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Health Care Reform

Signed and delivered, big changes are on the way

By now, the dust is settling. The official statements from both sides have been disseminated. The reform opponents have vowed for changes in the law, or changes in the lawmakers at the next election. Fact sheets are out there, timelines are in place and everyone is working to get their arms and minds around the massive health care reform package. A year-long saga of twists, turns, amendments, town halls, debates, compromises, and proclamations - capped with a long weekend of down-to-the-wire voting - resulted in the most significant changes to the American health care system since the Medicare program was created.

The end result meets many of the Academy's long standing goals including: covering more uninsured, increasing Medicare and Medicaid payments to primary care physicians, reforming aspects of the private insurance system and more support for primary care training. The combined efforts of the AAFP, IAFP, our members and allies worked hard to ensure that the final package will improve the health care system for our current and future family physicians and their patients.

The final Patient Protection and Affordable Care (PPAC) Act will morph from a bill to reality over the next four years. The first positive impacts will be felt in the coming months, as children will no longer be denied private health insurance due to pre-existing conditions. Soon parents will have the option to keep their dependent children on their health insurance policy until the young adult's 26th birthday. Primary care physicians will see an additional 10 percent payment for their primary care services to Medicare patients from 2011-2015. Departments of family medicine at medical schools can apply for more money from Title VII to train more family physicians and

Board Chair Javette Orgain, MD addresses the crowd at a Campaign for Better Health Care victory party.

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President's Message

Patrick Tranmer, MD

Two months ago, my President's Message took a step back from the federal health care reform debate to focus on our progress in Illinois in taking care of our state's health care needs. At that time it was unclear if or when health care reform would pass and if it did, what it would look like. Congress completed the long, messy process of passing a health care reform bill in both Houses, and President Obama signed it on March 23. Our challenge now is to understand how it will change the health care landscape.

Since that landmark day, the health care reform package has been a topic of conversation throughout the physician community and beyond. I have followed the discussions within IAFP, AAFP and my other organizations and networks. I've also had time to think about how this legislation will affect my work, my institution and my patients. I have been pleasantly surprised at how many of my patients and friends have asked me what I think about it. Regardless of how you might feel about the bill, people are clearly interested in its implications, and are asking family physicians for their views.

Recently I was on a panel at our medical school to talk about the implications of health care reform on medical students and the future of primary care. There was a large audience and an array of opinions. Certainly there are those upset about any kind of health care reform and the failure to address the Medicare SGR and malpractice issues. Others were equally dismayed that this bill did not go far enough. They were upset with the President and politicians for not taking a higher moral stand and holding out for nothing less than a single payer system.

I tend to be more realistic. I do not say that to disparage anyone's views on the subject but to note that I - and likely most of you - are confronted on a daily basis with patients who are on COBRA, are losing their insurance, phone in for medications because they can't pay for office co-pays or deductibles on their current insurance, or are reluctant to have a preventive procedure done due to cost. The new bill will not solve all of these problems but will help with most.

As an educator I am grateful for the increased resources for training. I think the potential for increased federal funding that will be available through Title VII will help my UIC colleagues and other educators recruit more family physicians from our respective medical schools. This year 22 UIC graduates matched into family medicine, almost double our total from 2009 and second only to internal medicine. Other Illinois schools did very well, too. I have new reasons to believe this trend will continue.

I look forward to increasing funding for Community Health Centers here in Illinois and elsewhere. With expanded capacity and resources, those CHCs will be able to care for more patients who otherwise have no regular medical care. At the same time, those centers will help train more family medicine residents in the community setting, ensuring they are prepared to provide care where it is needed most. Perhaps those CHCs will have more physician positions available when those residents complete their training and are ready for employment. To date, our affiliated CHC, Mile Square Health Center, has employed three of our residents and six former UIC medical students. What we are doing does matter!

Primary care's commitment to the Patient-Centered Medical Home will be realized as part of the solution to improving health care access, efficacy and efficiency. Specific sections of the new law empower states to provide "health homes" for their Medicaid patients – something we already do here through Illinois Health Connect. There is a provision to prioritize funding for primary care training that educates students in team-based approaches to care, including the medical home. So not only can we transform our existing practices into medical homes, we can build our primary care workforce with providers ready to join a medical home, or build them where they are needed. I have been amazed at how our very hardworking committees have been meeting and developing proposals for family medicine promotion around this central theme.

Many hard working but childless adults will soon be eligible for Medicaid coverage, giving peace of mind and coverage for many of the patients I see in Chicago. Family physicians will see higher payments for their work in caring for those patients, as Medicaid will be required to match Medicare payment rates by 2013. As to what those Medicare rates will be in 2013? Well, at this writing we are still facing a May 31 deadline for Congress to create and pass a permanent solution to the disastrous Medicare payment formula known as the SGR. We still have much work to do here.

Some of the most immediate changes will affect how private insurance conducts their business with our

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Over the long run, no one protects Illinois physicians like ISMIE.

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Protecting the practice of medicine in Illinois

President's Message

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patients. Our pediatric patients will no longer be denied coverage or dumped from a plan due to pre-existing conditions. Eventually adults will have that same protection. We've all shared stories of patients who went from insured to uninsured to bankrupt because they got sick and then were dropped by their plan or rejected in their attempts to purchase insurance.

For me, one of the most satisfying aspects to this entire Congressional "sausage-making" process of health care reform legislation was the specific and repeated emphasis on primary care, prevention and family medicine. Family physicians should feel that they are recognized for their indispensable role in making our nation healthier. The Obama Administration and our Illinois Congressional delegation have an understanding and appreciation of the work we do. The AAFP leadership and dedicated staff ensured that we stood out as a major player in the health care reform discussions. If you have followed your state Academy the past few years, you know that IAFP helped lay some of the foundation with President Obama when he served in the Illinois and U.S. Senate. Our continuous work with Sen. Durbin's office over the years gave new voice to IAFP and AAFP in this process. Many Illinois family physicians have played an integral role in this relationship building and we should be proud of the tremendous progress we have made as an Academy.

Whatever your opinion, you must agree that these are exciting times in health care. I am personally reinvigorated for the future of access to care for all our patients, and of the renewed interest and respect for family medicine that additional resources and our commitment to the medical home will bring. It's long overdue and we have put up with a lot. I hope that we as an organization will all work together for a brighter future for patients and family physicians alike.

Health Care Reform

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strengthen the primary care physician workforce.

And when there were no more opportunities to argue for changes, only time to make a statement and wait for the vote, ultimately both the AAFP and AMA agreed to support the bill that went before the US House of Representatives on Sunday, March 21. The time had come to move forward; and the final offer from the White House and the Congressional Democratic leadership was deemed by physician leaders to be better than doing nothing and allowing our system to further crumble under the status quo.

Once the bill passed, reaction was mixed around the country as the mainstream media scurried to help their audiences make sense of it all. Here in Illinois, a family physician was the face of reform in the March 23 *Chicago Sun-Times*, when IAFP board chair Javette Orgain, MD and her patient were the cover photo that day and Dr. Orgain was interviewed as the perspective of the physician in this upcoming era of health care reform.

Without question, the debate was divisive, passionate and downright ugly at times among politicians, pundits, the Democratic and Republican parties, and in public demonstrations on both sides of the issue. There were divisions within the physician and the family physician communities, but with more civilized and respectful discussion between peers.

If you followed the process in the public press and within your medical professional organizations, you know that no one is 100 percent happy with the final bill President Obama signed into law. There were some who wanted less expansion of government insurance options. Some wanted a federal public program for all uninsured, rather than the state exchanges. Some wanted more expansion of Medicaid eligibility. Many feared the enormous costs of the reforms and the impact on the nation's mounting debt. Once President Obama signed the bill, reform advocates cheered the finish of their tireless efforts to bring change to our broken health care system.

