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Illinois Supreme Court takes caps off the table – again

On February 4, the Illinois Supreme court finally released its ruling on the Illinois Medical Malpractice Reforms (the decision had been delayed from a scheduled December 2009 release date). The Court ruled in a 4-2 decision (Justice Robert Thomas abstained) that the caps on non-economic damages violated the Illinois Constitution's separation of powers by legislating judicial prerogative to set jury awards.

In his dissenting opinion, Justice Lloyd Karmeier wrote, *"We cannot nullify a legislative enactment merely because we consider it unwise or believe it offends the public welfare. For us to second-guess the wisdom of legislative determinations would, in fact, be prohibited by the Illinois Constitution of 1970, which expressly states that "[n]o branch shall exercise powers properly belonging to another." In my view, the majority's opinion today flatly violates this prohibition. While my colleagues purport to defend separation of powers principles, it is their decision, not the action of the General Assembly, which constitutes the improper incursion into the power of another branch of government."*

The same day that the Supreme Court released its opinion, IAFP released the following statement by President Patrick A. Tranmer, MD:

"IAFP is extremely disappointed in the Court's decision to remove the cap on non-economic damages in medical liability lawsuits. As a result, medical liability insurance providers will once again pass the uncertainty of that potential "jackpot verdict" on to physicians in the form of higher annual premiums.

"This decision will have an immediate chilling effect on family physicians. Current family physicians will once again curtail procedures and refer more patients to subspecialists and emergency rooms, which adds up to higher and preventable costs to patients, payers and taxpayers. Doctors will order more tests as a defensive measure, rather than use their training and patient relationships to guide their decision-making. Meanwhile, future physicians will choose other states with fair medical liability systems and lower premiums, creating a shortage of physicians in many areas of our state already in need.

"Illinois physicians and patients joined together to convince the Illinois General Assembly to pass this law in 2005. This is a proven solution that ensures patients that prevail in court receive all the economic support for needed health care services and lost income. Caps also ensure that needed health care providers are not driven out of practice by unsubstantiated payouts driven by emotional courtroom pleas, but unrelated to the actual cost of care.

"We can't return to the jackpot justice system historically run out of courtrooms in Cook County and Metro East. Because medical liability reform is not even on the table in the U.S. Congress, it's even more important that we protect reforms already in place at the state level.

We will join with the physician community to restore fairness and common sense to Illinois' medical liability system."

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President's Message

Patrick Tranmer, MD

Stepping up, stepping back, but we keep moving!

Six months ago we were talking about big changes on the horizon and the momentum towards meaningful federal health care reform. Well, here we are now - with no giant steps forward towards a federal health care solution. But we have taken some meaningful small steps forward here in Illinois. So let's take a collective deep breath, reassess where we are, where we might go, and what we can do now.

Let's start with some good news. During the last Illinois General Assembly legislative session, health advocates successfully passed HB3923, which mandates some common sense reforms for private health insurance companies covering Illinoisans. Specifically, patients in all plans - not just the 12 percent of Illinois residents covered by HMOs - will have the right to a timely and independent review of all denied claims.

IAFP lobbied for this bill during our Spring into Action events in the spring of 2009. I was honored to personally see this effort cross the finish line on January 5th, when I attended Gov. Pat Quinn's bill-signing ceremony at the State of Illinois building in Chicago. With the support/enforcement of the Illinois Department of Insurance, our medical judgment and our patients will have a fair fight against unsubstantiated coverage denials.

Also under the new law, insurance providers that cover small businesses

and individuals must accept a standard insurance application by January 1, 2011. The standard application makes it easier for businesses and individuals to apply for and to compare policies to find the best and most affordable insurance. Finally, someone gets a break from insurance company paperwork confusion!

Additionally, House Bill 3923 requires health insurers operating in Illinois to provide the state with how much they receive in premiums and how much of those premiums are spent on paying claims and health care versus covering administration costs, what we call medical-loss ratio. The Department of Insurance will post this information online to ensure greater accountability among Illinois' health insurance companies.

However, Illinois physicians have suffered a fairly significant blow in February from the Illinois Supreme Court, when they released their controversial decision that made medical malpractice non-economic damage caps unconstitutional. Because of the law's construction, this ruling negates the entire law that we worked so hard to pass in 2005. With all the challenges we face in providing access to care and building our physician workforce, this ruling is a tremendous setback for our state. It will be much harder to recruit physicians to Illinois with higher malpractice insurance premiums and an ominous court system widely known for disproportionally high damage awards. You can view the full IAFP response statement on page 1.

Illinois continues to reel from the close gubernatorial primary election results and the surprising Lt. Governor Democratic primary. Both parties are engaged in some key legislative races that promise to be both hotly contested and costly as attention turns to the general election November 2nd. Again, there is real work to be done in Springfield during this spring's legislative session. Our state's finances are still in trouble; our state's needs are still great. This is not a year to sit idly and kick the can down the road until after the election. There will be much work to do, both in the legislature and in our work with the various executive branch agencies. You can be sure that family medicine and IAFP will be engaged and involved.

Personally, I'll be heading to Springfield on March 10th to represent you at the first of five Spring into Action days. This is our ongoing opportunity to keep family medicine and public health on the front burner. This year, the Medical Practice Act sunsets and we'll be sure to ask legislators to support its renewal. And once the Governor presents his state budget, IAFP will review the impact on our state's health care delivery and voice our opinion with legislators and executive staff. To that end, we will join with others in support of a $1 per pack increase in the cigarette tax as part of our ongoing quest to uphold tobacco cessation and prevention.

While specific legislation may be addressed beyond these identified issues, IAFP members will continue to educate legislators and policymakers about the benefits of a patient-centered medical home. Our staff and lobbying firm will provide members with all the tools and information to prepare

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per·for·mance pər fôrm´ məns

The fulfillment of a claim, promise, or request. Something accomplished.

When the going gets tough, we hang in there.

When out-of-control jury awards caused most medical liability insurance companies to leave Illinois, ISMIE hung in there. We remain true to our promise to battle frivolous liability claims. We continue to provide coverage to the physicians of Illinois, standing strong in our support of our physician policyholders and their patients. And every day we work to keep physicians' reputations and livelihoods intact. **That's performance. For more information on how ISMIE protects the practice of medicine in Illinois, call 1-800-782-4767 or visit www.ismie.com.**

Protecting the practice of medicine in Illinois

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President's Message

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for face to face discussions with our legislators on the bills that matter most. Take one day out of your schedule next month - April 13, 14, or 15 - and make the case for family medicine. Register online at www.iafp.com. It's easy and it's important.

Meanwhile the chess game continues on Capitol Hill in Washington, D.C. Our leaders in Washington need to get back to the business of solving our health care crisis. The solution is much more than just Medicare. We need big changes to create a system that works for patients of all ages, and all the providers who care for them. While the mainstream media and various voices may zero in on one hot-button issue or another, the family medicine and primary care communities continue to take the same comprehensive approach to reform that we take to caring for our patients. Because we know that's what works! Better outcomes and lower costs cannot be achieved with baby step reforms.

