IAFP

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The Scooter Store 17
Acute Care, Inc 21
Tar Wars.....21
Professional Solutions.....23

IN THIS ISSUE

02 President's Message
05 IAFP News
08 Government Relations
12 Continuing Medical Education
16 Foundation Update
18 Member Spotlight
19 Members in the News
20 News Briefs

IAFP makes a big statement on Capitol Hill

Twenty-five Illinois members and staff represented you at the AAFP Family Medicine Congressional Conference May 20-21. In 2007, the IAFP board voted to hold board meetings at this conference in odd-numbered years to foster government advocacy skills and facilitate leadership development across the board. As a result, IAFP had leaders and members from throughout the state to lobby the entire Illinois Congressional Delegation on the needs for higher payment for primary care services, better funding for primary care training programs and more. Members provided each office with an IAFP flash-drive filled with AAFP and IAFP information and fact sheets to give them a "paperless" go-to resource of primary care information.

Our group spent Wednesday immersed in all aspects of federal health care policy with a day full of presentations from AAFP staff, Capitol Hill expert staff, researchers and health agency leaders.

Another proud moment for Illinois that day was the presentation of AAFP's signature award for the conference. IAFP President **Javette Orgain, MD** helped to present the AAFP National Leadership in Government Service award to Illinois' own **U.S. Senator, Dick Durbin**. The Senate majority whip expressed his support for strengthening the family physician's role in health care reform.

"There must be a greater role for family physicians and primary care doctors," he said. "That was recently highlighted in the newspapers. We know we need more of you."

The entire IAFP delegation with Senators Dick Durbin and Roland Burris on Capitol Hill on May 21.

He went on to acknowledge the recruitment problems facing family medicine. The U.S. health care system has been forced to rely on physicians from some of the world's poorest countries to meet its need for primary care health professionals. "We have got to create a pool of homegrown American talent to fill our medical needs," said Durbin.

Durbin also announced his plans to reintroduce his bill to pilot medical home projects for Medicare programs in eight states. He is a strong supporter of the AAFP's patient centered medical home principles.

IAFP's day on Capitol Hill

As the only medical specialty society devoted entirely to primary care, family medicine speaks to virtually all healthcare issues. So, how can family physicians effectively focus and target their priorities for Congress? By speaking to America's leaders with one united voice. The Illinois Academy's group included a mix of veteran advocates, first-timers, and also included two residents.

"Meeting with the staff of the newest

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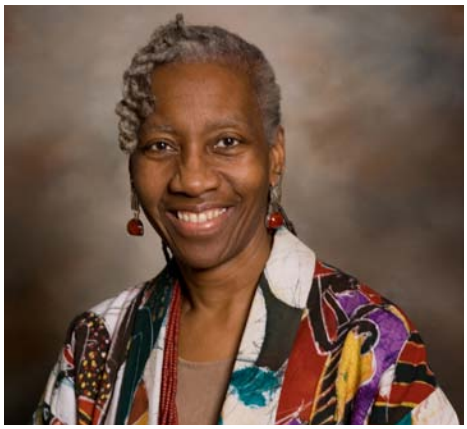
President's Message

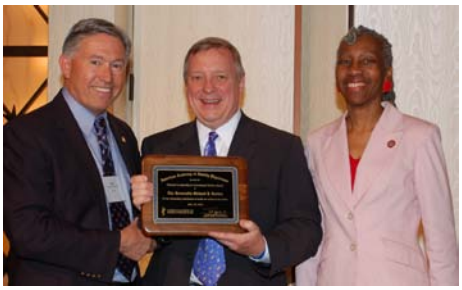
Javette C. Orgain, MD



As you well know, lawmakers in Washington, DC and throughout the states are intensely debating the future of our nation's health care reform plans. Family medicine leadership has voiced our views, and we have been heard every step of the way. Your Illinois Academy representatives have been personally active and involved, especially at the AAFP's annual Family Medicine Congressional Conference (FMCC) on Capitol Hill, May 20-21.

This year's Capitol Hill event definitely had an entirely different feel, or vibe, if you will. We have a new U.S. President, from Illinois, who shares many of our principles for quality primary care. We have his commitment, along with a pledge from Congressional leaders to address health care reform *this year*. We have a strong partnership with like-minded groups in the Patient Centered Primary Care Collaborative. The AAFP's Commission on Governmental Advocacy, the AAFP leaders and the government relations staff did a tremendous job with this conference. Our family medicine community now has a sense of momentum, optimism and opportunity. Even the skies were clear blue in Washington, DC that week!

In 2007, the IAFP voted to hold a board meeting at the FMCC on odd-numbered years, beginning with 2009. Therefore, nearly the entire IAFP Board participated in the conference and the Capitol Hill visits. The AAFP and other state chapters took notice! AAFP leaders expressed to us how they liked our idea and they hoped other chapters would do the same. I'm very pleased at how this opportunity showcased IAFP leaders doing the very things we were all elected to do – to represent family medicine at the highest levels.



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Protecting the practice of medicine in Illinois

President's Message

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Together we advocated for today's family physicians, tomorrow's FPs and all our patients.

As you know, our board represents physicians from Chicago to Harrisburg to Metro East, from urban, suburban and rural communities. We have small practice physicians. We have doctors who work in federally qualified health centers and large group settings. We have residency directors and university faculty to advocate for family medicine education. As our group met with Senator Dick Durbin's health aide, Mayra Alvarez, I marveled at the vast perspectives our board was able to offer, all in one half-hour meeting. Literally we had an answer for every question asked and an example to illustrate our case.

All the IAFP leaders showed tremendous teamwork in meetings with all the Illinois reps -- veteran advocates and first-timers alike speaking up in their meetings on the Hill. Many of our meetings were extensive, lasting 30-45 minutes, which is a significant chunk of time in a typical day in on Capitol Hill! Our family physicians were able to lay out the issues, and tell the "real-life" stories behind our issues. The uninsured patients who struggle to find and pay for care. The family physicians drowning in medical school debt. The extra mile that family physicians will go for their patients, even if it's an unpaid mile. The healthier patients who benefit from quality, comprehensive primary care.

Also during the AAFP education conference, I had the wonderful opportunity to present the AAFP's National Leadership in Government Service Award to our own Illinois Senator Dick Durbin. Sen. Durbin has become a true partner to primary care in recent years. In fact, he opened his remarks with his pleasure at being able to talk with family physicians, who he called "the good guys, and gals." He is an advocate of the physician-directed, patient-centered medical home. He knows the challenges that our patients and our practices face. He is keenly aware of the struggles we have in recruiting US medical students into family medicine and primary care.

Your Academy leaders and staff will continue to advocate for family medicine throughout the process. But we are at crunch time. This is my call to you for ACTION! Talk to your Congressional representative about fixing Medicare funding and ask them to vote to repeal the SGR formula this year. Medicare payment for primary care services need to be increased 30 percent in the next five years to ensure that we can continue to care for the growing Medicare population. Let them know we need adequate funding dedicated for primary care training and graduate medical education. A complete article outlining our issues is on page 10. One of the easiest things you can do is to use the wonderful resources on AAFP's "Connect for Reform" campaign to stay informed daily and act when you need to speak up for family medicine. Just go to www.aafp.org and click on the **Connect for Reform** icon on the right side of the home page.

NOW IS OUR TIME! Let's build the health care system that will empower us to practice effectively. Let's be sure that family physicians will always be there to care for those who need us.

Calendar of Events

AUGUST
6-10 – National Procedures Institute, Chicago

SEPTEMBER
22 - IAFP Risk Management Seminar, Oak Brook

OCTOBER
10 – Fall Forum, Oak Brook
11-14 AAFP Congress of Delegates, Boston

NOVEMBER
6-7 – Pri-Med Access – McCormick Place, Chicago

DECEMBER
4-6 -IAFP Annual Meeting, Oak Brook

IAFP has been spoofed!