"Last August, I stood with Sen. Durbin before the microphones and cameras and joined the call for effective health care reform. Little did we know that it would take nearly eight months! Now we have a law that will make our health care system better for all, patients and providers," board chair Javette Orgain, MD told an audience at a Campaign for Better Health Care event on April 6. "When all the provisions of the Patient Protection and Affordable Care Act take effect, our nation will be on the road towards building a better health care system."

Past President Tim Vega, MD of Peoria shared his concerns about such wide-ranging change. "There is always hope with the new direction, but opportunities for a long-term economically sustainable solution look lost from where I sit," he said. "Americans need to change a lot of behavior – like diet, exercise, and disease prevention. If they don't directly benefit from their actions, the change is less likely to happen. We know waste is everywhere, and sometimes the worst waste is from the best insured people!

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§ The enrollee must meet eligibility requirements. The card is active instantly if the enrollee calls during business hours; at all other times, the card is active within two business days.

IAFP News

2010 Match brings new hope for Illinois family medicine

Match results for Illinois family medicine brought continued positive news for our residency programs. According to NRMP, Illinois Family Medicine Residency Programs filled 88.7 percent (134/151) of available positions, which was the second-highest fill rate for the East North Central region, behind Indiana. However, our region had the lowest fill rate of 83.4 percent (401/481) among the nine regions nationwide. Illinois offered more positions this year (151 compared to 137 in 2009), which contributed to the lower NRMP rate. However, individual conversations with Illinois family medicine residency program directors reveal that many programs also signed residents outside the NRMP process and filled their positions by Match Day.

The federal health care reform package has raised the question of "Will we have enough family doctors in the communities?" IAFP and family physician leaders have been able share not only the recent Illinois medical school Match history, but also our optimism that Illinois will have the family physician workforce that it needs due in part to some of the components of the reform package.

Among the good news for Illinois programs was the first match for the new Northwestern Affiliated family medicine residency program, led by program director and IAFP treasurer Deb Edberg, MD. The program filled all six spots by Match Day, including three students from Northwestern University – Feinberg School of Medicine.

"I think it was a matter of 'right message - right time'," says Dr. Edberg. "A lot of attention has been paid to the role of family medicine in health care reform, particularly with regard to underserved care and community health centers. We have created a residency program within an existing community health center (Erie Family Health) and have based our curriculum around caring for the underserved. I was fortunate to have an excellent faculty who were able to message that mission really well and we were able to recruit students with a special passion for that type of training."

Link to national results, charts and analysis at the AAFP web site's Match section at http://www.aafp.org/online/en/home/residents/match.html

Medical school graduates show some ups and downs.

It was a mixed bag for Illinois medical schools in the 2010 Match. A slight increase of U.S. medical school graduates chose family medicine (7.9% up from 7.4% in 2009) and the overall percentage of Illinois medical students matching into family medicine equaled a similar 7.9 percent, up from 2009's dismal 6.6 percent. Some Chicago medical schools showed significant increases in the number of family medicine graduates, while some of the other schools had fewer than average this year.

UIC posted its largest number in eight years, with 22 matching family medicine, which nearly doubled the UIC total from 2009. Another major turnaround came from the University of Chicago – Pritzker School of Medicine, where 11 graduates matched into family medicine, up from just one student a year ago. "Although we are a very small department, we take every opportunity to invite students interested in family medicine into our homes, support them financially to attend AAFP and STFM conferences, and provide a supportive environment to address some of their concerns about picking family medicine in a medical school that has historically produced mostly sub-specialists," said Sarah-Anne Henning-Schumann, MD, a professor at Pritzker and the FMIG advisor. "U. of Chicago also has a new financial incentive program called REACH (Repayment to Alumni in Community Health) , where Pritzker graduates who return to practice in primary care in an FQHC on the South Side of Chicago after residency can receive $40,000 per year on top of their regular salary to use towards loan repayment."

Percentage of Illinois graduates who chose FM residencies

YEAR	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
TOTALS:	10.8%	10.4%	8.6%	6.5%	6.8%	7.8%	8.2%	7.5%	6.6%	7.9%

2010 Match Results for Illinois Medical Schools

Data obtained from web sites and e-mails to schools

Medical School	# choosing FM (IL programs)	Total number of graduates	%
Rosalind Franklin – Chicago Med School	7 (2)	185	3.8
Loyola Stritch School of Medicine	12 (5)	116	10.3
Northwestern Univ. Medical School	8 (3)	157	5.1
Rush Medical College	8 (3)	135	5.9
SIU School of Medicine	8 (1)	64	12.5
University of Chicago – Pritzker	11 (2)	114	10.5
University of Illinois campuses			
Chicago	22 (13)	214	10.3
Peoria	5 (0)	52	10
Rockford	7 (2)	52	13.5
Urbana	0	27	0
U of I campuses combined	34 (15)	345	9.9
2010 Illinois Schools Total	**88 (31)**	**1116**	**7.9**
2009 Illinois Schools	*74 (27)*	*1,124*	*6.6*
2010 US Seniors totals	*1,184*	*16,070*	*7.9*

Private Sector Advocacy Committee Stresses the need to understand Recovery Audit Contractors

Matthew Johnson, M.D., chair of the IAFP's new Private Sector Advocacy committee, does not enjoy giving colleagues one more thing to worry about in running their family medicine practices. But, the Medicare Recovery Audit Contractor System (RAC) could have far-reaching consequences and family physicians need to be prepared.

"The way RAC is set up; vendors are paid based on the overpayments they find. This has caused some firms to be very aggressive in their search," says Dr. Johnson. "The audits will start with hospitals and health systems where the larger Medicare overpayments can be found, but physicians are not immune. They can look at any codes related to Medicare in any specialty and in any size practice."

Dr. Johnson pointed out the best way to approach RAC is for family physicians to educate themselves on the processes - and simply be prepared.

The PSA committee looked at some of the information available online and found some good, practical sources through www.cms.hhs.gov/RAC and www.aafp.org (search RAC). AAFP has an entire section dedicated to Questions and Answers concerning RAC. A few examples of important answers from AAFP are below.

What should I do to protect my practice from RAC recovery efforts?
Most importantly, continue or implement ongoing compliance activities within your practice, including all staff from schedulers to physicians.

- Educate staff to recognize and efficiently handle all requests for records from a RAC or other program integrity contractor with a structured protocol and log. Before copies of records are sent to a RAC, be sure that all information related to a service has been included (e.g., If you reference patient history collected on a questionnaire, include a copy of the questionnaire.).
- Maintain an awareness of services targeted by the Office of the Inspector General's work plan, services with high error rates found by Comprehensive Error Rate Testing (CERT) contractors, and services with very high utilization or cost. Focus of the RAC's include consultations, E & M services on the same date as a procedure, global periods, services provided incident to a physician's services, and relationships between a physician certifying durable medical equipment and the supplier of the durable medical equipment.
- Make sure that documentation is clear and complete for all services, including the date, signature, and credentials of the person ordering and /or providing the service (e.g., documentation of injection order by nurse practitioner and administration by medical assistant).
- If you do not have a designated compliance officer, this is a good time to designate and assign duties aimed at protecting your practice from errors and omissions in your practice's billing, coding and documentation. This person may also take the lead in logging and responding to records requests and/or refund requests received by the practice.

How far back can RAC's look in reviewing claims?
RAC's are limited to a three-year look back. This means that overpayments or records requests cannot be made more than three years following the date the claim was initially paid. The RAC program will begin with claims paid on or after October 1, 2007.

