



ILLINOIS FAMILY PHYSICIAN

VOLUME 61, ISSUE 6

November/December 2009

ADVERTISERS IN THIS ISSUE

American Physicians Assurance	2
ISMIE Mutual	3
The Scooter Store	5
Professional Solutions Insurance.....	14
ProAssurance Professional Liability Group	16
Pri-Med	18
National Dairy Council	25
Acute Care	27

IN THIS ISSUE

02 President's Message
07 IAFP News
15 Government Relations
17 Continuing Medical Education
19 Foundation Update
20 Member Spotlight
21 Members in the News
22 News You Can Use

Published by the Illinois Academy of Family Physicians
Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004



Meet Risha Raven, MD - 2009 IAFP Family Physician of the Year

Dr. Raven has led the Polo satellite site for KSB Medical Group since 2000, where she provides family medicine and obstetric services to this rural community. Dr. Raven and all the IAFP 2009 award recipients will be honored at a special banquet on Saturday, Dec. 5th during the IAFP Annual Meeting.

2009 IAFP Annual Meeting is almost here!

Have you registered for the IAFP annual meeting yet? It's one month away and the early-bird registration deadline is coming up! This issue of Illinois Family Physician includes all the information about our packed agenda of CME, special events and the All-Member Assembly.

Get more information on...

Hotel and Registration... page 7

Board of Directors Candidates... page 7

Resolutions to All-Member Assembly... page 8

Award nominees and honorees... page 9

CME programs... page 17

Friday Foundation Fundraiser... page 19

ILLINOIS FAMILY PHYSICIAN

President's Message

Javette C. Orgain, MD

From my heart...

Almost one year ago, I eagerly accepted the challenges and responsibilities of President of the Illinois Academy of Family Physicians. I still remember that night so vividly. I felt so supported by my family and my community: UIC colleagues, friends at the National Medical Association, IAFP past presidents, the Chicago Public Health community, the state legislators, extended family and friends and the IAFP membership.

As my term comes to a close next month, I want to thank you all for the support you've given me and the



Academy all year long. I feel that same support today that I felt the night I took this position. As I look back over the past 11 months, I offer you a sampling of the events, successes and steps forward that we've made. And while there is always more work to do, I feel it's important to recognize the accomplishments that continue to raise the profile of our Academy and our specialty.

State Government Relations

Obviously 2009 was not exactly a typical year for Illinois state politics. The General Assembly used their constitutional powers to impeach then-governor Rod Blagojevich; and Lt. Gov. Pat Quinn assumed the post of governor of Illinois. And though our state leadership was in disarray with the state budget deep in the red, IAFP soldiered on with a busy state government agenda for the spring legislative session. IAFP leaders and members travelled to the Capitol on five separate days in March and April for our annual "Spring into Action" legislative lobby days. This is one effort that really puts an IAFP member's "rubber on the road" literally and figuratively (our carpool blew a tire on I-55 on the way home from the March 31st trip to Springfield!). Members from all parts of the state, including resident members and a medical student, brought the family

(continued on page 4)

Come Back Now Get Tail Coverage Credit



With American Physicians, you can go home again. We're welcoming back doctors who were insured with us in the past by giving you credit for previous years of professional liability coverage with American Physicians. This will apply toward the five years required to receive free tail coverage upon retirement at age 55 or older. It's as if you never left!

Dependable Coverage, Competitive Rates, Superior Value

In addition to the credit you gain from our **Welcome Back!** program, you will enjoy all the benefits of American Physicians' standard-setting coverage:

- Committed to Illinois physicians since 1996
- Consistently competitive rates
- 33% higher annual aggregate limits
- Free on-site risk management assessment (a \$1,500 value)
- Claims-free discounts of up to 15%
- Enhanced tail coverage

Don't Miss Out . . .

Your welcome will never run out at American Physicians, but this **Welcome Back!** program is only available for a limited time. To ensure that you get credit for your past coverage, call 800-748-0465 now.