Actually one of our office phone numbers has been spoofed. Maybe you've heard of this tactic. Some computer genius with a mean streak hijacked the IAFP's 630-435-0356 phone number from a remote location over Mother's Day weekend! Therefore IAFP has cancelled that phone number. Here's how you can still reach the IAFP office and specific staff members:

MAIN NUMBER (anyone in the office can answer) – 630-435-0257

IAFP Staff members

Name	Extension	Direct Dial number
Vince Keenan	116	630-427-8002
Jennifer O'Leary	111	630-427-8001
Gordana Krkic	216	630-427-8007
Christi Emerson	210	630-427-8005
Ginnie Flynn	118	630-427-8004
Crishelle O'Rourke	211	630-427-8006
Diana Garcia	117	630-427-8003
Kate Valentine	110	630-427-8000

IAFP News

Call for Nominations – IAFP Board of Directors

The Illinois Academy of Family Physicians seeks members interested in serving on its board of directors. The IAFP leadership development task force, chaired by Ellen Brull, MD of Glenview, will review all nominations and develop a slate of candidates.

Nominations are due by Friday, September 11 for the 2009-10 board of directors for the following positions:

- President-elect (3-year commitment)
- First vice president (1-year term)
- Second vice president (1-year term)
- Board members (3 positions) for the class of 2012
- New physician board member (2009-2011) who has been in practice less than seven years,
- AAFP delegate (2-year term) and
- AAFP alternate delegate (2-year term)

Only active members of the IAFP/AAFP in good standing may run for a board position. Please send your nomination and CV to Vince Keenan by e-mail vkeenan@iafp.com. Questions about board positions may also be directed to Vince.

Electronic voting enabled for 2009 IAFP elections

Over the past two years, a group of members have been working to make electronic voting a reality for IAFP members. Up until now, members had to be present at the IAFP Annual Meeting to vote on the candidates for the board of directors. At the May 19th board of directors meeting, the board approved the Task Force on e-Voting's recommendations to implement electronic voting beginning in 2009. All active members will have the opportunity to vote electronically. IAFP realizes that not every member has provided an e-mail address. Therefore, ballots will be mailed to those active members IAFP is not able to reach through e-mail and those members will be able to vote via U.S. mail.

If you haven't already, please send your preferred and correct e-mail address to the Academy office at iafp@iafp.com. The goal of the IAFP Board is to encourage and enable more members to get involved with the Academy. Giving everyone an easy opportunity to vote is an important step towards this goal. As electronic processes become more commonplace, IAFP leaders and staff are working to get as many members involved as possible—encouraging communication between IAFP and members through e-mail or the Academy's web site.

IAFP sends bi-weekly and bi-monthly regular updates and newsletters to the membership via e-mail, allowing members to easily access additional information by following links provided. Our aim is to make it as easy as possible for members to contact IAFP, while keeping costs down and being environmentally responsible by reducing our reliance on paper materials.

The task force on E-voting included Dennon Davis, M.D., Deborah Edberg, M.D., David Hagan, M.D. and Michael Temporal, M.D. They coordinated with two other task forces: Contested Elections and Leadership Development. Contested elections will begin with the 2010 elections. This year's election will be of a slate of candidates developed by the Leadership Development Task Force.

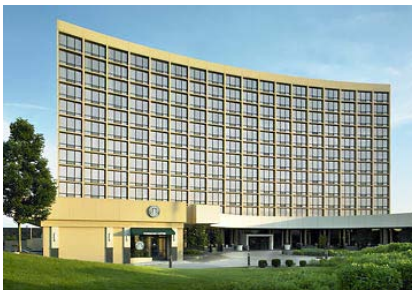
IAFP staff will contract with an outside vendor to provide the electronic voting services. This option will assure members that all voting is done fairly and equitably by an outside entity and not IAFP staff using purchased software. Voting will begin in early October. Results will be announced at the All Member Assembly on December 5, 2009 and the new officers and board members will be sworn in.

Top Ten Reasons to be at the IAFP Annual Meeting

10. Holiday shopping will be in full swing, and our meeting is across the street from Oak Brook Mall - and its 160 shops and 12 restaurants!
9. The Addams Family is playing at the Oriental Theater – learn more and reserve your seats at www.broadwayinchicago.com
8. Catch up with your family medicine friends! You don't see each other enough anymore!
7. You have a great idea for IAFP. Voice your idea to the All-Member Assembly!
6. The Bears play on Sunday, so you won't miss the game!
5. Wine tasting as a Foundation fundraiser… we can all toast to that!!
4. All you want for Christmas is some good low-cost, evidence-based CME!
3. Free Parking!
2. Celebrate our magnificent members at the annual awards banquet
1. This is a pivotal time for family medicine and our members. Be there!

IAFP Annual Meeting

Save the date now!
December 4-6, 2009
Oak Brook Marriott Hotel
1401 W 22nd Street
Oak Brook, IL 60523
630-573-8555



Room rate: $98 single/double – Cutoff date is November 23rd

IAFP joins the Partnership to Fight Chronic Disease

The IAFP Board of Directors voted for the Academy to join the Illinois Partnership to Fight Chronic Disease. The partnership unites many organizations with the common goal of better health outcomes through prevention, wellness and optimal disease management. View the list of Illinois organizations at http://www.fightchronicdisease.org/pdfs/ILStatePartnerList6.16.09.pdf

The Partnership to Fight Chronic Disease http://www.fightchronicdisease.org/index.cfm proposes the following public policy recommendations to focus our nation's leaders -- on the crisis of chronic disease and highlight common-sense reforms that will help the nation to address this challenge:

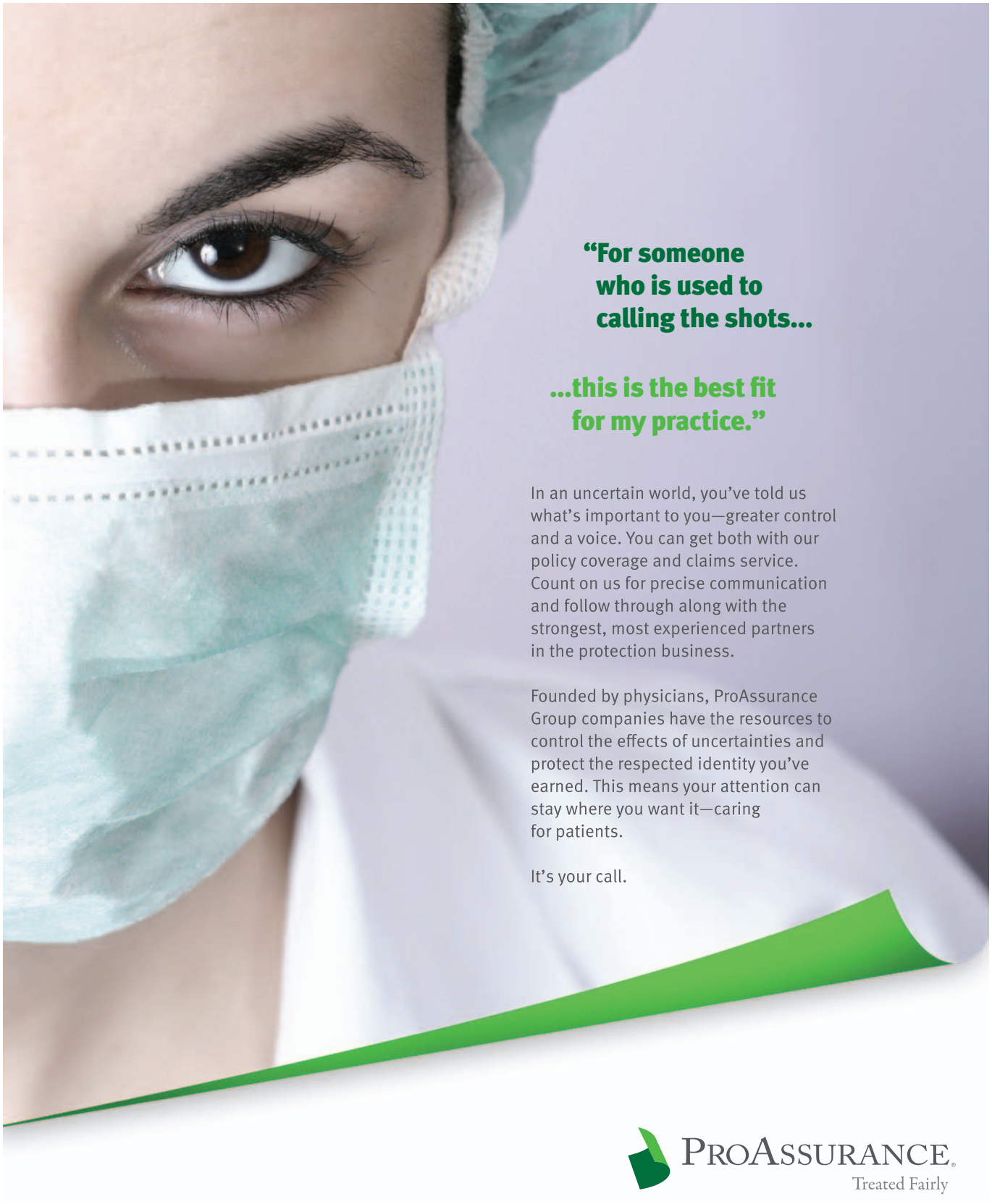
Advance sustainable "Next Generation" chronic disease prevention and management models throughout the health care system and public health infrastructure.
Promote healthy lifestyles and disease prevention and management in every community.
Encourage and reward continuous advances in clinical practice and research that improve the quality of care for those with prevalent and costly chronic diseases.
Accelerate improvements in the quality and availability of health information technology (HIT) throughout the health care system.
Reduce health disparities by focusing on barriers to good health.

As family physicians know all too well, chronic diseases are creating a national health care crisis. Chronic diseases - such as asthma, arthritis, cancer, diabetes and heart disease - are among the greatest threats to our nation's health and to our health care system. The primary care community and its partners continue to press for the medical home model – which will help physicians and patients better manage, and event prevent many of the chronic diseases that drag down quality of life and inflate health care costs.

"By uniting with other like-minded organizations, we can strengthen our hallmark messages of access to primary care, wellness and prevention," said Vince Keenan, CAE, IAFP executive vice president. "This coalition demonstrates the immense credibility and support for the work we're already doing."

The Impact of Chronic Disease
Chronic diseases are the most prevalent and costly health care problems in the United States. Nearly half (45 percent) of all Americans suffer from at least one chronic disease. More than two-thirds of all deaths are caused by one or more of five chronic diseases: heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes. Many chronic diseases are lifelong conditions, and their impact lessens the quality of life not only of those suffering from the diseases, but also of their family members, caregivers, and others.

Chronic disease not only affects health and quality of life, but is also a major driver of health care costs and threatens health care affordability. According to the Centers for Disease Control and Prevention (CDC), chronic disease accounts for about 75 percent of the nation's aggregate health care spending - or about $5,300 per person in the U.S. each year. In taxpayer-funded programs, treatment of chronic disease constitutes an even larger proportion of spending - 96 cents per dollar for Medicare and 83 cents per dollar for Medicaid.



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Government Relations

("IAFP on Capitol Hill" continued from page 1)

member of the House of Representatives, Mike Quigley, was especially pivotal, as we were able to explain what the patient-centered, physician-directed medical home really should mean -- a coordination of care by the primary care provider, and not the old gatekeeper model -- before other interest groups affected his perspective first," said new physician board member Ravi Shah, MD of Chicago.

L to R: Ravi Shah, MD; Chinni Pulluru, MD; Rep. Peter Roskam, Carrie Nelson, MD; and David Hagan, MD

Family physicians treat one out of every four patients in the U.S. More Americans depend on family physicians than on any other medical specialty. Specifically, family physicians are the main source of primary health care for the Medicare population and nearly one-half of the physicians who staff the nation's Community Health Centers are family physicians.

The IAFP delegation began their day at the weekly Thursday morning Constituent Coffee with Senators Durbin and Roland Burris. Sen. Durbin recognized IAFP during his opening remarks. Dr. Orgain received a burst of applause from the packed house when she expressed family medicine's support for access to care for all US citizens. After the public event, IAFP had a private wide-ranging meeting with Mayra Alvarez, Sen. Durbin's health legislative aide. Many IAFP members were able to offer insights into the challenges family physicians face in running their practices and in repaying their medical school loans. At the same time, educators could make the case for increased primary care training funding.

"When we had the opportunity to meet with Mayra Alvarez, I was struck by how talented the staffers are, and I truly respected the breadth of knowledge they bring that helped shaped our conversations," says board member Tamarah Duperval, MD of Chicago. "Knowing the Senator's strength in story-telling and personalizing issues, I was able to share my own story with Mayra. I also thought of the thousands of stories I've collected in my 13 years of working in community health and underserved medicine that I still have to tell."

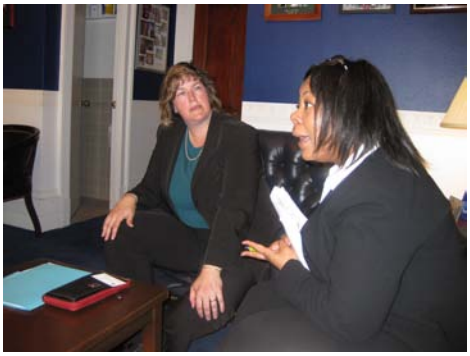
The input from members in all practice settings from all around the state painted a vivid picture explaining how all of our proposed reforms are interconnected and vital to meeting the goals that Congress and the Obama administration have for improving access to care and cutting unnecessary costs.

For the remainder of the day, 22 IAFP members had face to face meetings with the Illinois representatives or their health legislative aides in one fast-paced day.

Here are the priority issues that family physicians discussed with Congress that day:

Physician Payment

• Family medicine urged Congress to **replace the SGR formula**, known as the Sustainable Growth Rate that determines the annual updates in Medicare physician payments. We asked them to support the Medicare Payment Advisory Commission (MedPAC) opinion to base the conversion factor on the Medicare Economic Index (MEI), which is the federal government's measure of medical practice inflation.



Theresa Myers, MD (right) tells her story in Rep. Phil Hare's office while Janet Albers, MD looks on.

• We also asked Congress to **increase payment for primary care services by at least 30 percent over the next five years**. Consistently over two decades, health industry literature describes a 200% payment disparity between primary care and subspecialty medicine and suggests this is a predominant reason that fewer medical students are going into primary care. This 30 percent "raise" over five years is a necessary down payment on health coverage for all. A reformed health system must be predicated on creating an adequate primary care workforce.

• A profoundly effective way of managing health care for patients would be to **incorporate the Patient-Centered Medical Home (PCMH) into federal health care programs**, e.g., Medicare, Medicaid, and Federal Employees Health Benefits Program. Such integration of care would lead to better patient health and would avoid duplication of services and preventable and costly hospitalizations.

• **Pay-for-Reporting and Pay-for-Performance programs should reward physicians on the basis of performance measures developed by a consortium of payers and**

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physicians. The monetary reward must be worth the individual practice investment, and the system should not force physicians to compete for limited funds withheld from regular payments. A proposal outlined by the Senate Finance Committee suggests a program that would provide PQRI incentive to those physicians who are currently engaged in a Maintenance-of-Certification (MOC) Program and who complete a qualified MOC practice assessment (a Part IV module). No further reporting would be required.