Several IAFP leaders and federal key contacts will join me in Washington, DC for the AAFP Family Medicine Congressional Conference in May, where family physicians from across the country will unite on Capitol Hill for a full day of lobbying on your behalf. Our mission continues; I'm lacing up my shoes for the next leg of this journey. Our leadership is ready, and we ask you to do what you can to support us, your colleagues and your patients. We must take that giant leap forward.

Dr. Tranmer with Gov. Pat Quinn and Dept. of Insurance Director Michael McRaith

More on the insurance reform law from Michael T. McRaith, director, Illinois Dept. of Insurance

Q: Given the budget problems in our state, how will DOI prepare for a potential influx/increase of requests for independent review?

A: The Department of Insurance is funded not by the State General Revenue Fund but, rather, by assessments on the regulated industry and individuals. While DOI's funding has declined in previous years due to fund "sweeps," Governor Quinn's support for DOI has been helpful in assuring sufficient appropriation levels. With respect to the external, independent reviews, DOI's role will involve licensing the Independent Review Organizations (IRO's) that will conduct the review, monitoring the insurers for compliance with the law, and responding to appeals from IRO decisions. Costs associated with the external review will be paid by the insurer and the actual external review will be completed by an IRO. As a result, implementation by the Department will not require additional resources or personnel.

Q: What will be the measure of an acceptable medical-loss ratio for insurance companies and what action can DOI take for companies that don't meet that ratio?

A: DOI supports regulation of health insurers through the imposition of a medical-loss ratio because that regulation can assure patients receive health care in exchange for health insurance premiums. The new law (HB 3923), which resulted from extensive negotiations, establishes an important first step by requiring the collection and publication of insurers' loss ratios. At a minimum, this information will allow policymakers, including the General Assembly, to evaluate the efficiency of the Illinois health insurance marketplace. In addition, the published information will allow consumers to determine which insurers are most likely to deliver health care value in exchange for premiums paid.

Illinois gets seed money for statewide HIT implementation

After years of theories, discussion, planning and forming a task force, Illinois is finally getting the missing element of the health information technology action plan, the funding!

The State of Illinois will receive $18.8 million in federal funds to develop a statewide Health Information Exchange (HIE), which will allow Illinois' health care providers to electronically share health information. Governor Pat Quinn signed Executive Order 2010-1 to create the Illinois Office of Health Information Technology to execute the exchange. The new office will be funded by the federal grant and housed in the Governor's Office. The office will develop and implement the state's health information technology initiatives, including the creation of the statewide HIE.

The HIE will allow health providers across the state to securely share and access vital health information electronically, reducing medical errors and improving patient care coordination. Providers will be able to share health information such as electronic medical records, insurance claims and prescription records.

The HIE and the funding bring to fruition efforts led by IAFP and state Rep. Julie Hamos (D-Evanston) who sponsored our legislation in 2005 that created the Electronic Health Records Task Force. IAFP past president and current delegate to AAFP, Ellen S. Brull, MD, serves on the task force. "We know that access and communication of health information can be a matter of life and death for our patients," said Dr. Brull. "Electronic health records are critical to better care, but most practices or institutions cannot take on the task or the costs of implementing the technology alone. And coordination across the health care spectrum is essential."

The federal funding is authorized through the American Reinvestment and Recovery Act of 2009 (ARRA), State Grants to Promote Health Information Technology and Implementation Projects. The ARRA dedicated more than $20 billion to develop a nationwide electronic health records exchange by 2014. The Illinois Office of Health Information Technology will also collaborate with the two ARRA-funded Regional Extension Centers in Illinois, which are led by Northern Illinois University and Northwestern University. These centers will provide technical assistance and outreach to primary care providers and hospitals throughout Illinois to help them adopt electronic health records.

Two Regional Extension Centers will assist Illinois practices

This assistance at the state and regional level will facilitate health care providers' efforts to adopt and use electronic health records (EHRs) in a meaningful manner that has the potential to improve the quality and efficiency of health care for all Americans. A federal investment of $375 million will go to support the development of regional extension centers (RECs) that will aid health professionals as they work to implement and use health information technology. RECs will provide outreach and support services to at least 100,000 primary care providers and hospitals within two years. In Illinois, Northwestern University and Northern Illinois University each will receive over $7 million to create and serve as RECs for Illinois.

The wheels are turning, the rubber is meeting the road, and IAFP is ready to work with the new system and for our members. "With our newly established Electronic Health Records and Connectivity committee, we hope to designate a family physician representative in each MTA (Medical Trading Area) to voice family physicians concerns and needs," says Vincent D. Keenan, CAE, IAFP executive vice president. "Our priority is to work with the RECs as they facilitate our members' practice transformations from product selection to implementation of health information technology so they can maximize their use of E.H.R. and qualify for the meaningful use funding from Medicare and Medicaid."

Ready for Action: IAFP's new committee

So what will all this EHR-HIE-REC alphabet soup electronic era mean for Illinois family physicians? In anticipation of the full-scale movement to electronic health records and health information technology, IAFP established a new EHR and Connectivity Committee. IAFP board member Dennon Davis, MD of West Frankfort chairs this new committee.

IAFP board member Dennon Davis, MD

Dr. Davis is a long time E.H.R user and is ready to lead Illinois family physicians into the electronic era. Specifically, he envisions IAFP online user groups for members who use specific EHR systems. Members would join a user group for one of the major EHR brands that are in use by primary care physicians. For example, Dr. Davis has been a long time user of Practice Partner.

"I care for patients in several locations, including nursing homes, spread across the region," says Davis. "The ability to manage their care, from any location, is

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vital in getting the right care at the right time, and preventing costly errors that can result from incomplete or missing information between providers."

Within each brand EHR user group, there would be a place for any member, regardless of their stage on the electronic health records continuum.

- EHR seekers -- those who do not yet have EHRs or are seeking to get a new EHR. This group would learn about the branded system from those who are already using it. It would be a place to seek references.

- Practices or members could identify themselves as those who are seeking inexpensive systems, mid-range systems or larger expensive systems in order to network with similar practices in their same budget class.

- EHR Do-It-Yourselfers (DIYs) -- those who are the decision maker of the EHR for their practice.

- EHR servants -- those who did not have a choice in the EHR system they are using but are now obligated to learn it and use it.

Additionally, as a group of IAFP volunteer leaders, the EHR and Connectivity Committee will:
- conduct a survey of members to find out what systems they are using and recruit them to the appropriate user groups
- look at the final federal "meaningful use" standards/measures and seek to provide educational resources to help members achieve maximum rewards.
- help members with questions about technology and e-prescribing
- advocate for fair and equitable assessment of the costs to transmit patient records
- serve as advisors to the Health Information Technology Regional Extension Centers
- serve as representatives to Illinois' 16 Medical Trading Areas

"We all realize this is a major event in medicine and health care. Making this jump will take a lot of time, effort and a willingness to change," says Davis. "There are resources out there to help. The end result will justify the journey, with better documentation, efficiently coordinated-care, better outcomes, and stronger practices. I look forward to helping Illinois family physicians make that jump."