Is there a limit to the number of records that the RAC may request from a physician or group practice?
Yes. Medicare has published a document outlining the RAC Medical Record Request Limitations. For physicians, based on the NPI submitted on your claims, the limitations are:

- Solo Practitioner - 10 medical records/45 days
- Partnership of 2-5 individuals - 20 medical records/45 days
- Group of 6-15 individuals - 30 medical records/45 days
- Large Group (16+ individuals) - 50 medical records/45 days

If I disagree with an RAC's overpayment findings, can I appeal?
Yes. Physicians are provided the same rights to appeal an RAC finding of overpayment as claim denials by the Medicare contractor. Physicians may also choose to send a rebuttal of the findings directly to the RAC within 15 days of receiving the RAC's letter identifying an overpayment. Note, however, that this does not stop the clock on the 120 day time period during which you can request a redetermination (first level appeal) from your Medicare contractor or on the interest accrued when money is not refunded within 30 days of request. Physicians who choose to send a rebuttal to the RAC will want to either simultaneously file a request for redetermination to the Medicare contractor or carefully track the status of the rebuttal and be prepared to file the request for redetermination within the 120 time period, if needed. Your rebuttal letter or request for redetermination should reference Medicare policy, statute, or information from the medical record documentation that refutes the reason for denial.

"The Private Sector Advocacy committee felt it was important to get these resources to our members. Running a practice is demanding on the owner and the support staff. Should any of our members be confronted with a Medicare Recovery Audit, we want to make sure they know what to expect and how to respond in order to minimize the impact on the staff, the practice and the doctor," concludes Johnson.

Meaningful Use of E.H.R. – it's already in the PCMH!

By Terry McGeeney, MD – Chief Operating Officer, TransforMED
Used with permission from TransforMED

As the first stage criteria of meaningful use have been announced, it is important for primary care physicians to understand them. It is also important to realize that the criteria for meaningful use were not developed in a vacuum. The Office of the National Coordinator (ONC) has said all along that for the implementation of Health Information Technology to be successful there needs to be concurrent transformation at the practice level particularly with opportunities specifically related to Health Information Technology (HIT).

The chart below clearly outlines the way that the requirements for Stage 1 under the American Resource Recovery Act (ARRA) are already aligned with PCMH. This did not occur by accident, as the National Coordinator for HIT, David Blumenthal, and his staff reached out to those involved with PCMH to understand the issues and opportunities.

ARRA Stage 1 Meaningful Use		**TransforMED PAtient-Centered Model**
Safety outcomces	⟷	Safety outcomes
Quality outcomes	⟷	Quality outcomes
Care coordination	⟷	Care coordination
Engage patients & family	⟷	Engage patients & family
Improve population health	⟷	Improve population health
Increase provider, staff & patient satisfaction	⟷	Increase provider, staff & patient satisfaction
Decrease healthcare costs	⟷	Decrease healthcare costs
Reduce health disparities	⟷	Reduce health disparities
Ensure privacy & security	⟷	Ensure privacy & security

Both PCMH and ARRA have a focus on safety and quality at the practice level. Both PCMH and ARRA seek to provide efficiencies at the practice level. That is why TransforMED has a separate module on practice management. Technology and PCMH need to be leveraged to make primary care practices and the health care system more efficient. Care Coordination is specifically listed as a requirement for a "meaningful user" under ARRA and is obviously a hallmark of PCMH along with Care Coordination. ARRA has a specific mention of engaging patients and families and the TransforMED model has been so focused on the patient as the critical success factor in PCMH that the patient is at the center of the model. Finally, both ARRA and PCMH speak to the importance of managing populations of patients. We have spoken many times before about how the paradigm for primary care is shifting and we will be accountable to manage and coordinate the care for a population of patients and not just those that show up in our offices. The challenge to date has been inadequate technology and incentives to accomplish it.

It is good to point out that the TransforMED model for PCMH has nine components: the Patient, HIT, Practice Management, Quality and Safety, Practice-Based Team Care, Care Coordination, Care Management, Practice-Based Services, and Access. Six of these nine modules are essentially the requirements for stage 1 meaningful use. TransforMED also adds practice-based services, access and team care which can certainly be complementary to ARRA while being critically important to primary care practices and patients in improving satisfaction at multiple levels and the financial viability of practices. ARRA has an additional focus for meaningful use of reducing health disparities and privacy and security which are in perfect lock-step with PCMH. One often hears the term "meaningful user" as opposed to "meaningful use." Just purchasing capability to do things discussed is not going to qualify. Actually using the things discussed to make a difference at the practice level will. The bottom line is becoming a TransforMED Patient Centered Medical Home will. The time to start the journey is now. The roadmap and incentives become clearer every day.

Congratulations to the newest IAFP board member

Renee M. Poole, MD has been elected by the board of directors to fill the unexpired term created when class of 2011 member Tim Morthland, MD resigned earlier this year.

Dr. Poole is a graduate of Advocate Christ Family Medicine Residency in Oak Lawn and is currently a staff physician, Primary Care at the Harvey and Calumet City Community Health Centers in the Aunt Martha's Youth Services/Healthcare Network. She currently serves on the IAFP Public Health Committee and is the IAFP representative to the Steering Committees of Illinois Health Connect and Your Healthcare Plus. Learn more about Dr. Poole in a future issue of *Illinois Family Physician*.

Don't Forget! IAFP Awards Nominations Due June 30

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 nominations 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.**

The Family Physician of the Year Award recognizes a physician who

- 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
- Exemplifies the contribution of family physicians as leaders in improving the health of the citizens of Illinois.

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.
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


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At the end of a long day, Mobility Consultant Elizabeth Stransky was ready to leave, but she needed to make one more call. She'd been working hard to get Mrs. Harlow a power chair, and needed to check in with her customer. And Elizabeth was glad she did. "Mrs. Harlow was snowed in and couldn't make outbound calls. To make matters worse, she only had 20 minutes of oxygen left." Despite being thousands of miles away, Elizabeth did what she thought anyone would do: made call after call until she found an oxygen provider to help Mrs. Harlow. "I wasn't going home until I made sure she had more oxygen. It was the right thing to do."
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Government Relations

(Reform - continued from page 4)

Only when people are directly given the power to personally direct the money/insurance/care and keep the benefit of good health will positive behavior occur with sustainability."

One topic that most physicians agree upon is that the PPAC Act is somewhat of a missed opportunity to address our unequal medical liability system that makes practicing more expensive and financially riskier in some states than others. Other than authorizing state pilots testing medical liability reforms, the Act has no options for a permanent and nationwide solution to the jackpot justice system. Meanwhile physicians face wide ranges of liability premiums from state to state for the same level of coverage for the same specialty, which makes recruiting physicians difficult. Illinois is particularly vulnerable to this problem because the Illinois Supreme Court recently struck down the Medical Liability Reform Act of 2005, which helped control premium increases and provided reasonable caps on non-economic damages. Without those safeguards, Illinois family physicians face an uncertain future with regard to their liability insurance premiums and any potential lawsuits.

One common concern for many physicians across all specialties was that the physician organizations did not leverage supporting the PPAC Act only if it included a permanent and satisfactory replacement to the disastrous Medicare SGR formula and the looming 21 percent pay cut. Physicians now must take a leap of faith that Congress will deliver on their reassurances to handle the SGR formula in a separate effort. Many physicians felt that organizational leadership failed them by allowing the SGR to fall off the negotiating table.

The Medicare Formula – kicked down the road again

Days after the PPAC Act was signed, the SGR issue remained unfixed and the 21 percent cut took effect April 1. After a week of debate, on Thursday, April 15, a bill to extend Medicare payments to physicians cleared the Senate, the House and was signed by the President. The Senate had spent the entire week haggling over a delayed program extension bill, the Continuing Extension Act (HR 4851), that extended the physician payment rate only into next month. The 21-percent decrease in physician payment technically had begun on April 1 and the original measure had extended the period only until April 30. A Senate substitute amendment adjusted the extension to May 31. Senators adopted the revised measure by a vote of 59-38, with Senators George Voinovich (R-OH), Olympia Snowe (R-ME) and Susan Collins (R-ME) joining 56 Democrats in voting for the bill.