The IAFP delegation meets with health legislative aide Mayra Alvarez in Sen. Dick Durbin's office.

Graduate Medical Education

Congress should change the distribution method of Graduate Medical Education (GME) payments. The U.S. should have a physician workforce that is at least 45 percent primary care and appropriately trained to meet the needs of current and future patients. To accomplish this, Congress should:

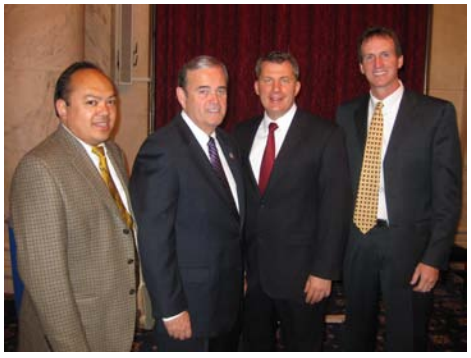
- Support primary care training in all sites where care is delivered
- Structure GME payments for primary care residencies as the entity in charge of the education, not the hospital
- Increase payments for primary care training to support added costs of training in non-hospital settings, and offer incentives to medical students who choose a primary care career
- Provide incentives for training in underserved areas
- Reward hospitals on basis of the number of primary care physicians produced

GME had its genesis in Medicare for the purpose of helping ensure a sufficient workforce to care for the Medicare population. GME must now ensure a workforce to meet the needs of the population at large. Since primary care services are not commonly related to the cost of hospital inpatient care, medical education funding should go directly to training programs, i.e., not through academic institutions, to ensure that the costs associated with appropriate training are reimbursed and accountability is assured.

Primary Care Training

Family medicine wholeheartedly believes that successful health system reform will require a larger primary care workforce. We need increased funding for Title VII Section 747, which provides grants for primary care medicine training, to ensure that the nation's health care system can support comprehensive health reform.

According to a 2008 study published in *Annals of Family Medicine*, medical students and residents exposed to Title VII primary care funding are more likely to practice in Community Health Centers or participate in the National Health Service Corps than those that are not exposed. Both of these programs are vital to shoring up the nation's fragile health care safety net. Each received a significant investment in the American Recovery and Reinvestment Act. However, both programs face recruitment challenges. Increasing the commitment to Title VII primary care programs will lead to the training of physicians most likely to practice in these settings.



L to R - Michael Temporal, MD; Rep. Jerry Costello, Tim Morthland, MD and Dennon Davis, MD

We urge Congress to revitalize the Title VII Health Professions Grants Program as part of health care reform or in free-standing reauthorization bill to:

- Reorganize Title VII to realign programs clusters more appropriately
- Improve analysis of the effectiveness of the programs
- Increase emphasis on building the primary care workforce
- Encourage of training in innovative models to better meet the needs of patients of the 21st Century
- Provide better understanding of current and future workforce needs
- Facilitate training in community settings
- Increase incentives for training and practice in rural and underserved areas

Our conversations on the Hill ranged from a few minutes, to a half-hour or more. To support our position the AAFP provided Congressional staff and elected officials with folders of information in great detail.

The following IAFP leaders and members represented you on Capitol Hill:

Janet Albers, MD
(Board member, Springfield)
Ellen Brull, MD
(AAFP Commission on Government Advocacy, Glenview)
Dennon Davis, MD
(Board member, West Frankfort)
Tamarah Duperval, MD
(Board member, Chicago)
Deborah Edberg, MD
(Board member, Chicago)
David Hagan, MD
(First Vice President, Gibson City)
Steven Knight, MD
(Board Chair, Harrisburg)
Jerry Kruse, MD
(Society of Teachers of Family Medicine, Quincy)
MyKela Loury, MD
(Resident, Chicago)

(continued on page 10)

Kathleen Miller, MD
(AAFP Alternate Delegate, Decatur)
Tim Morthland, MD
(Board Member, Carbondale)
Teresa Myers, MD
(Quincy)
Carrie Nelson, MD
(Board member, Wheaton)
Javette Orgain, MD
(President, Chicago)
Soujanya "Chinni" Pulluru, MD
(Naperville)
Elizabeth Salisbury, MD
(Resident, Chicago)
Ravi Shah, MD
(New Physician Board Member, Chicago)
Stephen Stabile, MD
(Chicago)
Kathryn Stewart, MD
(Board member, Oak Park)
Michael Temporal, MD
(Second Vice President, Belleville)
Patrick Tranmer, MD
(President-elect, Chicago)
Tim Vega, MD
(AAFP Delegate, Peoria)
Lee Washington, MD
(Board member, Homewood)
IAFP Staff: **Vince Keenan**, CAE; **Gordana Krkic**, CAE and **Ginnie Flynn**

FAMMEDPAC

If you're not at the table, you're on the menu!

That's a common joke in Washington, DC lobbying circles. It may be funny, but it's also true. To complement and strengthen our position in the health care debate, it's vital that members support the AAFP FamMedPAC. The PAC supports candidates and incumbents of both parties that support family medicine's priority issues. Several Illinois members of Congress have received AAFP FamMedPAC contributions, hand delivered by IAFP constituents. If every AAFP member contributed just $100 year, we'd have the strongest health care PAC in the nation. Every AAFP member - including student, resident and life members - is eligible to contribute.

In the 2008 election cycle, Illinois was ranked #10 in total amount of money contributed. Illinois is the 5th largest AAFP chapter. Let's be the fifth in contribution and the percentage of members contributing," proclaims Javette Orgain, MD, IAFP president. Please make a contribution today.

Illinois FamMedPAC Contributors
As of June 2009, the following have contributed during the 2009/2010 election cycle.
Janet Albers, MD, FAAFP*
Brenda Lynne Brak, MD
Tina M Brueschke, MD *
Mark E Collins, MD
Dennon W Davis, MD *
Tamarah L Duperval, MD, FAAFP *
Deborah L Edberg, MD *
Virginia A Flynn (staff)
J H Gardner, MD
Vincent D Keenan, CAE (staff)
Steven D Knight, MD, FAAFP *
Gordana Krkic (staff)
Kathleen J Miller, MD, FAAFP *
Carrie E Nelson, MD, FAAFP *
Javette C Orgain, MD, MPH, FAAFP *
Soujanya R Pulluru, MD
Ravi P Shah, MD *
Kathryn J Stewart, MD, FAAFP *
Michael P Temporal, MD, FAAFP *
Penelope K Tippy, MD
George Tomecki, MD
Patrick A Tranmer, MD, MPH, FAAFP *
Tim Joseph Vega, MD, FAAFP *
*IAFP Board of Directors

AAFP's CONNECT FOR REFORM

Your front-row seat in Washington
aafp connect for REFORM

You don't have to fly to Washington, DC to be heard! You don't have to draft a letter to the editor from scratch. AAFP has the answer with the ***Connect for Reform*** **Blog** and action center Connect for Reform is a new e-advocacy campaign designed to give AAFP's members an inside look at the health care reform debate in Washington and offer easy and effective ways to get involved.

Your Academy encourages all members to join this campaign. The Connect for Reform site has an "Action Center" that will take you directly to template letters to the editor and to your Congress members that you can customize with your voice and personal experience. The AAFP system will even send your letters for you. It doesn't get any easier than this!

Family physicians have an incredible opportunity this year to influence the health care reform debate. Let the public and the policymakers in Washington know that enhanced primary care is the key to fixing our broken system.

Please do it today! Log on and sign up at www.aafp.org and click on the **Connect for Reform** icon on the right side of the page.