To join the committee, or connect with them on HIT issues, e-mail us at iafp@iafp.com for assistance. View the full list of IAFP committees at www.iafp.com/about/committees.

Looking for Outstanding FPs

Nominations are now open for the IAFP's three awards: the Family Physician of the Year and two Family Medicine Teachers of the Year (full or part-time faculty and volunteer faculty). Just complete the appropriate nomination form and **include a letter of support** outlining your reasons for nominating that member. **All nominees must be IAFP members in good standing. Deadline for all nominations is June 30th.**

Members of the IAFP Public Relations Task Force and the IAFP Board of Directors are not eligible for any of the awards.

The Family Physician of the Year Award recognizes a physician who
- Provides patients with compassionate, comprehensive and caring family medicine.
- Is directly involved in community affairs and activities to enhance the quality of the community
- Provides a credible role model professionally and personally to other health professionals, and residents and medical students
- Can effectively represent IAFP and the specialty of family medicine in the public arena
- Exemplifies the contribution of family physicians as leaders in improving the health of the citizens of Illinois.

Eligibility Requirements
Each candidate must:
1. Be in active practice.
2. Spend at least 50 percent of his/her time in direct patient care.
3. Be an IAFP member in good standing.
4. Be board certified in family medicine.
5. Be in practice at least five years since completing residency training

Link to a nomination form at http://www.iafp.com/PR/FPOYWANTED.pdf

The Family Medicine Teacher of the Year awards recognizes two family physicians that have made outstanding contributions in the area of teaching family medicine. One honor will recognize an employed family physician (full or part time). One will honor a family physician who teaches medical students, residents or active physicians on a voluntary basis.

Eligibility Requirements
Each candidate must:
- be an IAFP member in good standing;
- teach in either an academic and/or practice setting;
- have continuous active involvement in formal family medicine education at either the medical school, residency or post residency (i.e. CME) level;
- be actively engaged in direct patient care;

Candidate may not have previously won the award.

Link to a nomination form at http://www.iafp.com/PR/TOYNomination.pdf

View a list of past honorees at http://www.iafp.com/whatsnew/Awardwinners.pdf

PCMH – Just another acronym or the future of family medicine?

In many ways (and maybe in your own opinion) you already are the medical home for your patients. But now there is a movement well underway to qualify and even codify the high-quality, patient-centered, comprehensive care family physicians provide. It's called the Patient Centered Medical Home model – the PCMH. And though it will mean more rules and hurdles to clear, practices will find increased revenue, healthier patients and greater satisfaction for them on the other side.

A little history

AAFP, along with other primary care specialty organizations, medical benefit companies, insurers and employers have developed and championed the patient centered medical home (PCMH) model. It's the collective belief of these organizations that a PCMH model will improve patient outcomes and satisfaction across the board while also improving practice management, data collection and cost effectiveness.

The reasons for physician organizations like AAFP to promote the PCMH model are;

- To lead and empower medical practices in implementing the new model of patient-centered care — thereby improving health care for their patients, as well as the success of their practices (TransforMED's Mission Statement);
- To educate the entire membership about the imperative for change, the nature of the change needed and the unsustainability of the status quo, based on our environmental assessment;
- To describe and promote the patient-centered medical home to members and multiple other stakeholders as a viable alternative to the status quo and to clarify how a PCMH is different from the typical family medicine practice today;
- To provide practice transformation tools and education to help members move along the PCMH continuum;
- To advocate with employers, private and public insurers and state and federal legislatures to
  a) support benefit designs and physician payment policies that enable PCMH implementation and
  b) to promote and support multi-sponsor PCMH experimentation, evaluation and public reporting of results;
- To collaborate with constituent chapters and other primary care physician organizations to leverage our influence with members, payers, health plans and legislatures.

Transforming the practice – inside and out

To help family medicine prepare for and achieve the PCMH model, AAFP created TransforMED in 2005. This demonstration project, which concluded in May 2008 worked with practices of varying size and location across the country to adopt the "new model of care" principles generated by AAFP's' Future of Family Medicine project . Today TransforMED is a wholly owned subsidiary of AAFP working to transform family medicine and primary care practices for optimum efficiency and patient care. AAFP has also created the "Road to Recognition Guide" http://www.aafp.org/online/en/home/membership/initiatives/pcmh/aafpleads/aafppcmh/ncqaquide.html to help practices plan for and apply for National Centers for Quality Assurance (NCQA) designation as a Patient Centered Medical Home (with three possible levels of designation offered by NCQA). They also offer an online assessment tool, called the MHIQ (Medical Home IQ) http://www.transformed.com/MHIQ/welcome.cfm for practices to gage their readiness and capacity for transforming to a NCQA-rated medical home.

Momentum for PCMH

The Patient-Centered Medical Home (PCMH) "movement" hit its stride in the past last year. The multi-stakeholder organization leading this movement, the Patient-Centered Primary Care Collaborative (PCPCC, www.pcpcc.org), has experienced dynamic growth. Three years into its existence, it now counts more than 500 organizations among its members, compared to 130 only one year ago. The PCPCC is a coalition of major employers, consumer groups, organizations representing primary care physicians, and other stakeholders who have joined to advance the PCMH. The collaborative believes that, if implemented, the PCMH will improve the health of patients and the health care delivery system.

The number of private sector PCMH demonstration projects has more than doubled in the last year, including a pilot program at two sites in Illinois through Blue Cross Blue Shield. Federal and state health reform legislative proposals have incorporated PCMH principles. Illinois U.S. Senator Dick Durbin helped shepherd a PCMH demonstration project for Medicare.

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Family medicine's role in designating medical homes
The primary care physician organizations are working on your behalf to make the Medical Home recognition process effective and meaningful.

The Physician Practice Connections - Patient-Centered Medical Home (PPC-PCMH) program reflects the input of the American College of Physicians (ACP), AAFP, American Academy of Pediatrics (AAP) and American Osteopathic Association (AOA) and others in a revision of Physician Practice Connections to assess whether physician practices are functioning as medical homes. Building on the joint principles developed by the primary care specialty societies, the PPC-PCMH standards emphasize the use of systematic, patient-centered, coordinated care management processes.

There are nine PPC standards, including 10 must-pass elements, which can result in one of three levels of recognition. Practices seeking PPC-PCMH recognition complete a Web-based data collection tool and provide documentation that validates responses. The AAFP has endorsed the program for use in recognizing practices for participation in PCMH demonstration projects. NCQA has established a timeline for seeking input and making revisions to the program during 2010. The AAFP will participate actively in the revision process. Learn more, or submit comments, at http://www.ncqa.org/tabid/631/default.aspx

What's next?
Join us at the IAFP Nuts and Bolts of the Patient-Centered Medical Home conference this June 25-26 in Oak Brook. IAFP's new PCMH committee is planning an exciting event to help you transform your practice. Details are on page 15 and online registration is available at www.iafp.com. Register before May 31 and SAVE $50!