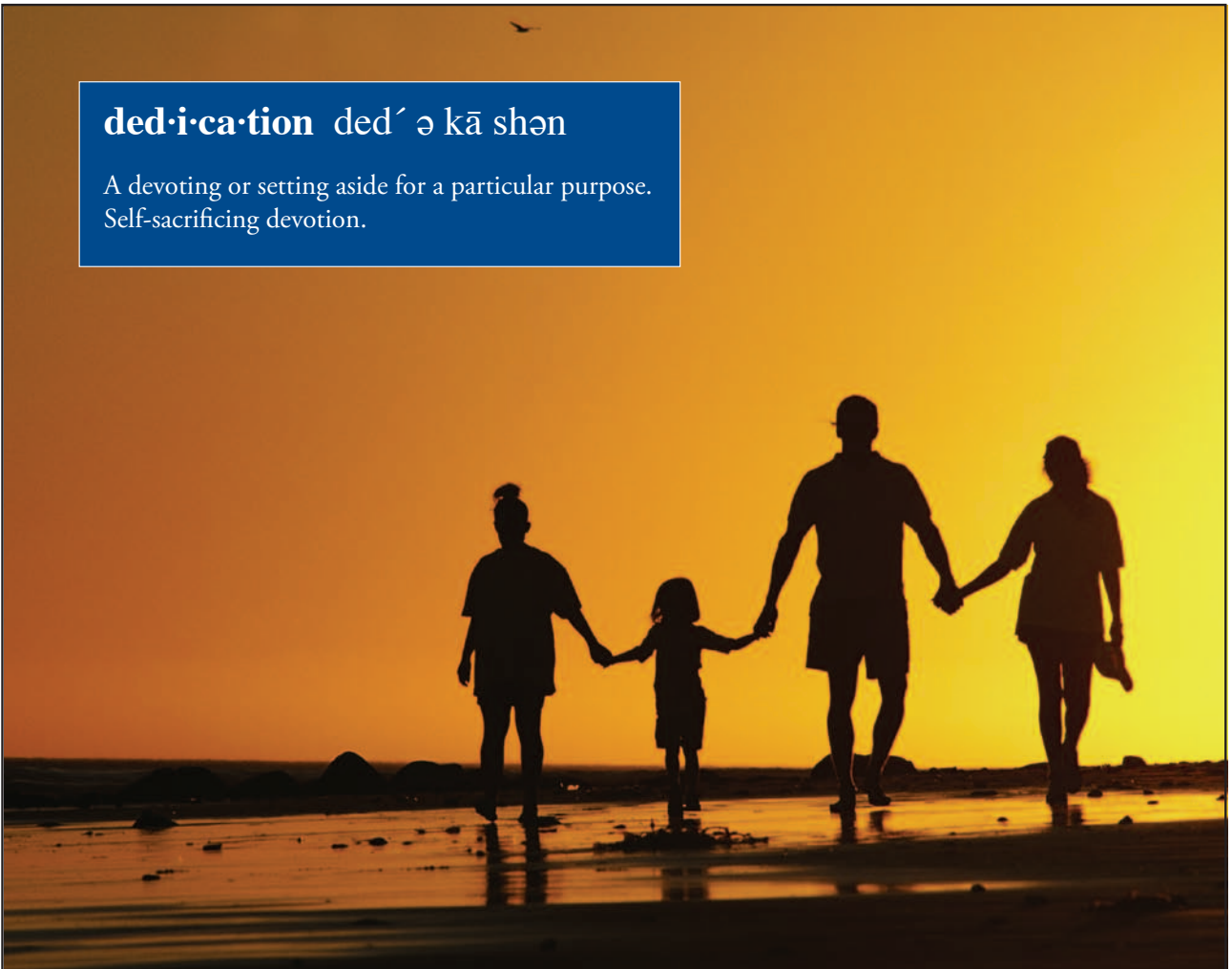
Rated A- "Excellent" by A.M. Best
Endorsed by Medical Societies
www.apassurance.com

American 
Physicians
ASSURANCE CORPORATION

Practices That Set The Standard

ded·i·ca·tion ded' ə kā shən

A devoting or setting aside for a particular purpose.
Self-sacrificing devotion.



At ISMIE we think of our policyholders as family.