State Government Relations Spring Session Update

By Gordana Krkic, CAE

On June 1st, the legislature adjourned until the call of the chair. Leaders of both chambers sent their members home with the understanding that they could be called back to Springfield at any time to address the budget or any other matters at the call of their chamber's leader. At this writing, both chambers met the week before Indepence Day, and Illinois remains without a state budget for FY 2010. A few appropriation bills were passed in order to capture federal stimulus money while many more were stalled. Any tax increase attempts and all capital project related bills remained stalled as well. The money for spending in part will come from a funds sweeps

(continued on next page)

bill and a restructuring of the General Obligation Bonds. The General Assembly did address some ethics reform issues; passing a cap on political contributions, revising how legislators receive a pay raise, and revamping the Freedom of Information Act.

IAFP had more than 300 bills on our radar this past legislative session. The government relations committee evaluated, monitored and acted on dozens of bills on your behalf. Also, at the five **Spring into Action** dates, members personally lobbied for and against specific bills or issues.

Here's a look at how our priorities fared in Springfield.

• SB 212 – this bill would legalize expedited partner therapy which treats partners of patients diagnosed with sexually transmitted diseases, namely Chlamydia and gonorrhea. In fact, Cook County leads the nation in the number of reported cases. The bill would allow medical professionals to provide antibiotics or prescriptions to the sex partners of patients with gonorrhea and/or Chlamydia, to be delivered by the patient. Along with medications or prescriptions, the provider would include written materials with: allergy warnings, medication directions, information on treatment and prevention of STDs, and the need for a follow-up medical exam including testing for HIV and other STDs. IAFP's Public Health Chair, Rashmi Chugh, MD, testified in support at a House committee hearing and led the advocacy efforts for IAFP. The bill passed both houses and awaits the governor's signature.

• HB 71 – this bill would prohibit sending and receiving text messages while driving. The IAFP All Member Assembly adopted a resolution introduced by Arvind Goyal, MD, at the annual meeting in December 2008 that the Academy would publicly support a state law to make it illegal to text while driving. The bill passed both houses (after slight technical amendments regarding GPS devices and allowing to text while vehicle is not in gear) and awaits the Governor's signature.

• SB 44 – this bill would raise the state's excise tax on cigarettes by $1.00 over two years to a total of $1.98 per pack. The bill was amended to phase in the tax rate at 50 cents per year over two years. Raising cigarette taxes is a proven method of reducing adult smoking rates and preventing youth from starting smoking. The bill passed the Senate on April 2, but was never voted on in the House. The tax may end up being part of the final negotiated budget and not voted on as separate legislation. The issue can also be raised in Veto session later this year.

• HB 3923 - this bill provides common sense reforms for the health insurance companies that do business in our state. The bill passed out of the house on Friday, April 3 and has been amended many times in the Senate. The bill is being held back in the House for concurrence and may be considered during the fall Veto session.

• SB1600 – this bill called for the elimination of written collaborative agreements which would allow the independent practice of advanced practice nurses (APNs). The Academy believes that while APNs remain a valuable part of the healthcare team, they should only and always function under the supervision of a physician. This legislation attempted to increase an APNs scope of practice without increasing their education and in effect, granted them equity with physicians licensed to practice medicine in all its branches. The bill remains in subcommittee and may be re-introduced in the future.

• SB 1331 – this bill resurrected the efforts of the Adequate HealthCare Task Force first organized during then state Senator Obama's leadership as Chairman of the Public Health Committee. Although numerous attempts have been made to expand coverage incrementally, this bill would provide a comprehensive approach to universal, affordable, quality healthcare. Currently, the bill is stripped of any substantive language (a shell) and awaits further negotiations.

Other important discussions

IAFP also supported sound fiscal policies for the state's Medicaid program. Our work included supporting bills on prompt payment for Medicaid providers and enabling the Comptroller to borrow in order to pay down the Medicaid debt that at times saddles providers with months-long payment delays. These bills remain alive in overall budget negotiations.

Members also talked with legislators about the importance of safeguarding new state revenue that will be coming to Illinois via the increased FMAP (Federal Medicaid Assistance Percentage), so that the additional estimated $3 billion will stay in health care and not be redirected into other spending purposes. IAFP also stressed that ensuring compliance with the Comptroller's payment initiatives would enable the state to capture its maximum allowable federal matching funds.

Finally, IAFP continues to voice our opposition to institute more capitiated managed care in the Medicaid program (link to the IAFP statement at http://www.iafp.com/legislative/hb71.pdf. Illinois is already moving towards costs savings and better health outcomes through the Illinois Health Connect and Your Healthcare Plus programs. Illinois Health Connect provides Illinois Medicaid and All Kids patients with a medical home and an ongoing relationship with a primary care physician. Meanwhile, Your Healthcare Plus is providing disease management services for some of Medicaid's most complex and costliest patients. Both programs have the support and engagement of the health care provider community.

Family physicians across the state participate in Illinois' Medicaid Program. Recent fiscal data from FY '08 shows that Illinois Health Connect is saving money and improving some clinical metrics.

Overall, 7041 bills were introduced and 837 passed both houses. At the time of this writing, fall veto session dates have not been announced.

This overview is a snapshot of both government and politics in Illinois. IAFP's goal is to encourage increased advocacy among our membership in the process. Please look for our announcement of Spring Into Action for 2010 and other state and federal healthcare news throughout the year in IAFP e-news and in the next issue of *Illinois Family Physician*.

Continuing Medical Education

IAFP Online CME

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With the Illinois Academy of Family Physicians CME Website, www.IAFP.com/education (registration required), you will be able to track which CME courses you have completed and obtain your CME certificates - simply with the click of a button at the end of each completed online course! IAFP is offering free online CME case studies at http://www.iafp.com/CME/

There are two to three case studies for each topic. Each study takes about 45-60 minutes to complete. Get high-quality, valuable CME your way, on your schedule!

2009 EDOPC Education Teleconference Schedule

Join colleagues and the Enhancing Developmentally Oriented Primary Care (EDOPC) staff for education teleconferences. You can earn CME credit and learn how to identify the purpose of early intervention, conduct various screenings using appropriate and effective tools, and develop strategies for making referrals for children and their families when you have concern, employ parent/caregiver education materials, and implement efficient office procedures for screening and referrals.

EDOPC Education Teleconference Schedule

- September 15, 2009 - Early Autism Screening and Referral
- November 17, 2009 - Topic To Be Determined

All teleconferences are conducted from 8 a.m.-9a.m. For answers to questions and additional information about these opportunities or to register for an education teleconference, please contact Paula Zajac, Project Coordinator at 312/733-1026 ext 212 or pzajac@illinoisaap.com.

Save the Date:
Risk Management seminar
IAFP and ProAssurance will present a Risk Management seminar to better prepare you and your practice for tomorrow's challenges.

Tuesday, September 22
6:00-8:00 p.m.
Maggiano's Little Italy, Oakbrook
Registration and dinner begins at 5:30

This live program is FREE for IAFP members ($100 for non-members) and awards continuing medical education credit and may qualify you for premium credit.
To register, e-mail Kate Valentine at kvalentine@iafp.com

AMERICAN ACADEMY OF FAMILY PHYSICIANS

This program is supported by an educational grant from PriCara, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., administered by Ortho-McNeil Janssen Scientific Affairs, LLC.

Don't "cut" procedures from your practice

By John L. Pfenninger, M.D.

Nearly all physicians experience the financial pressures of providing medical care. Certainly those in private practice know the difficulty of making ends meet, but employed physicians are also feeling the crunch as they are more commonly being reimbursed based on their productivity and "relative value units." As medicine specialized, many primary care physicians dropped procedures along with simpler things, like skin biopsies, treatment of hemorrhoids, vasectomies, and even incision and drainage of abscesses. It's time to reconsider acquiring some of these basic skills, if you don't already have them.