HEALTH INFORMATION TECHNOLOGY

Are you taking advantage of these e-prescribing technologies:

- ❐ Medication interaction checking
- ❐ Allergy checking
- ❐ Dosing alerts by age, weight, or kidney function
- ❐ Formulary information

Do you have these evidence-based medicine supports in place:

- ❐ Templates to guide evidenced-based treatment recommendations
- ❐ Condition-specific templates to collect clinical data
- ❐ Alerts when parameters are out of goal range
- ❐ Home monitoring

Does your practice use a registry to facilitate:

- ❐ Population health management
- ❐ Individual health management
- ❐ Proactive care
- ❐ Planned care visits

Do you have the access you need to these clinical decision support tools?

- ❐ Point-of-care answers to clinical questions
- ❐ Medication information
- ❐ Clinical practice guidelines

Is your practice connected to the health care community in these important ways?

- ❐ Internet access
- ❐ Quality reporting tools

JON WAS HONORED TO BE PART OF MR. BOND'S HEROIC STORY.
It was no ordinary delivery. As Jon Richardson brought in the power chair for Mr. Bond, he noticed a display of military memorabilia. "Then I saw the framed LIFE magazine cover. The soldier in the photo jumping out of the chopper was none other than my customer." Hearing the decorated veteran's story deeply touched Jon, a former Navy seaman himself. "At The SCOOTER Store, we believe in always doing the right thing. And sometimes, we're thought of as heroes. But Mr. Bond is the true hero."
The opportunity to change lives is why Jon loves what he does. And people like Jon are why more than one hundred thousand physicians trust their patients to The SCOOTER Store.
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***What will this mean for doctors?* Some answers from Michael T. McRaith, director, Illinois Dept. of Insurance**

Q: What can DOI do in the short term to protect physicians from dramatic premium increases this year?

A: DOI has observed enhanced competition and greater rate stability since the medical malpractice insurance reform law passed in 2005. One component of the 2005 reforms -- independent of the caps/limits on non-economic damages -- directly involved DOI's regulation of the medical malpractice insurance industry, including enhanced data reporting, transparency and rate oversight. These insurance reforms have resulted in a 10% decline in gross premium volume, new companies competing for the reduced premium volume, and better options for physicians and surgeons. DOI will ask insurers to continue voluntary compliance with the 2005 insurance reforms pending further action by the General Assembly.

Q: Will the standards/rules for how much an insurance company can hike rates each year change?

A: One rate oversight component reposed with DOI by virtue of the 2005 reforms is the authority to hold a public hearing on any proposed rate change in excess of 6%, or if 1% or 25 of an insurer's policyholders request such a hearing. Although this statutory provision was stricken in the Lebron decision, DOI intends to hold public hearings on any proposed rate change that is excessive, inadequate or unfairly discriminatory.

Q: What are the prospects for restoring the other provisions of the law that were struck along with the caps?

A: A bill to reinstate the medical malpractice insurance reforms was filed with the General Assembly during the week of February 8th (SB 3536 and HB 5841).

Information provided to IAFP by two liability insurance providers

From ProAssurance, provided by Frank B. O'Neil, Senior Vice President, Investor Relations & Corporate Communications

ProAssurance reaffirms its commitment to serving our Illinois insureds and their colleagues. We have said from the beginning that we are here to make—and keep—a promise of insurance protection that is second to none. We will not waver from that goal. ProAssurance has been able to make a long-term commitment to Illinois because we have always priced our product in a fair and reasonable manner, based on actual loss data. Thus our business was and is, priced adequately; we do not anticipate any immediate rate filings in response to this ruling.

We regret that the Illinois Supreme Court saw fit to strike down the carefully thought out, bi-partisan attempt to bring fairness to the Illinois medical/legal environment. This well reasoned package of reforms had begun to succeed in ensuring access to care for Illinoisans whose physicians finally felt they were going to be treated fairly by a legal system that they believed had long been tilted against them. Those who oppose tort reform miss the point that it's not about money; it's about creating a legal environment in which physicians feel that they will be treated appropriately and fairly, thereby assuring the widespread access to health care. That's why tort reform is so important. The Supreme Court's decision reintroduces the very real possibility that every case may result in the mega-verdict everyone fears. It's that fear and uncertainty may cause other professional liability insurers to re-evaluate their long-term commitment to the state. ProAssurance was committed to Illinois when we began to do business here before the passage of tort reform, and we remain committed to our insureds, and to assisting those who will renew their efforts to bring the Illinois medical/legal system into balance.

Government Relations

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The following was provided to IAFP by American Physicians Assurance Corporation

Illinois' second largest liability insurer, American Physicians Assurance Corporation, understands that doctors are concerned about the overturning of the state's 2005 medical malpractice reform law. Based on history, the Court's decision will likely create turmoil in the medical liability climate and result in some insurers leaving the state or limiting the areas where they provide coverage.

After Illinois' tort reform was overturned in 1997, at least 12 medical liability insurance carriers pulled out of the state. Many of them came back when reforms were passed again in 2005… but it's difficult to predict what they'll do now.

American Physicians has been serving Illinois doctors continuously since 1996 and has never limited the areas where they provide coverage. Although the company agrees that tort reforms work, their presence in Illinois was never contingent upon it.

"We expanded into Illinois because, with our headquarters in the Midwest, it was a good fit for us," said R. Kevin Clinton, President and CEO. "We have the financial strength and stability to withstand changes in the legal climate, and we knew we could provide a valuable service to doctors in the state."

Clinton added, "American Physicians has 34 years of experience successfully defending doctors, including 14 years in difficult venues like Cook County. With or without tort reform, we remain committed to our policyholders and are well-positioned to provide coverage to additional physicians in Illinois."

"Why is this the best fit for my practice?
They see things through my eyes."
ProAssurance understands your desire for more control, less uncertainty, and preservation of your hard-earned professional identity.
It's about fair treatment. You want reasonable rates with stable premiums, prompt service, easy access to valuable risk reduction information, and of course, unfettered defense of your good medicine.
The qualities you value most in a protection partner are easily within reach.
Just take a look.
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Treated Fairly
Professional Liability Insurance & Risk Management Services
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WARD'S 50
SAFETY • CONSISTENCY • PERFORMANCE
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From the Illinois Psychiatric Society
Important changes to Schedule II prescribing law

HB 488, now Public Act 96-0166, effectively brings Illinois into compliance with federal law. Prescribers of Schedule II medications can provide individual patients with multiple prescriptions for the same Schedule II medications to be filled sequentially. This permits patients to receive multiple prescriptions during one visit which will allow the patient, over time, to receive up to a 90-day supply of the Schedule II medication. You can also find this information on our web site at www.iafp.com/whatsnew.

Requirements:

1. Prescriber must provide written instructions on each prescription indicating the earliest date on which a pharmacy may fill each prescription.