With expanded eligibility, anyone under age 65 will be eligible for Medicaid by 2014 if their income is below 133 percent of the federal poverty level. The State estimates that an additional 600,000 to 700,000 Illinois adults will meet the criteria.

Enough is enough. Keep the calls, conversations and e-mails coming in to your members in Congress. Tell them continued short-term fixes will not work and some physicians are losing confidence that they can continue to care for Medicare patients without a permanent resolution.

What will Health Care Reform mean in Illinois?

On April 14, IAFP staff attended a Statehouse briefing for advocates focusing on how federal health care reform will impact Illinois. While many specifics remain unknown at the present, state officials have shared a glimpse of how the reforms will affect our state, particularly the Medicaid program and other publicly-funded programs, as well as private insurance practices.

With respect to Medicaid, Illinois already has expanded eligibility for certain categories, such as children and the parents of Medicaid eligible children, as well as the blind and disabled. With expanded eligibility, anyone under age 65 will be eligible for Medicaid by 2014 if their income is below 133 percent of the federal poverty level. The State estimates that an additional 600,000 to 700,000 Illinois adults will meet the criteria.

Also in 2013, Medicaid payment rates for primary care physicians must be equal to Medicare. The federal government will fund the increase until 2015, when states would be responsible for funding the full rate. State officials estimate an additional cost of $500 million to the state to make up that difference.

The bill also allows for states to form Health Insurance Exchanges by 2014, with a single application form allowing patients to apply to any company in the exchange. Thanks to a state insurance reform bill that IAFP helped pass in 2009 (HB 3923), the Illinois Dept. of Insurance has already started work on this standard application, which will be mandatory January 2011.

A look at how the PPAC Act changes the private health insurance industry

The Illinois Department of Insurance provided a "Top Ten" list of benefits to those with or seeking private insurance, resulting from the reform bill.

1. Eliminate preexisting conditions as basis for denial or exclusion

Under current Illinois law, an individual can be denied health insurance for any reason other than "race, color, religion, or national origin." The impact will be immediate for children; while preexisting conditions must be eliminated for adults by 2014.

2. Price equity

Currently, Illinois law allows health insurers unrestricted range when charging an individual more due to health status, gender or policy duration. Some companies charge women as much as 57% more than a man of the same age, health status

(continued on page 13)

and geography—exclusive of maternity benefits.
With national health insurance reform, health insurance companies will be prohibited from charging higher premiums based on a person's gender or health status. Premiums will vary only based on age, geography, and tobacco use.

3. Price stability
Current Illinois law gives small businesses (2-50 employees) limited rate increase protections, but small businesses remain vulnerable to volatile rate increases depending upon the health of the employees. National health insurance reform will not only restrict the baseis upon which a premium may change but, also, provide the Department with rate oversight authority.

4. Premium value
Illinois currently has an exclusively for-profit health insurance market. National health insurance reform will impose heightened reporting requirements on insurers and also require health insurance companies to expend defined percentages of each premium dollar on health care. Insurers that fail to meet this minimum requirement will have to provide rebates to policyholders.

5. Prohibition against unwarranted rescissions
By pure volume, Illinois has more rescissions than any state in the United States and, per capita, is second only to New Mexico. National health insurance reform will prohibit the rescission of a health insurance policy except for instances of fraud.

6. Family financial security
National health insurance reform will eliminate annual and lifetime limits.

7. Health care affordability
Current Illinois law limits annual out-of-pocket costs for HMO plans, but non-HMO plans can include deductible, co-pay and other cost-shifts to consumers without regard to the financial burden shifted to a family. National health insurance reform will limit out-of-pocket costs for policies sold on an exchange. Maximum individual exposure each year will be $5,950 and maximum family exposure will be $11,900.

8. Marketplace transparency (state-based exchange)
National health insurance reform will establish state-based insurance exchanges that include baseline coverage packages, standardized forms and transparent insurer comparisons.

9. Health care based on medical necessity
National health insurance reform will require that self-insured plans also implement an independent, external review of any claim denied due to medical necessity. The review process will be similar if not identical to the independent, external process required of insurance plans in Illinois.

10. Health care, not "sick care"
Current Illinois law requires health insurance policies to cover certain preventive benefits such as mammograms and other cancer screenings. Other important preventive services may not be covered or may be subject to significant co-pays or co-insurance amounts. National health insurance reform will require all health insurance policies to provide immediate first-dollar coverage for a defined set of preventive services.

Other provisions in the PPAC Act of interest or benefit to family medicine:

Title II Sec. 2703. State option to provide health homes for enrollees with chronic conditions. Provide States the option of enrolling Medicaid beneficiaries with chronic conditions into a health home. Health homes would be composed of a team of health professionals and would provide a comprehensive set of medical services, including care coordination.

Title V Sec. 5301. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship. Provides grants to develop and operate training programs, provide financial assistance to trainees and faculty, enhance faculty development in primary care and physician assistant programs, and to establish, maintain, and improve academic units in primary care. Priority is given to programs that educate students in team-based approaches to care, including the patient-centered medical home.

It's a lot to take in, for policymakers, state officials, providers and of course, the patients – those with insurance or without. The IAFP is committed to working with our state officials, stakeholders and our members to bring the reality of reform to our state quickly and fairly. We have much work ahead building the patient centered medical homes, strong practices, strong family physicians and stronger patients.

AAFP answers on the Web:
http://www.aafp.org/online/en/home/policy/federal/hcrleg2010.html

IAFP Springs into Action at the Capitol

The IAFP Spring into Action 2010 effort was filled with sunny skies and family medicine enthusiasm, even if the mood under the capitol dome is more gloom and doom, given the state's enormous budget gap. IAFP led efforts on three days in March and April enabling members to visit with legislators in both chambers and both parties to discuss the bills and issues we've covered in the e-news State Government Relations section the past few weeks.

The final Spring into Action training session on April 15 also included nine SIU Springfield third-year medical students, who came to learn about the advocacy process and the issues family medicine is currently facing in the state legislature. The 15th was the designated "Resident's Day" by IAFP leaders Elizabeth Salisbury, MD and Lareina Pedriquez, MD. Seven residents participated that day, many for the first time, along with a few who had lobbied the legislature at Spring into Action 2009. First time attendee Jackie Youtsos, MD of NorthShore University FMR attended the April 13th session and said, "I had a great day talking with my Senator and Representative and they were in agreement with most of the issues I discussed with them, so that was very encouraging. I'm looking forward to doing this again."

Resident member Lareina Pedriquez, MD meets with Rep. Harry Osterman and his daughter, Katie.

Each Spring into Action began with a welcome from IAFP Executive Vice President Vince Keenan, CAE, followed with a lesson on lobbying and an overview of the state of affairs in the General Assembly from Bruce Kinnett, partner at Cook-Witter, Inc., which is IAFP's contracted lobbying firm. Legislation pending before the House and Senate was discussed and fact sheets were reviewed so that attendees were prepared for their individual discussions with senators and representatives. Finally everyone walked over to the Statehouse to find and connect with their legislators, which takes persistence and sometimes a little luck!

First time attendee Sarah Anne-Schumann, MD of Chicago added, "It was interesting to hear about the issues the Academy is advocating for." Schumann is a professor at University of Chicago –Pritzker School of Medicine and the Family Medicine Interest Group (FMIG) advisor. "I think it should be part of the curriculum for all medical students to learn about advocacy and this could be one way to do that – to go see the people who make the laws. I think it's something we should try to do once a year."