Primary care physicians have many reasons as to why they exclude procedural skills from their practices. They cite liability concerns, start-up costs and lack of training, among other things. These excuses don't justify the loss of benefits that procedures could provide.

When physicians offer procedural skills to patients, they provide a more comprehensive quality of care. When a patient presents with an infected toenail, rather than using a course of antibiotics, which not only costs money but also increases the risk of antibiotic resistance, physicians should be able to remove the corner of the nail and resolve the problem right there. The treatment for a foreign body—the ingrown nail—is removal, and the procedure avoids the potential diarrhea or yeast infections often associated with antibiotics.

Doing procedures can reduce health care costs. Whenever a patient is referred, the initial charge for the consult is significant. When the physician is seeing a patient who has been evaluated within the previous three years, you don't need a separate office visit. This provides a savings to the system. What really saves is the fact that most procedures performed by other specialists are carried out in ambulatory surgery centers and in hospital operating rooms. Sebaceous cysts, lipomas, skin cancers (basal cells, squamous cells, melanomas) and more can all be easily treated in the office.

People prefer to be treated by someone they know and trust. They don't want to be sent somewhere else where they will have to take more time off work and most likely wait to be seen. They don't want the anxiety of not knowing their diagnosis. They want their doctor to do it, as soon as possible.

Family physicians pride themselves on the continuity of the care they deliver. Yet we are giving up obstetrical and hospital care. By not doing procedures, we become more like the "triage officers" that we so commonly decry. If we don't do the smaller, simpler procedures in the office, patients soon start going elsewhere for care and continuity is lost. When someone in your practice comes in for a sebaceous cyst or follow-up of a small basal cell that you treated, you can also follow-up on whether or not he had the colonoscopy you recommended and how he is doing on his efforts to stop smoking, as well as follow-up on myriad other problems if necessary. Performing procedures provides more opportunities to enhance all health care efforts.

Physicians who have procedural skills do not abuse the system to make more money. Rather, they provide a level of care that is desirable and preventive in nature.

Performing procedures in the office and the hospital doesn't just improve quality of care, decrease costs, improve patient satisfaction and decrease liability; it also increases your financial bottom line.

Here's the secret those of us who offer procedures are happiest to share: doing procedures is fun! Many of us look forward to performing procedures. There is immediate feedback on the benefits that procedures provide. Patients are thankful and their problems are resolved right there in your office.

Courses are available through many societies and educational organizations, including the National Procedures Institute, which now is directed by a joint venture of the Texas Academy of Family Physicians, the American Academy of Family Physicians, and the Society of Teachers of Family Medicine. Through textbooks, videotapes, Web sites, models and simulators, and willing teachers, you can learn to perform procedural skills well, and you can enjoy the many benefits.

If you say you can't, you'll be correct—you can't. But, if you say you can, you will also be correct! Not only can you perform procedures, but you can do them well. And with your broad background and expertise, you will give your patients so much more than they would receive if you sent them to other specialists.

John L. Pfenninger, M.D., is the founder the National Procedures Institute, which teaches outpatient diagnostic and therapeutic procedural skills to primary care physicians. A clinical professor in the Department of Family Practice at Michigan State University in East Lansing, Michigan, Pfenninger is the editor of the comprehensive text "Procedures for Primary Care Physicians" (Mosby, 1994) and " Pfenninger and Fowler's Procedures for Primary Care" (Mosby 2003, 224 Chapters). For more information visit www.npinstitute.com.

National Procedures Institute is coming to Chicago!
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See the list of courses available at
http://www.npinstitute.com/calendar.asp

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Family Health Foundation of Illinois

About your Foundation Board of Directors:

The Family Health Foundation board of directors encompasses IAFP members from around the state and across the family medicine spectrum. The resident and student board members get their first exposure to IAFP leadership and also serve as the leading voices for their respective constituencies.

The 2009-10 Foundation Board of Directors

Chair- *Carolyn C. Lopez*, M.D. – IAFP past president. Medical Director for Near North Health Service Corporation and President of the Chicago Board of Health

Vice Chair- *Steven D. Knight*, M.D. – IAFP Board Chair and private practice physician at Primary Care Group in Harrisburg.

Treasurer - *David J. Hagan*, MD – IAFP 1st Vice President and private practice owner in Gibson City.

Secretary and Executive Director - *Vincent D. Keenan*, C.A.E., IAFP executive vice president

Directors:

Robert Heerens, M.D. – Retired from practice, still educating seniors in the Rockford area through the Senior to Senior program (see May/June issue for more information on this program)

Janet Albers, M.D. – Director of the SIU Springfield Family Medicine Residency Program

Fredric D. Leary, M.D. – Senior Medical Director for McKesson Health Solutions and lives in Oak Park.

Susan Rife, D.O. – IAFP past president in private solo practice in Orland Park

Stephen Stabile, M.D. – Cook County Bureau of Health

Calvin Fischer, D.O. – 2005 IAFP Family Physician of the Year, private practice in Hoffman Estates

Arvind K Goyal, M.D. – 2001 IAFP Family Physician of the Year. He is the chief medical officer for Linn Community Care, a federally qualified health center and residency program in Cedar Rapids, Iowa through Alexian Brothers Health System.

Kristin D. Drynan, MD – Private practice in Geneva

Kathryn Stewart, MD – North American Medical Management

Meet your resident and student board members:

The resident and student members of the IAFP Foundation board will move up to the IAFP Board of Directors in July 2010. This is their first year of a two year commitment to the Academy as future leaders in family medicine. In addition to serving on the board, they will be the leading voices for their fellow residents and students. They will assist IAFP staff in planning student and resident programming, as well as promote IAFP events, programs and services, such as the Summer Externship Program and Tar Wars. Here is a little bit about each of them.

Resident:
Lareina Pedriquez, MD – North Shore Family Medicine Residency

Lareina serves on the IAFP's Public Health committee and lobbied for family medicine at the 2009 Spring into Action event on March 18th. She also exhibited with her program at the IAFP Preparing for Residency program and attended the January Resident Roundup at her residency.

"After attending several IAFP events, I realize that I have learned so much just by being involved," she says. "I believe that my fellow residents, often bogged down by extensive work hours and sleep deprivation, do not realize the benefits of being involved and the seamless learning that can be accomplished."

Student:
Bethany Cohen – Loyola University – Stritch School of Medicine

Bethany served as the Loyola FMIG president this past year, where FMIG meetings and events had incredible attendance. This year Loyola had the state's highest percentage of graduates matching into family medicine. She attended both the IAFP Fall Forum and Preparing for Residency events this past year.

"I think one of the best ways I could contribute to guiding the student membership of IAFP would be to help plan a few more student activities that appeal to first and second year medical students and provide them with more information on family medicine. For example, this year we were able to greatly increase our membership at Loyola, by catering an informational panel about primary care to first and second year students."

MAMIE DIDN'T BELIEVE IN PROMISES. UNTIL **ROB** KEPT HIS.

"It was obvious she'd given up." Mobility Consultant Rob Compton heard the despair in Mamie's voice when she called. The single mother couldn't get around due to diabetes, severe edema and weight issues. "When I promised to help, Mamie said she didn't believe the word 'promise'." But Rob didn't give up until he found a way to get her a power chair. He was even there when it was delivered. "We both cried tears of joy." Rob smiles. "She sent me a card that read: 'thanks for not giving up when I did. And for making *promise* not such a bad word anymore'."