2. The prescriptions cannot be post-dated. Each prescription must be dated as of, and signed on, the date when issued.

Examples:

Rx 1:

JANE DOE Today's Date
DOB/Age Address

Methylphenidate 10 mg
Sig: one 3 times daily
Disp # 90
NO REFILL
____________________MD DEA#_____________

Rx 2

JANE DOE Today's Date
DOB/Age Address

FILL ON OR AFTER TODAY'S DATE +30 DAYS
Methylphenidate 10 mg
Sig: one 3 times daily
Disp # 90
NO REFILL
____________________MD DEA#______________

Rx 3:

JANE DOE Today's Date
DOB/Age Address
FILL ON OR AFTER TODAY'S DATE +60 DAYS

Methylphenidate 10 mg
Sig: one 3 times daily
Disp # 90
NO REFILL
____________________MD DEA#_________________

Spring into Action 2010 – REGISTER NOW!
April 13, 14, or 15

Link to online registration at www.iafp.com

Join one of the final three "mini" lobby days to give family physicians, residents and students more opportunities to learn about our state government and advocate on issues that impact family medicine. You will meet with policy makers and legislators involved in creating and implementing state health care policy that affects you and your patients.

Any date you pick will enable you to:
- Advocate on behalf of family medicine and its strengths
- Increase your visibility with legislators and policymakers
- Exchange information about public policy and its effects on your practice and patients-April 15th is Residents Day

Questions? Contact Gordana Krkic at gkrkic@iafp.com or call 630-427-8007.

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IAFP is upgrading the look of our Online CME

The IAFP will be rolling out a new, more user friendly website for all our web-based CME activities in the spring 2010! The first activities to use this new online learning management system will be those modules the IAFP developed for the Your Healthcare Plus program. This new learning management system will hold all the YHP online CME slideshows and resources, along with the ability to store information on which activities you completed, and how many CME credits you have earned. In fall 2010 all other IAFP developed web-based CME activities currently housed on the www.iafp.com/education website will be in this new user friendly system.

To see an example of this new web system, view the Patient Centered Medical Home presentation by Kenneth Bertka, MD (be patient, it will take a minute or two to download!) at http://www.ianryaninteractive.com/clients/iafp_slideshow/

Coming soon: Home Care & Palliative Care Conference

Jointly Sponsored by the Illinois Academy of Family Physicians, University of Illinois at Chicago Department of Family Medicine & Home Physicians

Join us for a FREE CME conference directed to physicians who provide "house calls" for patients that are unable to access routine medical treatment due to physical or mental limitations. Many of these individuals are unable to see a specialist for their condition and thus the primary care provider will need to direct the treatment pathways for conditions that may not be commonly addressed. The program focuses in on common disease states found in this population and the current medical treatment options available.

Saturday May 22, 2010
from 8 a.m. to 12 p.m.
UIC College of Medicine,
Moss Auditorium
909 S. Wolcott St. Chicago IL

For more information or to register, please contact Kate Valentine at 630-427-8000 or e-mail at kvalentine@iafp.com

Continuing Medical Education

Nuts & Bolts of a Patient-Centered Medical Home

If you are already on your way to NCQA recognition, or not even sure what PCMH stands for, we can help! You can choose a program track and also choose from a wide range of breakout sessions.

This conference is for primary care physicians and their leadership team members interested in implementing the medical home.

- **Earn over 10 CME Credits**
- **Exhibitors with products for your practice**
- **Learning Lab assistance with Illinois Health Connect**

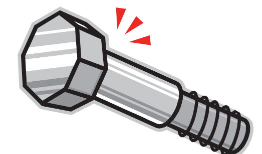
Presented with the resources of

June 25-26, 2010

Marriott Oak Brook Hotel

Register Online: www.iafp.com

Contact: iafp@iafp.com or 630-435-0257



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Pri-Med Midwest Conference & Exhibition

Pre-Conference Updates
Wednesday, October 13, 2010*

October 14-16, 2010
Donald E. Stephens Convention Center
Rosemont, IL

Annual conference and exhibition composed of Pre-Conference Updates, 3 core program days, and over 50 clinical lectures from Harvard Medical School and Northwestern University Feinberg School of Medicine. Plus, a dozen practice management sessions, Independent, non-Harvard Medical School Accredited Educational Symposia†, and a dynamic exhibit hall.

Sponsored by

In collaboration with

Pri-Med Access with ACP*

April 27-28, 2010
Chicago, IL

June 11-12, 2010
Rosemont, IL

An all-new CME curriculum that will explore advances in efficient and cost-effective diagnosis. 3+ hours of total program time is dedicated to Q&A, allowing you to dialogue with our expert faculty, who are practicing clinicians as well as leading educators. The format is flexible to accommodate busy schedules—sign up for the full two-day program, one course, or one day.

Pri-Med is proud to Partner with Illinois Academy of Family Physicians to bring quality education to family physicians.

*These activities are sponsored by

† Support for some of these activities is made possible by educational grants from industry. Disclosure of industry support is provided to attendees in advance of the educational activity. This is a limited-capacity, ticketed event available on a first-come, first-served basis.

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

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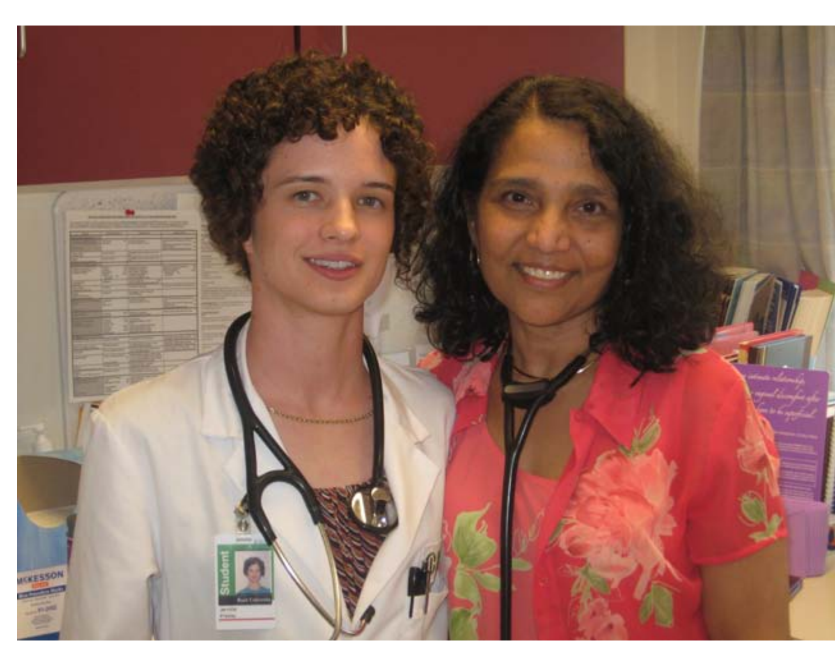
Sponsor your own Summer Extern!

The Family Health Foundation, which administers the Summer Externship Program, is in critical condition. The Externship program will continue this year; but will be offering positions to far fewer students based on the limited resources within the Foundation budget. The State of Illinois grant that has largely funded the program in past years is not available in 2010.

We need your support now! Please consider sponsoring a student this summer for this vital family medicine experience. If you can sponsor a student through your personal, clinic, or hospital resources, the Foundation could offer externships to more students in 2010. The cost to sponsor a student is $1400 which covers their stipend and administrative costs. Contact Crishelle O'Rourke at corourke@iafp.com or call her at 630-427-8006.