Several family physicians have participated in Spring into Action each year, and have established excellent relationships with their legislators. As a result, they were greeted with warm smiles and genuine interest in the issues presented to them. In fact, IAFP Second Vice President Carrie Nelson, MD received some immediate follow-up from her efforts in Springfield. A day after her April 15th visit to the Capitol, she was called by Rep. Mike Fortner's office, asking to meet with her back in the district after session ends to build on some of their Springfield conversations.

"Legislators are bombarded by e-mails, phone calls and lobbyists from many different directions throughout the legislative session in Springfield. So when a family physician takes the time and travels to Springfield to talk to them in person, it does separate our members and family medicine from the fray," said Gordana Krkic, CAE, IAFP Deputy Executive Vice President of Communications, Government Relations, and Marketing. "So members can feel good knowing their short conversation places value on family medicine and our issues, which keeps us on their radar going forward."

IAFP second vice president Carrie Nelson, MD wraps up her conversation with Sen. Randy Hultgren

The bills and issues that were addressed during Spring into Action

HB 6441 creates the Illinois Health Information Exchange and Technology Act which provides for a State authority with public and private representation to facilitate the secure exchange of electronic health records to deliver better health care. Supporting the adoption of electronic health records among health care providers in Illinois, and building the infrastructure necessary to make HIE possible, are essential components of the State's plan to improve the quality and cost-effectiveness of health care. The bill passed both houses and is headed to the governor for his signature.

SB 3174 (Banning e-cigarettes) passed the Senate and faced a heated debate in the House Human Services Committee on April 14, but no vote was ever taken.

(continued on page 15)

Resident member Jackie Youtsos, MD of NorthShore family medicine residency discusses issues with Sen. Jeff Schoenberg in his office.

SB 2627 creates the Child Safety Bicycle Helmet Law which is an initiative of the Illinois Chapter of the American Academy of Pediatrics (ICAAP). The bill establishes that helmets are required for children under sixteen on bicycles as Illinois policy. ICAAP has decided to reintroduce the bill in January 2011.

HB 6065/SB 3822 would allow for any employed school staff member (laypeople) to administer diabetes care management plans. The IAFP joined with the pediatricians, nurses, teachers and others in opposing this bill. The bill has passed both houses and was sent to the governor.

Support for a $1 increase in cigarette tax

All Spring into Action participants discussed the proposed $1 cigarette tax increase with their legislators. Higher cigarette taxes are a proven strategy to help smokers quit and prevent youth from taking up smoking. The $1 tax increase would bring in an estimated $300 million in new revenue and also attract federal stimulus matching funds for FY 2011 totaling nearly $1 billion towards our state's Medicaid program.

Senate President John Cullerton (left) meets with NP board member Ravi Shah, MD and resident Michael Hanak, MD.

On April 15, past president Ellen Brull, MD of Glenview represented IAFP at a press conference with the Campaign for Tobacco Free Kids and Illinois Coalition Against Tobacco announcing poll results demonstrating that 74 percent of Illinois voters support a $1 increase in the cigarette tax. "Far too many people are still struggling with tobacco use. Higher tobacco taxes are a proven strategy in reducing use, compelling smokers to quit, and keeping youth from tobacco use," Brull told the packed press room. Senate President John Cullerton, Sen. Jeff Schoenberg and Rep. Karen Yarbrough also spoke in support of the tax increase.

SB 3047 -Health Care Justice Implementation Act passed both houses making Illinois the first state in the nation to pass legislation that embraces the implementation of the federal health care reforms. IAFP supported the bill along with the Campaign for Better Health Care. The main goals of the Health Care Justice Implementation Act are to monitor the implementation of the federal health care reforms and make recommendations for state implementation; assess current state programs and how they interface with the federal reform and recommend any changes if needed; and develop a plan regarding additional reforms needed to ensure affordable health care. A bipartisan Health Care Justice Implementation Task Force will be established to achieve those aims.

A serious reminder to all legislators:

The Medical Practice Act is up for renewal this year but the Senate bill (SB 3519) was placed in subcommittee and there is no identified House bill. IAFP has raised awareness with all legislators as well as House and Senate leadership that this Act must be renewed. A fact sheet is on our web site at http://www.iafp.com/legislative/RenewtheMPA.pdf.

The General Assembly is scheduled to adjourn May 7th, just after this issue of *Illinois Family Physician* goes to press. To follow the outcome of any of the bills above, or any legislation important to you, go to www.ilga.gov (the General Assembly web site) and input the bill number in the search engine on the left side of the home page. IAFP will keep you posted on legislative action via e-News.

The future for IAFP Spring into Action

The government relations committee and board of directors have agreed to make changes in the Spring into Action format going forward. Beginning in 2011, IAFP will offer three Spring into Action days in Springfield following the Spring Break. After session, IAFP will offer to assist members with face to face meetings in the legislators' district offices. In election years, (beginning 2012) IAFP will rely on in-district meetings only with key legislators and interested IAFP members. No Springfield days will be scheduled in election years.

IAFP board members and resident members wrap up a day of legislative meetings: Carrie Nelson, MD; Jackie Youtsos, MD; Rob Michael, MD and Deb Edberg, MD

Continuing Medical Education

Build a Medical Home- we'll give you the tools!
Nuts and Bolts of the Patient Centered Medical Home

Why should you be a medical home?
Federal health care insurance reform has passed, and our country's health care delivery and payment systems will transform dramatically over the next five years. AAFP has developed and advocated for the Patient Centered Medical Home Model since the 2006-08 TransforMED pilot project. Pilot projects are included in the federal reform package and several public and private pilot projects are already underway in several states. Every patient, regardless of the payer, deserves this kind of care coordination and team-based approach.

This conference will enable primary care providers and their leadership teams to get the tools and knowledge needed to build their practices into fully-functioning patient-centered medical homes that combine family medicine values with modern medicine technology and practice innovations.

Conference Learning Objectives (8.25 CME credits)
1. Prioritize steps for moving their practices along the medical home continuum
2. Implement clinical and practice management changes to make practices more patient-centered
3. List tasks necessary to make "meaningful use" a positive revenue source for practices

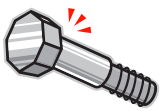
Four Education Tracks:
1. PCMH 101 – You're thinking about PCMH and want to learn more
2. PCMH 201 – You're ready or already starting the transformation
3. e-Practice – Technology's role in efficiency and higher payments
4. Practice Innovations – New ways to deliver care in the medical home

Learning Labs:
During the breaks between concurrent sessions, attendees can take advantage of Learning Labs with the Illinois Health Connect and Your Healthcare Plus programs. Bring your questions and get answers with staff members from both programs, and billing assistance from the Illinois Department of Healthcare and Family Services.

Electronic Health Records User Groups
IAFP's Electronic Health Records committee will facilitate E.H.R. user groups over breakfast both days. Here you can find peer support on identifying the right system for you, or tips on how to use the one you already have! Systems include e-Clinical Works, AthenaHealth, McKesson Practice Partner, Centricity, and more!