For over 32 years, ISMIE has been dedicated to protecting our family, our physician policyholders and their patients. As a physician-owned and managed company, we know first-hand how frivolous liability claims can destroy reputations and impact practices. That's why at ISMIE, whether it's resolving a medical liability claim or working for medical liability reform, our policyholders know they have our support every step of the way. **That's unwavering dedication. For more information on how ISMIE protects the practice of medicine in Illinois, call 1-800-782-4767 or visit www.ismie.com.**

ISMIE

Mutual Insurance Company

The Physician-First Service Insurer

Protecting the practice of medicine in Illinois

President's Message

(continued from page 2)

medicine perspective to many important health care policy bills. We were successful in our efforts to pass new laws for Illinoisans: one that bans texting while driving and another that enables expedited partner therapy when treating patients with STDs. Both these laws are vital in protecting public health. In the meantime, we continue the unfinished work of state insurance reform, raising the cigarette tax and enacting medical home legislation.

Federal Advocacy efforts

With the 2008 elections, we saw a change in the faces of the Illinois' Congressional delegation in the House, followed by the appointment of Roland Burris to the senate seat vacated by Barack Obama. IAFP truly capitalized on this opportunity by sending our board of directors to the AAFP Family Medicine Congressional Conference (FMCC). With over 20 IAFP members on hand, we visited every Illinois office on Capitol Hill. Knowing that federal health care reform policy would be in the forefront, this proved to be a critical time to build personal relationships with our members of Congress in face to face meetings. By establishing our Academy name and message in May, we were able to effectively communicate with those Congressional offices throughout the summer and fall as health care reform proposals took shape.

Throughout the process, IAFP members around the state have participated at every opportunity. Members have attended group meetings in district offices, participated in town hall meetings and spoken at press conferences to advocate for a better health care system. Members made phone calls and delivered thoughtful,

informative e-mail communications, ensuring that every member of Congress would go back to Washington having heard from their constituent family physicians.

And though the final chapter on federal health care reform has yet to be written, I am proud of the efforts from our leaders and members. I urge you to find the time and the energy to maintain the push for meaningful reform. **FAMILY MEDICINE IS FIRED UP, STILL READY TO GO!**

At the AAFP Congress of Delegates Oct. 12-14 in Boston, I, along with the IAFP delegates and alternate, joined thought leaders from other chapters across the nation. We weighed in on many resolutions that will impact AAFP future policy and carefully deliberated on the credentials and platforms of candidates for office before rendering our vote. I shared the Illinois membership's concerns about the AAFP consumer alliance with the Coca Cola Company with AAFP leaders at the annual Town Hall meeting. A resolution has been submitted for the IAFP All Member Assembly (see page 8). I urge you to join us at the annual meeting in Oak Brook on Dec. 5th to provide your input on this issue and your vote on the resolution.

Moving toward the Medical Home

In our ongoing mission to improve patient care across the entire spectrum, we must continue to work towards providing the medical home to patients. The Patient Centered Primary Care Collaborative (PCPCC) is working on the policy and payment side of the issue. It will be up to physicians and their staff to transform their practices and realize the benefits of becoming a medical home: better tools, better support and better payment. At the same time, patients will get the right care at the right time with the peace of mind that comes with a personal primary care physician leading the health care team. Right now the Illinois Health Connect program offers the closest thing we have to a medical

home for patients who are covered by state health care plans. There are also private sector medical home pilot projects underway in Illinois, and we look forward to sharing more information with you.

Plans are in the works for a 2010 IAFP Patient Centered Medical Home Conference in June. We'll bring you the information, resources and expertise you need to make the leap. You can visit the websites of both AAFP and IAFP for much more on-going information on medical homes.

The biggest challenge ahead

While we have elevated our profile with Congress and the public, we are still falling short in making our case for family medicine to future physicians. I do want to keep our focus on our legacy and our critical role in building our nation's future family medicine workforce. The 2009 Match results for Illinois and the U.S. were disappointing for family medicine - again. We must reverse this trend. We will continue to work for positive change on Capitol Hill and with private payers to improve our financial future. At the same time, each of us must be a positive ambassador for our specialty and be an approachable, welcoming, wise voice to medical students.

I again thank you for your vote of confidence and the opportunity to represent IAFP in such an exciting time. Thanks also to the IAFP staff for their support. I applaud the committee and task force chairs for their commitment and advocacy throughout the year. I ask that you lend your time and talents to our organization as we have new heights to reach.

Now, as I pass on the torch to Dr. Patrick Tranmer, my colleague from the University of Illinois at Chicago, I assure you that the Academy will be in dedicated and capable hands. I will continue to serve you as IAFP's board chair, as well as alternate delegate to AAFP and as a member of the AAFP's Commission on Governmental Advocacy. From the heart!