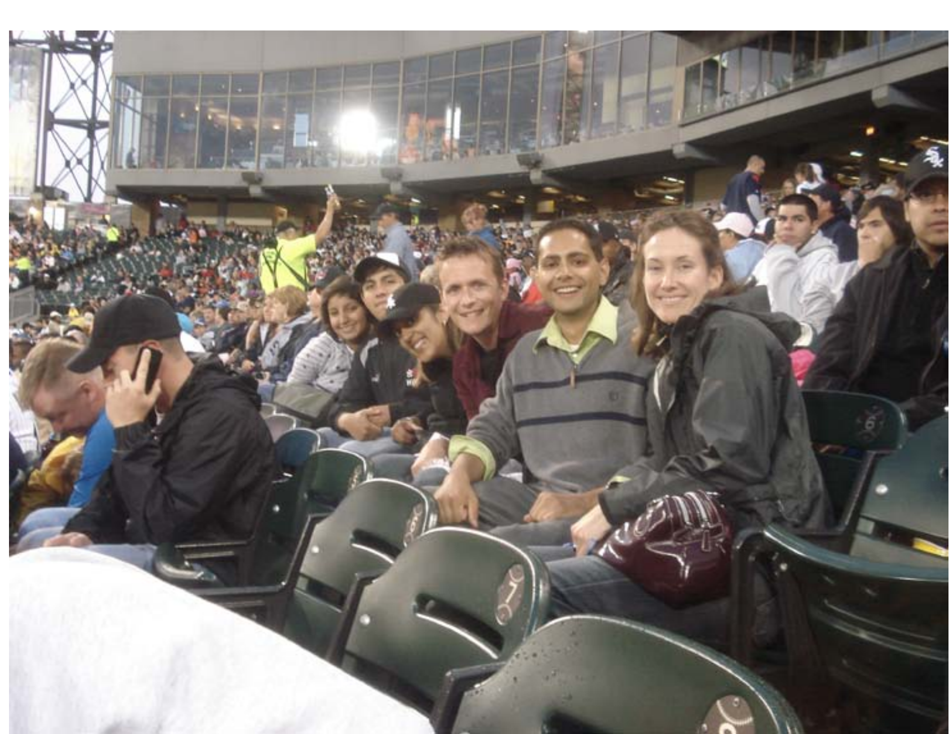


SAVE THE DATE:

Annual Foundation Fundraiser with the Chicago White Sox Thursday July 29th at US Cellular Field

Every ticket purchased provides a tax-deductible donation to the Foundation!

Details and ticket prices to come!



Code Blue!

The Foundation's budget is not healthy and the programs are in danger of flat-lining without resuscitation soon. The Family Health Foundation of Illinois (IAFP's Foundation) is in critical condition and needs YOUR donation to keep encouraging students and residents on their path to family medicine through programs and support networks. **If every member would donate just one night's dinner out with the family (around $50) we could generate over $100,000 for the Foundation. Please consider a gift today.**

The Family Health Foundation is a charitable public foundation recognized by the Internal Revenue Service as a 501(c)(3) tax-exempt organization and is thereby able to receive grants and ***tax-deductible*** *gifts and contributions.*

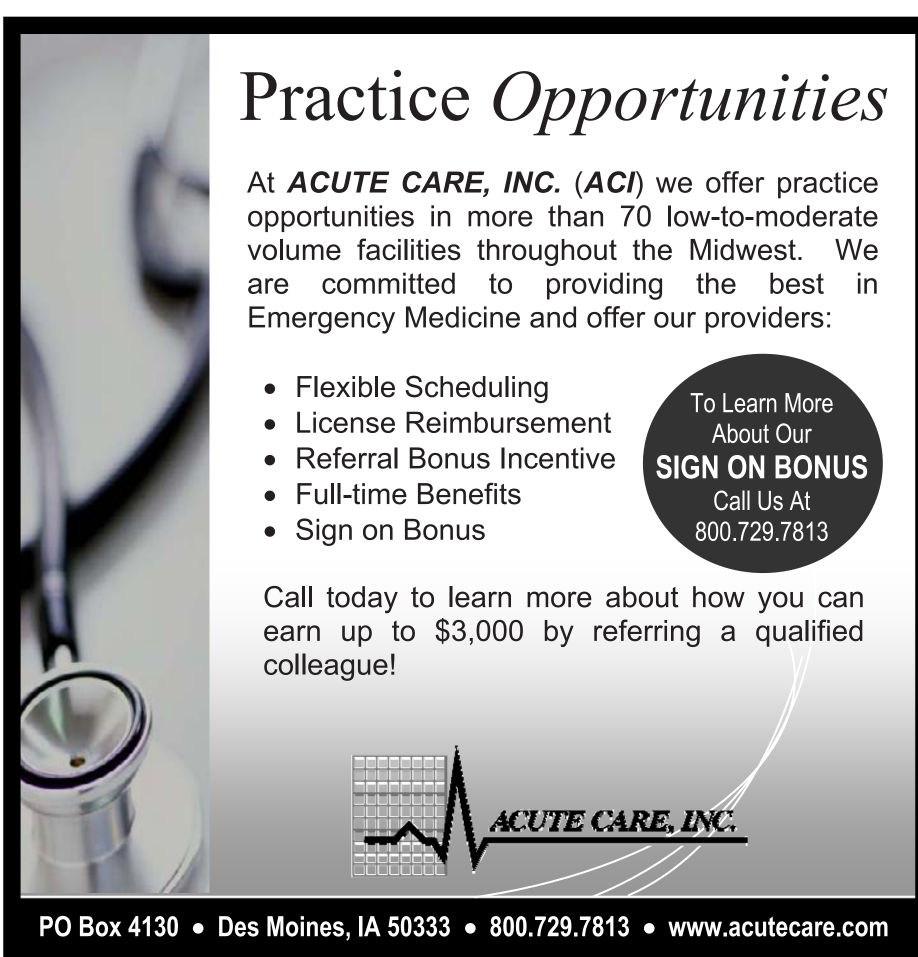
Family Health Foundation of Illinois Programs

Summer Externship Program
Matching first-year medical students with family physicians for four weeks during the summer brings life to family medicine. One-third of these externs go into family medicine--that's more than double the national average!

Tar Wars
Teaching this tobacco prevention program has become the Foundation's most recognized public service. Over 280 schools and thousands of children are reached every year.

Family Medicine Fall Forum
This live event offers workshops for students and recruiting opportunities for family medicine residency programs. There are also workshops to prepare students for the Match process, as well as vital, personal time with Illinois resident exhibitors.

Family Medicine Interest Groups
FMIGs nurture interest in family medicine throughout medical school. Help keep the FM fires burning by supporting activities or speaking at an FMIG meeting.



Tar Wars works in Illinois classrooms

Risha Raven, MD
IAFP 2009 Family Physician of the Year
KSB Medical Group - Polo

Why family medicine?
When I was in medical school and visited all the different specialties, I didn't really like one more than the others. My favorite was really OB, but I didn't want to give up seeing babies, so this was the only way to take care of the moms, the babies and everyone else.