Link to a conference brochure with full schedule and CME details at http://www.iafp.com/PCMH/schedule.pdf

Fees: $150 IAFP Member, $200 Non-member - Early Bird Deadline is May 31
$200 member/$250 non-member after May 31
Group discounts available- Save $50 off each additional registration
(Must register all attendees at the same time)
Register online at www.iafp.com or call 800-826-7944
Must cancel by June 21 to receive free minus $50 cancellation fee.
Hotel Information
Oak Brook Marriott Hotel
1401 W 22nd Street Oak Brook, IL 60523
630-573-8555
Room rate: $89 single/double - Cutoff date is June 3



Growing Old at Home Palliative Care in Family Medicine Conference

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

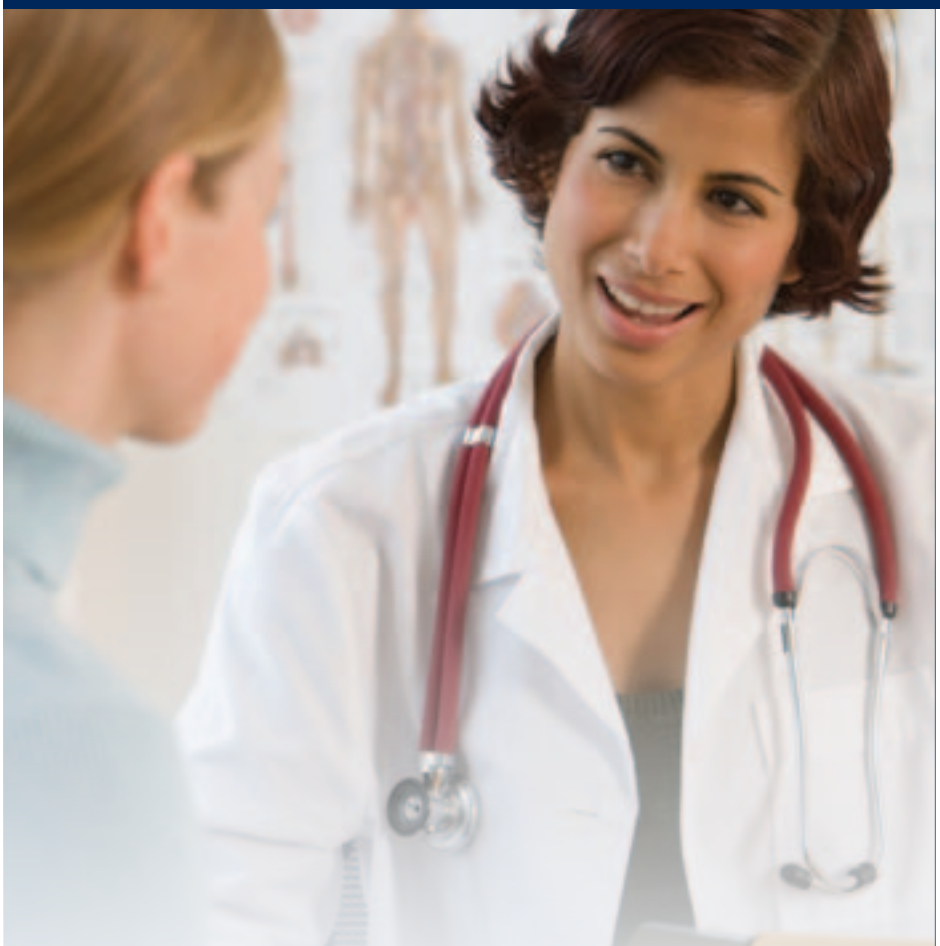
Saturday May 22, 2010 from 8 a.m. to 12 p.m.
UIC College of Medicine, Moss Auditorium
909 S. Wolcott St. Chicago

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

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.

Objectives:
- Illustrate how house calls are appropriate for palliative care.
- Identity when hospice is needed and how to prepare patients and providers.
- Discuss advance directives and examine when they don't work.
- Recognize physician attitudes and cultural sensitivity when dealing with end of life care.

EXPAND YOUR MEDICAL KNOWLEDGE THROUGH COMPLETE AND INNOVATIVE CME



Your medical education needs are unique.

But they reflect a common goal — to gain knowledge that helps patients.

Pri-Med® is committed to expanding your knowledge base through the most complete CME in the industry.

- Live conventions and seminars in cities across the United States.
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Join the Discussion

Now you can connect with other clinicians before and after meetings, discuss pressing medical topics, receive CME notifications instantly, and stay updated on the latest Pri-Med news. Visit **www.pri-med.com/social**.

Pri-Med Midwest Conference & Exhibition

Donald E. Stephens Convention Center
Rosemont, IL

Pre-Conference Symposia Day
Wednesday, October 13, 2010*

Current Clinical Issues in Primary Care
October 14-16, 2010

HARVARD MEDICAL SCHOOL NORTHWESTERN UNIVERSITY

This annual 4-day conference and exhibition includes a Pre-Conference Symposia Day and features as its 3-day core program, *Current Clinical Issues in Primary Care,* comprised of over 50 clinical lectures presented by Harvard Medical School & Northwestern University Feinberg School of Medicine. A dozen practice management sessions, independent, non-Harvard Medical School accredited educational symposia†, and a dynamic exhibit hall round out the offerings.

Pri-Med Access with ACP*

June 11-12, 2010	June 15-16, 2010
Rosemont, IL	Milwaukee, WI

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.

IAFP

*These activities are sponsored by priCME

† 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 (Mon-Fri, 9 AM-8 PM EDT).

PRI-MED® KNOWLEDGE THAT TOUCHES PATIENTS™

UFE: Good Medicine for Family Medicine

A non-surgical alternative to hysterectomy *that can improve patient care and quality of life for your patients with fibroids*

A SAFE AND EFFECTIVE ALTERNATIVE FOR FIBROIDS RECOMMENDED BY ACOG

Uterine fibroid embolization (UFE), also known as uterine artery embolization, is a non-surgical treatment for symptomatic uterine fibroids performed by an interventional radiologist. Using a catheter and guidewire, the physician injects tiny microspheres into the vessels that feed the fibroids, blocking the blood supply, shrinking the fibroids, and relieving symptoms.

UFE is recommended by the American College of Obstetricians and Gynecologists (ACOG) as a safe, effective, non-surgical, alternative to hysterectomy for appropriate women.

After the UFE procedure and appropriate follow-up case, your fibroid patient returns to you for continued care.

COMPARING UFE TO SURGICAL ALTERNATIVES

	UFE	Abdominal Surgery*
Procedure Time	Approximately 1 hour	A few hours
Hospital Stay	Usually 23 hours	1-3 days
Recovery Time	About 1 week	4-6 weeks
Anesthesia	Local	General
Surgical Incision	No	Yes

* Laparoscopic surgery is less invasive; however, the overall majority of hysterectomies are still performed abdominally.

Take a Dose of GOOD Medicine

FOR MORE INFORMATION, to locate an experienced Interventional Radiologist (IR) in your local area and to order your free supply of patient pamphlets objectively discussing ALL fibroid treatment options call 866-275-7498.

BioSphere® Medical

Member of AAFP

MR10-028 Rev A

ask4UFE.com®

Family Health Foundation of Illinois

Tar Wars

Annual Tar Wars Statewide Poster Contest Results

Winner: Madisyn Quinn
Ladd Community Consolidated School

Madisyn Quinn, a 5th grade student at Ladd Community Consolidated School, is Illinois' newest tobacco-free spokesperson. She designed the winning poster in the Family Health Foundation of Illinois Tar Wars Poster Contest, held April 15th in Springfield during the final IAFP "Spring into Action" event and lobby day. Twenty-six IAFP members – family physicians, residents and medical students – judged the posters on creativity and their positive message about being tobacco-free. Madisyn's "No Joke, Don't Smoke" message beat out 19 other finalists from around the state. In the closest poster contest ever, a mere four points separated the winner, second place and third place.

Quinn's poster will represent Illinois at the National Tar Wars Poster Contest July 26-27 in Washington, D.C. The National Poster Winner will be announced on July 26 at a banquet honoring all the state winners.

Emily Happ of the Bureau-Putnam Bi-County Health Department taught Tar Wars at Ladd Community Consolidated School, as well as Putnam County Elementary, home of third place poster artist Keila Havken-Peterson. The last state poster contest winner from Bureau County was Patrick Blackert in 2005, who also finished 7th in the Tar Wars National Poster Contest that year. IAFP member Christopher Miles, M.D. of Peoria taught Tar Wars at Lincoln Elementary School in Morton, where 2nd place poster artist Brandon Johnson is a fifth grader.

