojevich for allegedly trying to sell Obama's U.S. Senate seat to whomever would make the best offer."*  
End-of-Session Report from IAFP contract lobbying firm, Cook-Witter, Inc.

Several bills advocated by IAFP passed and were signed into law:

- Ban on texting while driving;
- Obesity Prevention Initiative Act;
- Teen dating violence prevention instruction in grades 8-12; and
- Expedited partner therapy services for persons with STDs.

**State of the Budget:** At the end of 2009, the backlog of unpaid bills stood at \$2.9 billion, which is \$1 billion more than the same time last year. The state employee health insurance is underfunded by \$600 million. One positive factor has been the federal stimulus money, which should run through December 2010. There was no resolution to the budgetary issues during the fall Veto session as leaders postponed debate on any proposed tax increases until after the February 2, 2010 primary election. A proposed \$1.00 cigarette tax was never brought for a final vote in the House. Health care insurance reform was big news with a comprehensive bill signed in January 2010 that ensures outside review of rejected claims for all privately insured patients effective in July 2010.

### Spring into Action (Mini-Lobby Days):

Five one-day sessions were held in March and April to visit our Capitol and meet with legislators and officials. These advocacy dates enabled us to:

- Advocate on behalf of family medicine and its value and contributions
- Increase our visibility with legislators and policymakers
- Provide vital input on current policy under consideration during session.

A total of 27 members, including five residents and a student member participated in 2009, meeting with more than 50 legislators in that time. You can register online now for 2010 Spring into Action at [www.iafp.com](http://www.iafp.com).

### Federal Government Relations

At the federal level, the Illinois chapter worked with AAFP to reinforce the family medicine messages with our Illinois delegation and the public through a wide range of opportunities and personal efforts by leaders and member physicians.

## Government Relations

### August Advocacy

Events with U.S. Sen. Dick Durbin were held throughout the state and often with an IAFP leader as the only physician spokesperson. Illinois chapter members were featured on radio, public TV, and local news as well as the print media including major newspaper chains like the Chicago Tribune and Chicago Sun-Times. Sen. Durbin invited IAFP Board member Janet Albers, MD to be his guest in the gallery when President Barack Obama delivered his health care address to the nation in September.

**Town Hall Meetings** IAFP members were audience members, panelists, and presenters in many town hall meetings held by Illinois representatives during the recess. Additionally, several of our members attended a health care forum

*(continued on page 12)*



Javette Orgain, MD and US Sen. Dick Durbin at a Chicago press conference calling for health care reform.



(continued from page 11)

held at Mt. Sinai Hospital in Chicago with Vice President Joe Biden, HHS Secretary Kathleen Sebelius and health care leaders from the region.

**Print Media, Letters to the Editor and Opinion/Editorials**

Members appeared in newspapers across the state, on blogs, and in live radio interviews to spread the word about the critical importance of primary care and the medical home model as the health care reform debate gained coverage.

**Other opportunities included:**

- Meetings in district offices
- Presentations to medical students and resident physicians to build awareness and action
- League of Women Voters forum
- Personal letters to Congressmen from family physician constituents
- Participation in the AMA's virtual town hall videos with doctors' answers to patient questions on health care reform.

See the full report at <http://www.iafp.com/IAFP%20Highlights%20handout%20for%20AM--%20FINAL.pdf>

**Letter to CMS supporting Medicare fee schedule changes**

In response to those doctors disheartened by national health care reform attempts, IAFP encouraged a letter-writing campaign through our list serve and directly to members who contacted the Academy.

**Illinois Contributions to AAFP's FamMedPAC**

Fifty-four Illinois members and staff contributed over \$13,000 to the AAFP FamMedPAC in 2009. A total of \$8,000 was delivered to Illinois Congressional candidates (3 Democrats, 1 Republican) by Illinois AFP members in 2009.

**Collaborations on Health Care Reform:**

At the state level, IAFP is working with the Illinois Chapter of the American Academy of Pediatrics,



Patrick Tranmer, MD meets with Illinois Sen. Don Harmon at his office during Spring into Action.