What are the Academy's best resources?
The whole AFP system has wonderful CME. I'm learning more about what Illinois has to offer by joining a committee last year (Rural Health Interest Group) . This year I've joined the EHR committee.

The best thing about being a family physician…
Being able to catch babies, watch them grow and take care of their grandparents at the same time!

How do you champion family medicine?
Where I work in the country, it's not hard to champion family medicine. There's just not enough doctors in general. The specialists work really well with us. The community knows that it needs us.

What would you do if you weren't a doctor?
I'd be a midwife.

What's the biggest health concern you see in your practice?
Right now I think it is malnutrition. I think smoking is another big problem. But I think Americans' nutrition is among the worst in the world. I think we need to work on that because it is key to all the other health problems we have.

Talk about your family farm
On our farm we are trying to do a small-scale family farm to provide for our family and friends with high-omega-3 fatty acid meats because the animals are not corn fed and we don't do monocultures, we do diversity. I think that's key not only to nutrition, but also to teaching our [six] children about nature and our ecosystem and we need to pay attention to all our interactions.

What's the most important characteristic of a family physician?
I think the most important thing in being a doctor is to listen. If you give them time, your patients will tell you why they are having all the problems. A lot of the time it has to do with stress, nutrition and exercise. Those are things that we as family physicians can really focus on with our patients.

Something that might surprise us…
My first two children were born at home!

How does your current life compare to what you envisioned in medical school?
I never thought I would be in the country as a practicing physician, I always thought that was the place I'd retire to! I always thought I would be practicing in the city. Now I'm learning a lot about the country and I'm really enjoying it.

Remember, you can nominate your favorite member for 2010 Family Physician of the Year!
Go to http://www.iafp.com/PR/FPOYWANTED.pdf

Members in the News

The Sun-Times News Group looked at the state and national shortage of family physicians and the downward trend of US medical school graduates choosing primary care. The first article ran Dec. 31 in the *Joliet Herald News*, and then a similar story ran in the January 2 *Chicago Sun-Times*. Both stories featured input from IAFP member **Gary Plundo, MD** of Joliet.

In response to the story, IAFP President **Patrick Tranmer, MD** submitted a letter to the editor reinforcing our call for changes in the system to attract more family physicians. That letter was published in the January 5 *Chicago Sun-Times*.

Public Relations Task Force member **Russ Robertson, MD** appeared with Sen. Dick Durbin at a January 5th press conference at Northwestern Memorial Hospital to push for adoption of the comprehensive health care reform package currently being worked out on Capitol Hill. Robertson is chair of the department of family and community medicine at Northwestern University – Feinberg School of Medicine. (Photo from Sen. Durbin's Website - http://durbin.senate.gov)

IAFP member **David Mitchell, MD** is featured in the January 7 *Belleville News-Democrat* for his work in providing house call care to about 80-100 Shiloh-Belleville-O'Fallon area residents in addition to his office-based Country Doctor, Ltd. practice.

IAFP member **Tim Fior, MD** of Lombard was featured in a GateHouse News story about daily flu-prevention tactics patients can use to stay healthy in addition to their flu vaccines. The story ran in ten total Illinois newspapers on January 7th.

Congratulations to **Margaret Wade, MD** who made history as the first woman physician appointed as the chief of the medical staff at Adventist Hinsdale and Adventist LaGrange Memorial Hospitals. Her two-year term as president began January 1. Wade, who started at Adventist Hinsdale in 1991, was featured in the January 21 issues of the TribLocal Hinsdale and Downers Grove editions.

Barbara Bellar, MD of Chicago was a featured source in a January 16 *Southtown Star* story about the differences between winter blues, seasonal affective disorder and depression. Dr. Bellar is also the Republican candidate for state representative in the 35th district.

Catherine Counard, MD of Skokie is the lead author of an article published in the January *Journal of the American Geriatrics Society*, describing the investigation of two HBV outbreaks in assisted living facilities that were likely caused by nurses spreading the virus from person to person during finger stick blood glucose monitoring.

Tom Cornwell, MD of Wheaton was featured in the *Chicago Sun-Times* on Jan. 27 in a story about the use of technology in making home visits comprehensive, cost-effective and better for the patient. Cornwell was also featured in *Glancer* magazine as one of the 10 best area residents (Wheaton/Glen Ellyn area) in medicine for his home care services.

Brad Wainer, DO and his Primary Care Associates practice in Berwyn were featured in a Medill Reports Chicago story about the improvements that adding an electronic medical record brought to their practice. The story was posted Feb. 2nd on the Medill web site.

Congratulations to **Fernando Cinta, MD** who was honored for 50 years in practice and featured in the *Elmhurst Press* on Feb. 8th

Current IAFP Family Physician of the Year, **Risha Raven, MD** of Polo, authored an editorial calling on Congress to pass health care reform in the Feb. 13th *Sauk Valley News*.

IAFP members **Laura Wally, MD** and **Nisha Goyal, MD** were featured online in a Feb. 22 "Inside Chicago" story about their two-week mission trip to Peru in November 2009.

Jerome Epplin, MD of Litchfield was a featured resource in a Feb. 24th SmartMoney.com story called "Ten Things Primary Care Doctors Won't Say."

Dr. Tranmer was quoted in a March 1st *Chicago Tribune* article about the controversial effort by pharmacists seeking the authority to administer vaccines beyond the seasonal flu and the recent H1N1 vaccine.

IAFP president-elect **David Hagan, MD** of Gibson City was live on WCIA-TV's noon news on March 4 talking about colorectal cancer prevention and screening.

IAFP members serving in Haiti

Mario Piverger, MD of Blue Island, who spent part of his childhood in Haiti, has returned to provided needed medical care. He has posted several updates in his local newspaper, the *Southtown Star*.

Elizabeth Dowell of Chicago also volunteered in Haiti and was featured in a CBS2-TV story before departing.

Deb Drengenberg, MD of Dixon left for Haiti on Feb. 14. She was featured in a *Sauk Valley News* story on Feb. 9th.

YOU'RE INVITED…

What: Call the Illinois **DocAssist** Program for your free consultation and/or workshop on any mental health, behavioral health or substance abuse diagnosis and treatment issues you may be experiencing with your young patients.

Who: Pediatricians, Family Physicians, Nurses and any primary care provider serving children up to age 21.

Time: Monday-Friday between 9a-5p

Place: Visit us at www.psych.uic.edu/docassist or email us at docassist@psych.uic.edu

RSVP: Call the Illinois **DocAssist** Consultation Line at 1-866-986-2778(ASST)

Why: Many children receive their mental health treatment from their pediatrician or family doctor and not under the care of a child psychiatrist. Illinois DocAssist helps close the gap between access to a child psychiatrist and the mental health care children receive from their primary care provider.

Illinois **DocAssist**

Answering your child and adolescent behavioral health questions!