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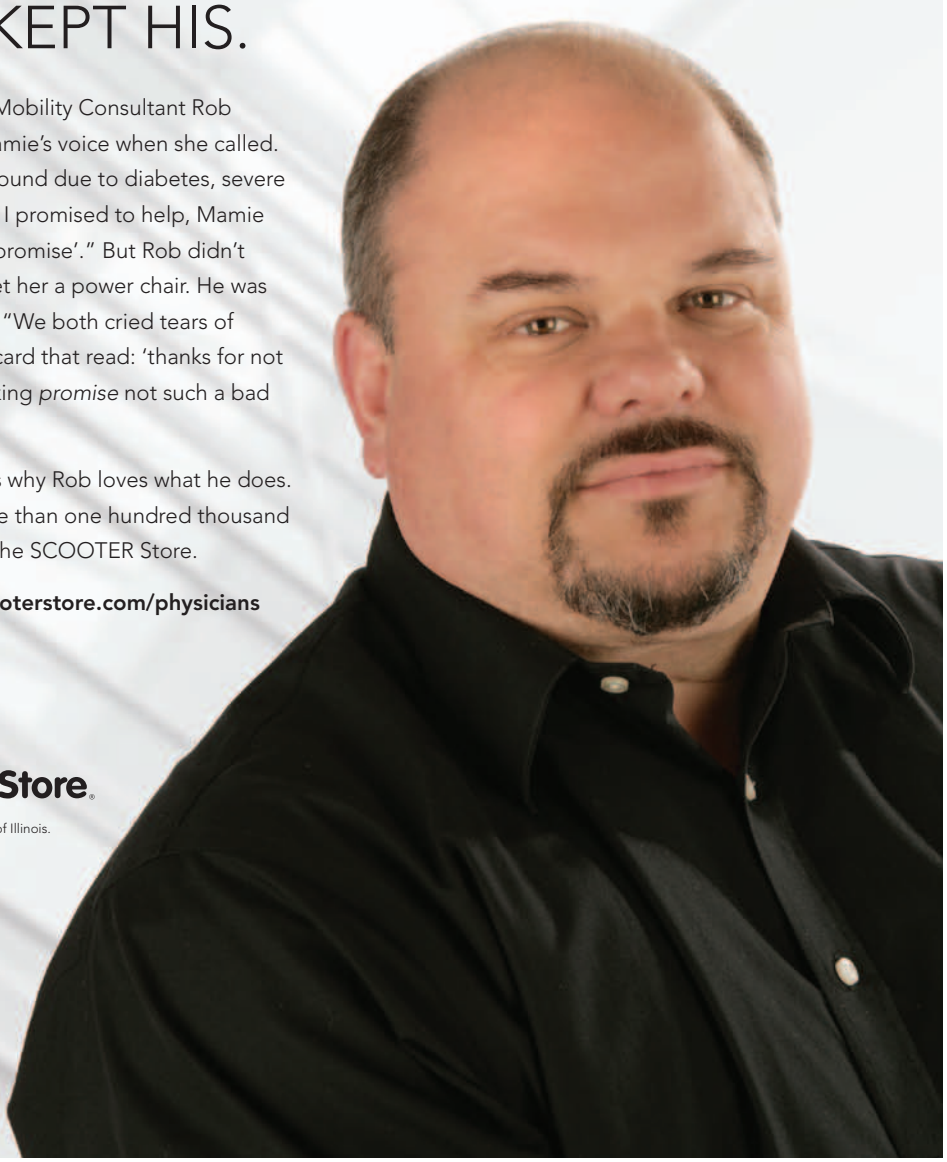

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Tamarah Duperval-Brownlee, MD
Mile Square Family Health Center, Chicago
IAFP Board of Directors, Class of 2011

Why did you choose family medicine?
I chose family medicine because I wanted the opportunity to take care of the whole family. I felt that going into medicine was truly mission-based and my mission, like most medical students, was to "save the world." When I realized I wouldn't be able to do that, I at least wanted to be able to take care of everyone I saw who came through the door.

Talk about your IAFP activities
I have been a part of the Urban Health Task Force which has been a great opportunity to get to know other members who are active in urban health around the state. I'm also on the Public Relations Task Force which has been a fantastic opportunity to educate others what family medicine is all about and the issues we hold dear to our heart. Now serving on the board, I'm exposed to a whole other level of advocacy, which is my true passion in family medicine.

What is the IAFP's best resource?
By far the Academy's best resource is our staff. I say that because just about anything family physicians would need – the staff can point you in the right direction.

How do you champion family medicine?
I champion family medicine everywhere I go. I have the opportunity to interact with lots of different people through my church, which has about 8,000 members. And people there know who I am because of my willingness to help. When they ask what I do I tell them very proudly I'm a family physician because I can be a resource to people. Wherever I can, at the Academy, in church, or all the other things I do in the community, I'm very proud to let people know I chose family medicine.

How do you balance the demands of the career with your personal health and well-being?
I balance my health and well-being with being a family physician and all the other things I do by remembering that I do come first. If I can't be at my best, physically, mentally and spiritually, then I can't do well for the people I take care of. So being part of a church and a community of believers and practicing faith is very important. I try to exercise regularly and I find a particular peace in running.

If you weren't a doctor…
I've often fantasized that if I weren't a doctor, I'd probably be a philanthropist. I would find a way to access wealth or be a manager of wealth to be able to literally give it away. I think I'm put here to educate people and empower people to do what they were put here to do.

About your practice…
I work in a wonderful practice – it's a federally qualified health center that's been in existence for over 40 years. So we have a great legacy of taking care of people who are uninsured, underinsured and historically didn't have many places to go for care, but needed a place to go where they could get quality care, and be treated with compassion. We currently take care of 30,000-32,000 persons in the Chicagoland area.

The biggest health issues facing patients in our practices are stress-related illnesses. I do believe there is a strong increase in depression and anxiety. What I learned from my travels last summer in my fellowship (to Belgium and Germany – see story in October/November 2008 family physician, page 26 at http://www.iafp.com/pdfs/octnov08.pdf) is that health care is truly a human right that should be afforded to everyone. I think if that were greatly understood in this country, it wouldn't be so hard to address the issue of affordable health care for everyone. Everyone who has a health condition should be afforded the opportunity to get better.

Something unusual about you…
I like to perform. I like to sing, I've danced before. I don't get to do either of those things much anymore. I actually love that part of my brain and I wish I could get back into it!

Members in the News

E-mail Ginnie Flynn at gflynn@iafp.com to share your media clips or to request a copy of any items listed below.

Dana Ray, MD of Decatur has been appointed to the Decatur City Council to fill the unexpired term previously held by Mayor Mike McElroy. Dr. Ray was introduced as the new city council member on May 8th and approved by a council vote on May 18th. She is a physician at Community Health Improvement Center and an ordained minister.

Bernard Ewigman, MD is now the double chair of Family Practice at University of Chicago – Pritzker School of Medicine and NorthShore University Health System.

Past president and current Foundation chair **Carolyn Lopez**, MD of Chicago has been appointed President of the Chicago Board of Health. **Steven Rothschild**, MD was appointed to the Board of Health as a member.

Former IAFP board member **James Bull**, MD of Silvis was elected to the Illinois State Medical Society (ISMS) Board of Trustees.

Harold Lausen, DO, assistant professor of family medicine at Southern Illinois University School of Medicine, has been elected to a two-year term as secretary of the Association of Osteopathic Directors and Medical Educators. AODME is a professional association that represents development opportunities for members.

Robert Bales, MD is featured in an April 30th *Rockford Register-Star* article on smoking cessation and the impact that the new federal cigarette tax increase is having in smokers seeking to quit. He is also featured in a follow up article on May 7th discussing the controversial new product known as the "e-cigarette," a battery-operated device that delivers a nicotine vapor to the user without the tobacco products of traditional cigarettes.

Rushia Butler, MD of Manhattan (a 2008 Family Physician of the Year nominee) was featured in a May 20 *Joliet Herald News* article about her farm and growing her own vegetables. Butler and her family are able to lead by example about making healthy food choices.