BUDDY'S LIFE WILL NEVER BE THE SAME. NEITHER WILL STACEY'S.

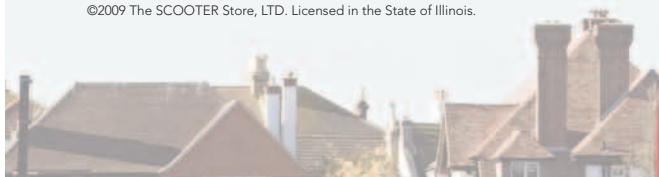
Buddy has Cerebral Palsy and his only freedom came from a run-down power chair he'd had for years. "His chair finally quit and he was bed bound," says Stacey Fondren, Area Manager. "I turned to our Alliance division for help in getting him a power chair that would really make a difference." As Stacey worked to make this happen, she and Buddy became friends... making the day his custom-designed chair arrived a memorable one. "Through tears, I watched him leave his apartment for the first time in five months. Power mobility didn't just help him get around. It transformed his life."

The opportunity to change lives is why Stacey loves what she does. And people like Stacey are why more than one hundred thousand physicians trust their patients to The SCOOTER Store.

To learn more, visit www.thescooterstore.com/physicians or call 1-800-344-2181.



©2009 The SCOOTER Store, LTD. Licensed in the State of Illinois.



H1N1 virus arrives before the vaccines

The double-whammy of seasonal influenza with H1N1 influenza has arrived. H1N1 flu activity is widespread in nearly every state, including Illinois. Unfortunately, vaccine production and distribution has fallen behind the original projected schedule. As a result, physicians, patients and parents worry about their risk as they search for options.

As soon as those family physicians who requested H1N1 vaccines receive them, they can begin the daunting process of vaccinating themselves, staff, and priority patients. In the meantime, physicians should practice prevention steps and communicate with patients to help manage their concerns.

To review, the priority populations for the vaccine are:

- health care workers and emergency medical personnel
 - pregnant women
 - persons who live with or provide care for children under 6 months of age
 - anyone age 6 months to 24 years*
 - Adults age 25-64 years with certain medical conditions or weakened immune systems
- *Children up to age 9 years will need two doses at least four weeks apart; ages 10 years and older only need one.

Just as with seasonal influenza, health care professionals should also get the H1N1 vaccine. Rashmi Chugh, MD, MPH is Chair of the IAFP Public Health Committee and medical officer at DuPage County Health Department. "It's important that all health care professionals get both vaccines, as they become available. Physicians should lead by example to protect their vulnerable patients who are at high risk of complications from influenza. It's also important to protect themselves, their families and their coworkers."

Dr. Chugh suggests practices and health care facilities create a system to measure and track employees' vaccination status and rates; establish a baseline and implement targeted interventions to improve vaccination rates. Their vaccination policies should include paid and unpaid persons in any health care facility, such as volunteers and students. Employers should eliminate all barriers to vaccination—provide it at no cost, onsite and during convenient times.

Payment Policies for H1N1 vaccination

The vaccine is provided by the federal government at no cost. Medicare, Illinois Medicaid and most private insurance companies will pay for administrative costs.

AAFP has a new web page with information on payment for administration of the H1N1 vaccine. Here is the link to the web page, <http://www.aafp.org/online/en/home/publications/news/news-now/practice-management/20090916h1n1-paymt.html>

Protecting your practice and your patients

What should practices establish as policy?

- Hand hygiene - wash them between every encounter and/or use anti-microbial hand sanitizers.
- Cover your cough with a tissue or sleeve, never your hand.
- Employees should stay home for the appropriate timeframe to prevent transmission (at least 24 hours after fever resolves without fever-reducing medications; at least seven days after symptom onset for those caring for severely immuno-compromised patients).
- Consider cross-training your employees so that office workflow can continue.
- Allow staff to work from home, when possible.
- Develop a sick leave policy for ill staff or those who must stay home to care for a family member.
- Determine a line of authority to implement the plan and make decisions.
- Have a communication plan in place for contacting staff, local and state health departments, affiliated hospitals and patients.
- A checklist for medical practices is online at www.flu.gov.