IAFP constituents and leaders meet with US Rep. Peter Roskam in his DC office.

Campaign for Better Health Care, Illinois Maternal & Child Health Coalition, Health & Disability Advocates, The Shriver Center on Poverty Law, and the Illinois chapter of AARP. We are also members of the Illinois Chamber of Commerce's Healthcare Council and the Illinois Hospital Association's Physician Stakeholder Group on workforce issues.

In response to new federal funds for health information technology, IAFP is

actively involved in the implementation of HIT Regional Extension Center grants for Illinois. We were also involved to help secure a Health Information Exchange grant, to develop the state infrastructure for interoperability of health data systems.

**Your government relations team:**

Gordana Krkic, C.A.E. - [gkrkic@iafp.com](mailto:gkrkic@iafp.com) and Cook-Witter, Inc. - [www.cook-witter.com](http://www.cook-witter.com)

## IAFP Education Survey results:

IAFP surveyed active members in June 2009 for feedback about our CME and to gauge their needs going into 2010.

*Is the IAFP fulfilling your educational needs?*

Completely fulfilling my needs 7.6%  
Somewhat fulfilling my needs 72.4%  
Not fulfilling my needs at all 20%.

*I receive most of my CME credits from:*

Live programs (including teleconferences, live webinars) 41.9%  
Journal articles 15.2%  
Web-based programs 11.4%  
Self-study materials 23.8%  
Other 7.6%

# CME

The **“Top 5 topics”** that physicians were most interested in learning more about:

- Skin Disorders & Procedures
- Infectious Disease
- Diabetes
- Orthopedics/Musculoskeletal
- Cardiovascular.

### IAFP education programs at [www.iafp.com/education](http://www.iafp.com/education)

IAFP is an ACCME-accredited provider of high-quality continuing medical education programs for primary care physicians. The CME committee works with like-minded organizations, partners and corporations to develop programs to meet the needs of our membership.

#### **Coronary Artery Disease in Primary Care Practice: A Case Study with Coding**

1 AMA Category 1 Credits

*Developed by the IAFP and supported by a grant from Merck & Co.*

#### **Hypertension in Primary Care Practice: A Case Study with Coding**

1 AMA Category 1 Credits

*Developed by the IAFP and supported by a grant from Merck & Co.*

#### **Cervical Cancer and other Human Papillomavirus (HPV)-related Diseases: Screening and Prevention in Primary Care**

1 AMA Category 1 Credits

*Developed by the IAFP and supported by a grant from Merck & Co.*

#### **Chronic Obstructive Pulmonary Disease in Primary Care Practice: A Case Study with Coding**

1 AMA Category 1 Credits

*Developed by the IAFP and supported by a grant from GlaxoSmithKline*

#### **Managing Diabetes: Designing and Conducting an Effective Intervention**

1 AMA Category 1 Credits

*Developed by the IAFP and supported by a grant from Pfizer, AstraZeneca and Merck & Co Inc.*

## Save the Date:

### **Nuts and Bolts of the Patient Centered Medical Home June 25-26 at the Marriott Oak Brook Hotel**

IAFP will bring the various components for building the Patient-Centered Medical Home under one roof, with tracks tailored to your practice size and readiness level for transforming your practice. **Earn over 10 CME credits!**

Online registration begins in March at [www.iafp.com](http://www.iafp.com).





The IAFP is the education partner for the Your Healthcare Plus (YHP) program. YHP is a free benefit of the Illinois Department of Healthcare and Family Services that focuses on promoting and sustaining the patient-physician relationship and empowers a multi-disciplinary care team. CME activities for this program include online education, in-office presentations, and webinars. Each online activity includes up to date clinical information along with tools and assistance on how to start a Quality Improvement (QI) program, Your Healthcare Plus QI strategies to enhance prevention and management for patients in their practice.