In the current school year, over 180 healthcare professionals and medical students taught Tar Wars to over 270 elementary schools across the state. The Foundation is especially grateful for the comprehensive efforts of many Illinois local health departments who teach Tar Wars to thousands of school children and conduct local poster contests to submit posters to the state contest. All 20 state poster contest finalists will receive a Tar Wars certificate and jump ropes donated by the Midwest Dairy Council.

Tar Wars is at work in schools around the country, as well as in Canada and overseas. The program is free for schools and for volunteers to teach in their local schools or youth groups. If you would like to teach Tar Wars to kids on your community, check out the easy to use program curriculum at www.tarwars.org.

2nd Place: Brandon Johnson
Lincoln Elementary - Morton

3rd Place: Keila Havken-Peterson
Putnam Co. Elementary- Hennepin

FAMILY HEALTH FOUNDATION OF ILLINOIS

WHITE SOX VS. MARINERS

Thursday, July 29th, 2010

7:10 P.M. U.S. Cellular Field

Specially Priced White Sox Tickets!

Home Runs for Healthy Families

Every ticket you purchase from the IAFP Foundation for that game will mean a tax-deductible donation to the Family Health Foundation of Illinois' to support our programs.

Tickets are only $35 each (less than face value!) for our LOWER BOX seats!

Orders will NOT be redeemed at the U.S. Cellular Field ticket windows or the White Sox administrative offices.

ALL ORDERS MUST BE RECEIVED BY MONDAY, JUNE 28TH!

MAIL OR FAX THIS FORM WITH PAYMENT TO:

Illinois Academy of Family Physicians
ATTN: FOUNDATION
4756 Main Street
Lisle, IL 60532

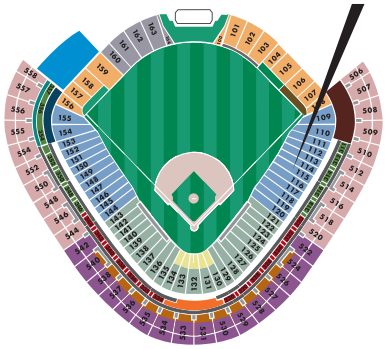
FAX: 630-435-0433

FAMILY HEALTH FOUNDATION OF ILLINOIS
THURSDAY, JULY 29TH, 2010 VS. SEATTLE MARINERS

QUANTITY	TICKET PRICE	TOTAL
	Lower Box @ $35	
	Hot Dog Value Meal (hot dog, chips, soda – $5.75)	
	Parking @ $23	
	Total Enclosed	

All orders must be received by MONDAY, JUNE 28TH! Tickets will be mailed to the address listed below. All game times and promotions are subject to change.
Questions? Contact: Ginnie Flynn – e-mail: gflynn@iafp.com or phone: 630-435-0257 x118
NO REFUNDS OR EXCHANGES.

OUR SEATS ARE HERE (SECTIONS 115-116)



Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

E-mail _____

Please charge my: ☐ Visa ☐ Mastercard ☐ American Express

Account # _____ Expiration Date _____

Signature _____

OR: Enclosed is a check or money order payable to the IAFP Foundation

Check # _____

GRAND SLAM GROUPS

Why Should I-CARE:

Illinois Comprehensive Automated Immunization Registry Exchange

What Can I-CARE Do For You?

- Provide a centralized place to track infant immunization histories.
- Find new patient information quickly and efficiently.
- Generate immunization reminder/recall notices on-demand.
- Instantly produce school physicals and immunization reports and manage immunization inventories.

Benefits to Your Community

- Maintain high immunization Rates
- High-risk areas of the community can be identified and action taken to prevent disease outbreaks
- Registry information is essential for reminding parents of the importance of timely vaccination

Benefits to Your Medical Practice

- Medical practices save time, money and administrative hassles with the increase accuracy of immunization delivery
- Fewer missed immunizations and reduced incidence of over immunization
- Quick access to past immunizations and vaccine inventory management

Free Training Sessions Available

For more information, contact Annie Boesen at Illinois Chapter, American Academy of Pediatrics to schedule an office-based training session. 312/733-1026 ext. 216 or by e-mail at aboesen@illinoisaap.com

At this training you will be provided with a brief overview of the benefits and features of I-CARE, a modest lunch and a comprehensive resource binder with registration information. Sign up today! There are a limited amount of training sessions available.

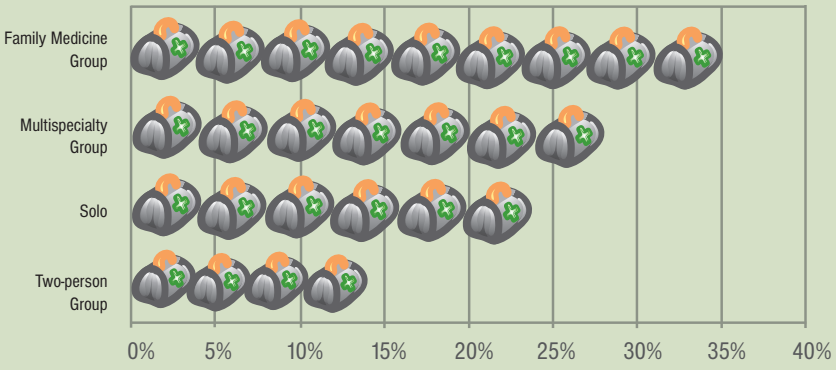
Illinois Department of Public Health I-CARE Illinois Cares!

ILLINOIS IMMUNIZATION INITIATIVES

ECBT

A snapshot of America's family physicians from AAFP

Practice Arrangements of Active Members



Sixty-three percent of active AAFP members practice in either a family medicine or multi-specialty group practice. 24% of active AAFP members practice in a solo practice and 14% practice in a two-person partnership. Active AAFP members in family medicine group practices average 7 family physicians, 2 mid-level professionals, 5 nurses, and 6 administrative staff members. Multi-specialty group practices are more likely to include physician assistants and nurse practitioners than other practice arrangements.

Soujanya "Chinni" Pulluru, MD
DuPage Medical Group – Naperville
IAFP Board Member

Why family medicine?
I chose family medicine mostly for the physician-patient relationships, as well as for the broad spectrum of care that you provide for patients.

My IAFP Activity
My activity has been mostly tied to government relations, especially with the Spring into Action days. I think what we do down here is very effective and worthwhile. I think we are very effective in educating legislators about health care issues as well as helping to shape health care policy in favor of family medicine.

The Academy's best resource
I think the CME programs are a great resource. I think their advocacy on behalf of the members is very good as well.

How do you champion family medicine?
Mostly with my interaction with my residency program where I am a liaison (Adventist Hinsdale) to encourage the residents and medical students to take a proactive attitude about family medicine.

What advice do you give your residents?
I advise them to find a work situation that best fits their personality and how they practice – it's the most important thing.

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

How do you balance your career with your own well-being?
It's difficult, but you have to take some down time to focus on your family and not let anything distract you from that. I think that kind of helps to keep you sane.

What's the biggest health concern you see in your practice?
We have a lot of chronic diseases and a lot of obesity – a lot of new onset diabetics and hypertensives. And I think the biggest thing that patients approach us for is guidance and preventive care. So my biggest responsibility is to educate them and help them make those choices.

Dr. Pulluru (right) and other IAFP leaders catch up with US Sen. John McCain (R-Arizona) on Capitol Hill during the 2009 AAFP Family Medicine Congressional Conference.

Calendar of Events

MAY
10-11 AAFP Family Medicine Congressional Conference – Washington, DC
22 Home Care and Palliative Care Conference – Chicago

JUNE
24-25 Nuts and Bolts of the PCMH – Oak Brook

JULY
29 Foundation Fundraiser – White Sox Game
29-31 AAFP National Conference of Students and Residents – Kansas City
31 Complex Cases in Primary Care CME - Rosemont

Members in the News

Michael Rakotz, MD of Highland Park was quoted in a *Chicago Tribune* April 22 article about the benefits of a new offering called "laughter yoga" which attempts to combine the physical, emotional and metabolic effects of both yoga and laughter to improve overall health.