News You Can Use

March is National Colorectal Cancer Awareness Month

The National Colorectal Cancer Roundtable (NCCRT) is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public. Learn more at www.nccrt.org

The following information was adapted from a Feb. 24th article by Kate Murphy of the National Colorectal Cancer Roundtable. http://nccrt.org/News/NewsDetail.aspx?article_id=1115

A National Institutes of Health State-of-the-Science conference considered what is known– and not known– about why people choose or avoid screening, how to improve screening quality, and what the healthcare capacity is to deliver colorectal cancer screening to the U.S. population.

At the end of the meeting, the panel released a consensus statement with their recommendations for enhancing the use and quality of colorectal cancer screening.

While the panel found that colorectal cancer screening rates were increasing, they still remain too low. Rates moved from 20 to 30 percent of eligible people in 1997 to 55 percent in 2008, leaving millions of the population unscreened by any method.

To close the gap in screening, the panel identified the following priorities:

- Eliminate financial barriers to colorectal cancer screening and appropriate follow up.
- Widely implement interventions that have proven effective at increasing colorectal cancer screening, including patient reminder systems and one-on-one interactions with providers, educators, or navigators.
- Conduct research to assess the effectiveness of tailoring programs to match the characteristics and preferences of target population groups to increase colorectal cancer screening.
- Implement systems to ensure appropriate follow-up of positive colorectal cancer screening results.
- Develop systems to assure high quality of colorectal cancer screening programs.
- Conduct studies to determine the comparative effectiveness of the various colorectal cancer screening methods in usual practice settings.

In addition to underuse of screening, the panel found situations of overuse: colonoscopies performed more often than guidelines recommend or patients with serious illness or limited life expectancy being screened without possible benefit.

They also identified misuse of screening when FOBT screening was done in an office setting rather using the recommended home tests.

The most important patient factors in getting screened, the panel discovered, were having insurance and having a usual source of medical care. Higher income and socioeconomic levels also contributed to being screened. Although there were lower rates of screening for African Americans and Hispanics, these disparities almost disappeared when insurance and socioeconomic factors were considered. A recommendation from a physician was the only physician-related factor found that improved screening. Practices that had electronic medical record reminder systems, staff that could facilitate follow-up arrangements, and patient navigators were the most successful in getting their patients screened.

Link to the full consensus statement on the NIH web site at http://consensus.nih.gov/2010/colorectalstatement.htm

Illinois Health Connect connects with I-CARE

Earn bonus payment regardless of where your patient got vaccinated

I-CARE, or Illinois Comprehensive Automated Immunization Registry Exchange is an immunization record-sharing computer program developed by the Illinois Department of Public Health (IDPH). The program allows public and private health care providers to share the immunization records of Illinois residents. Currently, the program contains more than 37 million immunization records. For additional information about I-CARE, please check the IDPH web site at http://www.idph.state.il.us/health/vaccine/icarefs.html.

Recently, IDPH began sharing I-CARE and Cornerstone immunization record data directly with the Illinois Department of Healthcare and Family Services (HFS). In turn, these data are provided by HFS to Illinois Health Connect (IHC). The Cornerstone data includes public health department immunization data and GLOBAL (Chicago Department of Public Health) data.

Immunization records that have been recorded in I-CARE and Cornerstone for services provided in 2009 will qualify for the 2009 IHC Bonus Payment Program for High Performance. Children receiving complete immunizations as recommended by the ACIP by age 2 years is one of the five measures eligible for bonus payments. HFS uses claims data to determine whether a service was rendered and the bonus benchmark achieved. Bonus payments will be a minimum of $20 per qualifying patient for care provided in 2009.

Reporting immunization records through I-CARE and Cornerstone will allow HFS, and subsequently, IHC, to recognize immunizations where a claim might not have been received by HFS. Examples include immunizations received through a free clinic, through private insurance before the child became enrolled in HFS, or improperly billed. In order to qualify for the 2009 bonus payments, records must be entered by March 31, 2010. For additional information about the IHC Bonus Payment program, please check the IHC website at www.illinoishealthconnect.com under Quality Tools.

New Project Aims to Improve Health Care Transition for Youth with Special Health Care Needs

Miriam Kalichman, MD
Associate Medical Director
University of Illinois at Chicago Division of Specialized Care for Children, Children's Habilitation Clinic

For many pediatricians, transitioning an "aging out" patient who has chronic illness or disabilities to a family physician or internist is challenging. There are many barriers that make health care transition difficult. Adolescent patients are often unprepared to accept responsibility for their own care; parents may be fearful of changing doctors; pediatricians frequently have difficulty identifying an internist or family practitioner willing to accept the patient; and the bond between the pediatrician and the family can make it difficult to terminate care. On the receiving end, family physicians and internists have identified concerns which limit their willingness to accept young adults with special health care needs. These barriers include lack of familiarity with specific conditions, especially developmental disabilities; discomfort with the involvement of the parents; a perceived habit of dependence on the pediatrician by the family; and lack of a medical summary or formal referral from the pediatrician. In addition, since many young adults with special health care needs are uninsured or publicly insured, reimbursement is a challenge.

The Illinois Chapter of the American Academy of Pediatrics (ICAAP) and the Division of Specialized Care for Children (DSCC) have received a grant from the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to improve the health care transition for young adults, pediatricians, and physicians who care for adults. This is a 3-year project running through May 31, 2012.

The medical advisor for this project is Miriam A. Kalichman, MD, FAAP, a neurodevelopmental disabilities pediatrician who is Associate Medical Director of DSCC. The principal investigator and project director is Kathy Sanabria, MBA, PMP.

A major goal of the grant is to identify and assist physicians who are willing to care for young adults with childhood onset chronic illness and/or disabilities. We are seeking family practices, med-peds practices, internal medicine practices, and FQHCs that are interested in building their skills in caring for these patients. We will provide individualized teaching and technical assistance based on the needs of each practice. This may take the form of implementing "medical home" procedures, developing model care plans and problem lists about specific conditions, or developing community resource directories. We also will provide office-based clinical consultations about specific patients in order to familiarize physicians with key pathophysiologic findings and to help them learn to examine non-verbal patients.

We will also work with pediatricians and family physicians to help them prepare teens to become more independent in managing their own health. We will assist practices in evaluating and strengthening their efforts to build self-management skills in adolescents with special health care needs. We will also work with them to prepare and maintain a medical summary for transition-age youth that is accessible to the family, patient, and other health care providers.

We welcome your advice and encourage you to participate in this project. We are particularly interested in strategies or situations that you have found to be successful for helping young adults transition to adult care. If you would like participate in the project, please contact Laura DeStigter, Project Manager, at 312/733-1026 ext 210 or ldestigter@illinoisaap.com.

Calendar of Events

APRIL

13, 14, 15 Spring into Action – Springfield

16 Lutheran General Hospital PCMH conference – Park Ridge

30 IAFP Board of Directors meeting – Kansas City. The board will meet in conjunction with AAFP's Annual Leadership Forum

MAY

10-11 AAFP Family Medicine Congressional Conference – Washington, DC

22 Home Care and Palliative Care Conference – Chicago

JUNE

25-26 Nuts and Bolts of the Patient Centered Medical Home - Oak Brook

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