Online at [www.YHPlus.com](http://www.YHPlus.com)

**Managing Coronary Artery Disease in Primary Care: a Quality Improvement Program**

*1 Prescribed Credit, 1 AMA Category 1 credit, or 1 Nursing Contact Hour*

**The following programs will be updated and re-released in 2010**

**Managing Substance-Use Disorders in Primary Care: a Quality Improvement Program**

*1.25 Prescribed Credits, 1.25 AMA Category 1 credits, or 1.25 Nursing Contact Hours (fall 2010 re-release)*

**Managing Heart Failure (HF) in Primary Care: a Quality Improvement Program**

*1 Prescribed Credit, 1 AMA Category 1 credit, or 1 Nursing Contact Hour (fall 2010 re-release)*

**Managing Type 2 Diabetes in Primary Care: A Quality Improvement Program**

*1 Prescribed Credit, 1 AMA Category 1 credit, or 1 Nursing Contact Hour (summer 2010 re-release)*

**Managing Chronic Obstructive Pulmonary Disease (COPD) in Primary Care: A Quality Improvement Program**

*1 Prescribed Credit, 1 AMA Category 1 credit, or 1 Nursing Contact Hour (spring 2010 re-release)*

**Managing Childhood Asthma in Primary Care: A Quality Improvement Program**

*CME Credit has expired. This activity is being updated and will be available online in spring 2010*

*This activity has been approved by the American Board of Family Medicine as an external provider of Part IV Maintenance of Certification for Family Physicians credit. This activity has been renewed from October 1, 2009, to October 1, 2010.*

**Managing Adult Depression in Primary Care: A Quality Improvement Program**

*CME Credit has expired. This activity is being updated and will be available online in spring 2010*

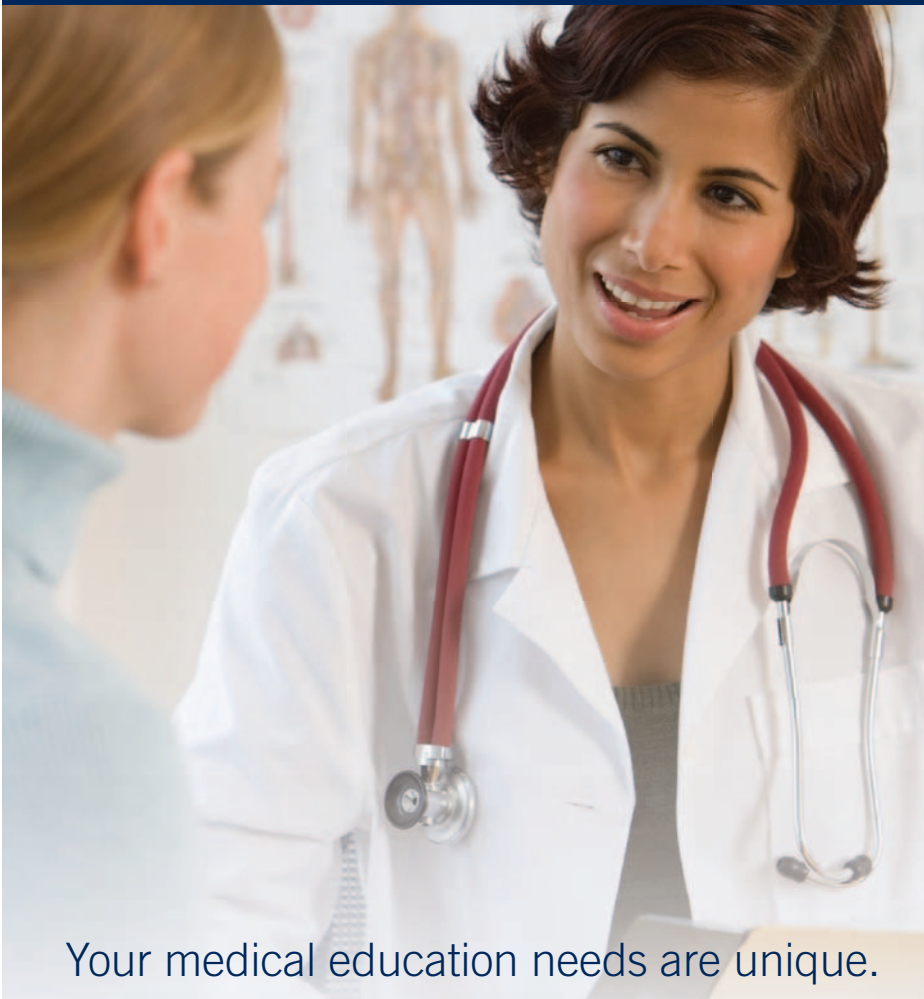
*This activity has been approved by the American Board of Family Medicine as an external provider of Part IV Maintenance of Certification for Family Physicians credit. This activity has been renewed from October 1, 2009, to October 1, 2010.*