Robert Sawicki, MD of Peoria racked up three days of live TV and radio appearances to talk about National Health Care Decisions Day (April 16).
April 13 – WMBD-TV morning news
April 15 – live on WMBD-AM radio's "Greg and Dan" show
April 16 – WEEK-TV morning news

Paul Kinsinger, MD of Washington was featured in an April 19 *American Medical News* story for his innovative invention he calls "Dr. Paul's Piggy Paste"' which is a topical treatment for toenails.

IAFP past-president **Tim Vega, MD** and his OSF colleagues appeared on WEEK-TV in Peoria for a live call-in show and online blogging session answering patient health care questions on April 2.

Javette Orgain, MD, **Russell Robertson, MD** and student member **Joceyln Hirschman** from Northwestern were featured in a Daily Northwestern April 13 report on the current state of the primary care workforce and how they will meet the new demands of health care coverage in the new Patient Protection and Affordable Care Act.

Sarah Kimber, MD was quoted in the April 7 *Kane County Chronicle* talking about how busy their local free clinic is now and looks ahead to health care reform. As medical director for the Tri-City Health Partnership free clinic, Dr. Kimber believes that the clinic will remain very busy, even as health care reform policies take effect over the coming years.

Marlon Muneses, MD talks about diabetes patient education at a local health fair which was covered in the April 8 *Decatur Herald and Review*. Dr. Muneses stressed the importance of community efforts to educate patients on the chronic diseases they face.
Jerry Kruse, MD of Quincy is featured in an April 1 *Southern Illinoisan* article focusing on the need to add more primary care physicians to care for the millions who will soon have new access to insurance and seeking primary care services.

David McCarthy, MD of O'Fallon authored a guest editorial in the March 28 *Belleville News-Democrat* with perspective on the need for more primary care physicians, as well as a collective need for patients to take better care of themselves to prevent many of the costly illnesses that drain our health care system.

IAFP and family physicians saw a flurry of post health care vote activity in the media

- Board chair **Javette Orgain, MD** of Chicago was pictured on the front page of the *Chicago Sun-Times* on March 23rd, as the paper looked at the reform package from several angles, including the family physician caring for the underserved.
- **Russ Robertson, MD** of Chicago was up bright and early and live on TV with the "Monsters & Money in the Morning" show on CBS2 at 5:45 a.m. on March 23. The topic: ensuring a strong primary care workforce to care for the growing and aging population who will gain insurance coverage under the reforms. His workforce perspective was also the featured topic in the March 24th "Savage Truth" column by "Monsters" co-host Terry Savage in the *Chicago Sun-Times*.
- **Kevin Most, MD** continued providing his perspective on the reforms throughout the week as a regular physician contributor to WGN-AM radio.
- IAFP members **Paul McLoone, MD** and **Tracey McLoone, MD** were featured in a *Quad-City Times* story surveying reaction to the health care reform package in the quad cities area.
- IAFP member **Shaun Mauthen, DO** of Hampshire was featured to provide family medicine input in an *Elgin Courier* March 24th story on the potential impact of the health care reform package.

Member **Lauri Lopp, MD** is part of a group that received a federal grant to study the "language" used in medical records with the goal of improving the quality and accuracy of the words used in patient records. Their work may contribute to future improvements in electronic medical records according to a March 30th *State Journal-Register* story.

IAFP board member **Chinni Pulluru, MD** of Naperville provided patient education in an NBC5 News at 10 story on March 12. A bacteria outbreak tied to a Lombard Subway restaurant caused dozens of people to become ill.

Bob Farmer, MD of New Baden authored a March 15 Op-Ed in the *Belleville News-Democrat* outlining how defensive medicine in the fear of lawsuits has drastically driven increases in our nation's health care costs.

Congratulations to **Michael Thornton, MD** of Kishwaukee who was honored by KishHealth System as an Acclaimed Physician for 2010. He is also medical director for the Well Baby Clinic at DeKalb County Health Department, which he helped to start in 1987.

Past-president **Ed Hirsch, MD** of Peoria has been appointed to the board of directors for the Illinois Perinatal Advisory Committee.

In Memoriam: **Joseph R. O'Donnell MD** *of Carol Stream died April 19 at his home at the age of 92. He was on staff at Elmhurst Memorial Hospital from 1946-1990, and also Central DuPage hospital in Winfield. He served as acting president at both hospitals.*

News You Can Use

ILLINOIS HIV CARE CONNECT
Statewide Network Extends Your Ability to Help HIV-Positive Patients

Submitted by the Illinois Public Health Association

A call to your regional Illinois HIV Care Connect office opens the door to a broad range of services for an HIV-positive patient, whether you choose to retain the patient or refer the individual to another physician. To find your local office, go to http://www.hivcareconnect.com/connect.html.

"Illinois HIV Care Connect extends the ability of physicians to help people living with HIV find the services they need to achieve optimal health and self-sufficiency," said Jim Nelson, executive director of the Illinois Public Health Association (IPHA).

Once enrolled in Illinois HIV Care Connect (www.hivcareconnect.com), people living with HIV receive confidential medical case management services at no charge, regardless of income. Also, depending on their income and insurance status, they may qualify for a range of other health care and support services, including outpatient medical care, mental health care, oral health care, medical nutritional therapy, substance abuse prevention and counseling, and other support services. "Illinois HIV Care Connect serves as a one-stop shop for all these services," said Valerie Webb, IPHA president.

MATEC provides training and consultation to physicians wishing to treat or currently treating HIV-positive patients
If you are a primary care provider to an HIV-positive individual, you may benefit from free and low-cost clinical education training programs and consultation services offered by the Midwest AIDS Training and Education Center (MATEC). MATEC's training programs help primary care providers to build their HIV treatment proficiency through didactic and skill-building training. MATEC also offers free clinical consultation services by Illinois-based HIV experts to help you manage an array of HIV patient treatment needs. To learn more, go to www.matec.info. Physicians wishing to see HIV-positive patients also may volunteer to be an Illinois HIV Care Connect network provider.

Illinois HIV Care Connect brand, Web site created to increase awareness
In an effort to curb a still-serious HIV infection epidemic in Illinois, the Illinois Public Health Association introduced Illinois HIV Care Connect in April 2009 to increase awareness about the statewide network of services for HIV-positive individuals. "Our Web site has detailed information about the enormous resources provided by the statewide network," Nelson said.

Funded by the Illinois Department of Public Health through federal Ryan White Part B grants, Illinois HIV Care Connect's regional offices are located in Belleville, Champaign, Chicago (two regional offices), Murphysboro, Peoria, Rockford, and Springfield.

HIV infection still a serious problem in Illinois
Illinois has the nation's seventh highest cumulative number of AIDS cases, according to the Illinois Department of Public Health, with more than 36,000 reported cases and 19,400 deaths since 1981.

About one-quarter – or 10,000 – of the 40,000 HIV-positive Illinois residents do not know they are HIV-positive, the department estimates. Unaware of their HIV infection, undiagnosed individuals spread HIV to others through unprotected sex, intravenous drug use, or other ways. Undiagnosed individuals also do not receive the benefit of medical treatments that can slow the progression of HIV infection into AIDS or other illnesses.

To stop the progression and transmission of HIV-related disease, the U.S. Centers for Disease Control and Prevention (CDC) has recommended that all individuals age 13-64 be tested for HIV infection. Those wishing not to be tested can choose to decline or "opt-out." As a result, the Illinois Department of Public Health expects that increased numbers of individuals will be diagnosed as HIV-positive, making referrals to HIV Care Connect an important way to contain the progression and spread of HIV infection.

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!

Your Illinois Academy of Family Physicians

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