Past President **John Adams**, MD of Danville will be leaving Illinois after 26 years in Danville. His story was featured in the May 20th issue of the *Danville Commercial-News*.

IAFP Board member **Carrie Nelson**, MD of Aurora was quoted in a front page May 25th *American Medical News* article about the lessons learned from the H1N1 (swine flu) virus pandemic and the struggle providers faced in keeping up with the barrage of information from various health care resources.

IAFP past-president **Lee Sacks**, MD, who is Chief Medical Officer for Advocate Health Care, was featured in a June 4 *Chicago Tribune* article about the need to create health care reform in a system that will help small practices and not just hospitals and large systems.

Matthew Johnson, MD of Park Forest served as a local resource for a June 7th *Southtown Star* story looking at the practical implication of Senate Bill 212, which codifies expedited partner therapy in treating sexually transmitted diseases.

Arvind Goyal, MD of South Barrington was widely quoted in the June 18th *Washington Post* with reaction to President Obama's June 15th address to the American Medical Association and the AMA's subsequent resolution. Goyal is a delegate to the AMA for the American Association of Public Health Physicians.

Jerry Kruse, MD and **Janet Albers**, MD – both from SIU department family medicine - were featured in a June 18th *Illinois Times* article about the medical home and Sen. Dick Durbin's proposed federal legislation to pilot medical homes through Medicaid and SCHIP programs in eight states. Kruse has been involved in helping Sen. Durbin and Sen. Richard Burr (NC) craft the legislation.

Also on June 18 in the *LaSalle Tribune*, IAFP Member **Jon Pritchett**, MD of Mendota is quoted about the importance of wearing a helmet as part of staying safe while cycling.

Jeff Ripperda, MD of Murphysboro is widely quoted in a June 17 *Southern Illinoisan* article on summer injury prevention, discussing water safety and driving safety. The article was widely reproduced throughout the region.

IAFP executive vice president **Vince Keenan**, CAE is quoted in a *Springfield State Journal-Register* story taking a closer look at the Illinois Health Connect program which ran on June 20.

IAFP first vice president **David Hagan**, MD of Gibson City is featured in a *Chicago Tribune* Monday June 29th about how low Medicaid payment rates are discouraging for doctors and may even contribute to the lower numbers of medical students choosing family medicine. In a related *Washington Post* story about the shortage of primary care physicians that also ran on the Tribune on Monday, UIC family medicine chief resident **Noah Walman**, MD is pictured.

Congratulations to SIU School of Medicine Department of Family and Community Medicine for their AAFP "Top Ten" award from AAFP as one of the nation's top ten medical schools for producing family physicians. The *Southern Illinoisan* ran a story about the award on Monday June 29.

Congratulations to Crusader Community Health Belvidere on their 5th anniversary. The clinic was featured in the June 30th *Rockford Register-Star*, including quotes from family physician **John Wall**, MD

News Briefs

Americans Who Don't Know They Have Diabetes Incur $18 Billion in Health Expenses Each Year

Americans living with undiagnosed diabetes incur an estimated $18 billion in healthcare expenditures each year, or $2,864 per person in medical services and lost productivity from diabetes-related complications, according to a new study initiated by the National Changing Diabetes® Program and published in the journal, Population Health Management.

Undiagnosed diabetes represents 8.3 percent of the $218 billion cost of diabetes and pre-diabetes estimated for 2007. "For the first time we are beginning to get a sense of the total economic burden of diabetes to our health care system and economy," said Timothy Dall of the Lewin Group, which conducted the study. "The cost is particularly astonishing, given that a significant number of diabetes cases and related complications are largely preventable."

About 25 percent of the 23.6 million Americans living with diabetes are not aware that they have the disease, according to the study, published in the April issue. Data also show the prevalence of undiagnosed diabetes increased with age (until age 70) and was more common in men. The cost of diagnosed diabetes was estimated at $174 billion in 2007. Pre-diabetes was associated with $25 billion in health care expenditures, and gestational diabetes resulted in $623 million in costs.

The National Changing Diabetes® Program (NCDP) is a multi-faceted initiative that brings together innovators in diabetes education, treatment and policy to improve the lives of people with diabetes. NCDP strives to create change in the U.S. health care system to provide dramatic improvement in the prevention and care of diabetes. Launched in 2005, NCDP is a program of Novo Nordisk. For more information, please visit www.ncdp.com.

Illness and Medical Bills Linked to Nearly Two-Thirds of All Bankruptcies

Medical problems contributed to nearly two-thirds (62.1 percent) of all bankruptcies in 2007, according to a study in the August issue of the American Journal of Medicine. The data were collected prior to the current economic downturn and hence likely understate the current burden of financial suffering. Between 2001 and 2007, the proportion of all bankruptcies attributable to medical problems rose by 49.6 percent.

Surprisingly, most of those bankrupted by medical problems had health insurance. More than three-quarters (77.9 percent) were insured at the start of the bankrupting illness, including 60.3 percent who had private coverage. Most of the medically bankrupt were solidly middle class before financial disaster hit. Two-thirds were homeowners and three-fifths had gone to college. In many cases, high medical bills coincided with a loss of income as illness forced breadwinners to lose time from work. Often illness led to job loss, and with it the loss of health insurance.

Even apparently well-insured families often faced high out-of-pocket medical costs for co-payments, deductibles and uncovered services. Medically bankrupt families with private insurance reported medical bills that averaged $17,749 vs. $26,971 for the uninsured. High costs - averaging $22,568 - were incurred by those who initially had private coverage but lost it in the course of their illness. Hospital bills were the largest single expense for about half of all medically bankrupt families; prescription drugs were the largest expense for 18.6 percent.

The research, carried out jointly by researchers at Harvard Law School, Harvard Medical School and Ohio University, is the first nationwide study on medical causes of bankruptcy. The researchers surveyed a random sample of 2,314 bankruptcy filers during early 2007 and examined their bankruptcy court records. In addition, they conducted extensive telephone interviews with 1,032 of these bankruptcy filers.

Dr. David Himmelstein, the lead author of the study and an associate professor of medicine at Harvard, commented: "Our findings are frightening. Unless you're Warren Buffett, your family is just one serious illness away from bankruptcy. For middle-class Americans, health insurance offers little protection. Most of us have policies with so many loopholes, co-payments and deductibles that illness can put you in the poorhouse. And even the best job-based health insurance often vanishes when prolonged illness causes job loss - precisely when families need it most. Private health insurance is a defective product, akin to an umbrella that melts in the rain."

Dr. Deborah Thorne, associate professor of sociology at Ohio University and study co-author, stated: "American families are confronting a panoply of social forces that make it terribly difficult to maintain financial stability - job losses and wages that have not kept pace with the cost of living, exploitation from the various lending industries, and, probably most consequential and disgraceful, a health care system that is so dysfunctional that

even the most mundane illness or injury can result in bankruptcy. Families who file medical bankruptcies are overwhelmingly hard-working, middle-class families who have played by the rules of our economic system, and they deserve nothing less than affordable health care."

A copy of the study is available at http://pnhp.org/new_bankruptcy_study or through the American Journal of Medicine, ajmmedia@elsevier.com, (212) 633-3944. The authors have also prepared a supplementary "Fact Sheet" and a "Q&A" on medical bankruptcy, both of which detail the study's methods and findings. See the same link above.

"Medical bankruptcy in the United States, 2007: Results of a national study," David U. Himmelstein, M.D; Deborah Thorne, Ph.D.; Elizabeth Warren, J.D.; Steffie Woolhandler, M.D., M.P.H. American Journal of Medicine, June 4, 2009 (online).

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Please contact Ed Ross at Atlantic at (866) 393-4190 and by e-mail at info@atlantichealthpartners.com.

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4756 Main Street
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Phone: 630-435-0257
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