**How to Conduct a Quality Improvement Program in Primary Care Practice**

*CME Credit has expired. This activity is being updated and will be available online in spring 2010*

*Your Healthcare Plus' new medical director, IAFP second vice president Carrie Nelson, M.D., is building on the success of IAFP past-president Rick Leary, M.D., the program's inaugural medical director. "Having family physicians in the leadership positions of these Medicaid projects makes all the difference in the world," reports Steven Knight, M.D., IAFP board chair in 2009. "They approach the operations of the projects from a practicing physician's point of view."*

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For more information, visit us at [www.pri-med.com/iafp](http://www.pri-med.com/iafp)  
or call 866-263-2310 (Toll-free, Mon-Fri, 9 AM-8 PM EST).

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## IAFP's Fiscal Affairs

IAFP's Strategic Plan provides the following guidelines:

- Share the fiscal responsibility proportionally with the Board of Directors, membership-at-large, and staff
- Keep IAFP financially strong

The **Finance Committee** is currently chaired by Treasurer Deborah Edberg, MD and its charge is to ensure the integrity of the fiscal affairs of the Academy, including: overseeing budget development and regular financial reporting.

IAFP has an annual audit of its financials and the auditors have not brought any concerns to the Finance committee or Board regarding any aspects being audited. The Academy has formed an **Audit task force** to review the audit as well as the 990 tax return.

IAFP earns its revenue from member dues, meeting sponsorship and registration, publication advertising and education projects. IAFP's largest educational project is Your Healthcare Plus. You can find out more about YHP and earn CME hours by going to [www.yhplus.org](http://www.yhplus.org).



### Have you answered yet? Foundation Code Blue

Get your name on this list!  
Use the blue Foundation donation form included in this packet  
or visit [www.iafp.com/foundation/codeblue.pdf](http://www.iafp.com/foundation/codeblue.pdf)



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Vaccine purchasing and discounts.

#### **Healthcare Associates Credit Union**

[www.hacu.org](http://www.hacu.org)

Debt consolidation for student loans, asset protection and financial services

#### **www.FPJobsOnline.com**

Manage your job search

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[www.proassurance.com](http://www.proassurance.com)

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#### **TransformMED**

[www.transformed.com](http://www.transformed.com)

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### CME Partnerships

#### **National Procedures Institute**

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## Your IAFP staff is here to help! IAFP office number is 630-435-0257 or 800-826-7944

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## Family Medicine Online Resources

American Academy of Family Physicians – [www.aafp.org](http://www.aafp.org)

American Board of Family Medicine – [www.theabfm.org](http://www.theabfm.org)

Society of Teachers of Family Medicine – [www.stfm.org](http://www.stfm.org)

The Robert Graham Center (policy studies in family medicine and primary care) – [www.graham-center.org](http://www.graham-center.org)

State of Illinois website: [www.illinois.gov](http://www.illinois.gov)

Physician Licensure website: <http://www.idfpr.com/dpr/>

## Illinois Family Medicine Residency Programs and their Program Directors

More information about each program can be found at <http://www.iafp.com/pdfs/ResList2009.pdf>

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