Triage your patients

Be prepared to screen patients for signs and symptoms of febrile respiratory illness upon entry to the facility. If feasible, use separate waiting and exam rooms for patients with febrile respiratory illness.

Plan to offer surgical masks to symptomatic patients who are able to wear them (adult and pediatric sizes should be available), provide facial tissues, receptacles for their disposal, and provide hand hygiene products in waiting areas and examination rooms.

For information on caring for patients see: www.cdc.gov/h1n1flu/identifyingpatients.htm

Testing guidelines: For surveillance purposes, testing is recommended in hospitalized and deceased patients only. Diagnostic testing may be performed at various commercial labs, ordered at the physician's discretion. Widespread testing is not recommended.

How can FPs help patients understand H1N1 and manage fear/paranoia?

Dr. Chugh believes that FPs play an important role as a trusted source of education. "Information can empower patients and help them to control what they can in terms of prevention with the vaccine, good hand and respiratory hygiene, early detection and early treatment."

Recommendations for treatment/antivirals

The CDC recommends antiviral treatment (ideally within 48 hours of symptom onset) for patients with confirmed or suspected novel influenza A (H1N1) infection who experience severe illness (i.e. require hospitalization), as well as for groups at high risk for flu-related complications.

Although seniors are not a vaccine priority, they are an early treatment priority. The other priority treatment groups are:

- Children younger than 2 years of age;
- Adults 65 and older;
- People with chronic pulmonary (including asthma), cardiovascular, renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic (including diabetes mellitus) disorders;
- People with immune-suppression, including that caused by medications or HIV infection;
- Pregnant women; and
- People younger than 19 years who are receiving long-term aspirin therapy.

"The overall course of this novel strain has been relatively mild," says Chugh. "Meaning that most people infected with this strain will recover and have recovered." But as with seasonal flu, severe complications and death have occurred due to complications resulting from the H1N1 virus. Chugh says it is important to target early treatment for those at highest risk.

Other recent resources:

The CDC website link covers new/updated treatment guidelines and information. <http://www.cdc.gov/h1n1flu/recommendations.htm>

For updated guidance on influenza vaccination, screening, testing, reporting, infection control, treatment, prevention, and patient education, here are some recommended resources:

CDC <http://www.cdc.gov/h1n1flu/> or www.flu.gov

IDPH http://www.idph.state.il.us/h1n1_flu/index.htm

Illinois Academy of Family Physicians 2009 ANNUAL MEETING December 4-6, 2009

Oak Brook Marriott Hotel
1401 W 22nd Street Oak Brook, IL 60523
630-573-8555

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

LEARN MORE AND
REGISTER ONLINE AT WWW.IAFP.COM
Or call IAFP at
800-826-7944

Early bird deadline is Nov. 13 to save 50% on CME registration fees

IAFP News

Calendar of Events

NOVEMBER

14 - Indiana AFP SAM study session – Indianapolis
19 - Egyptian Chapter Meeting – DeSoto

DECEMBER

4 - IAFP office closed
4 - AAFP Live! Oak Brook
4-6 - IAFP Annual Meeting, Oak Brook
15 - IAFP office closed
24-25 - IAFP office closed
31 - IAFP office closed

JANUARY

1 - IAFP office closed

Support for the annual meeting has been provided in part by

AstraZeneca * Automated Health

Systems * Boehringer-Ingelheim * Daiichi Sankyo, Inc. and Lilly USA, LLC *
The France Foundation * Genova Diagnostics * Illinois HIV Care Connect
Project/ Illinois Public Health Association * ISMIE Mutual Insurance Company
* Midwest Dairy Council * Merck and Co., Inc. * ProAssurance Professional
Liability Company * Pfizer, Inc. * The Senior Site

Candidates for the IAFP 2009-10 Board of Directors

The Leadership Development Task Force has slated candidates for the IAFP board of directors for 2009-2010. IAFP launched our first e-voting effort September 30th. Voting closed on November 6. All active and life members were e-mailed an invitation to vote for the slated candidates online or they had the option of writing in their own candidate for each office. Members without a valid e-mail address on file at IAFP were mailed a postcard with the web address to cast their vote or they could call and request a ballot be mailed to them. As of press time Nov. 3, 151 votes had been cast using this new system via a third party vendor, ensuring confidentiality and validity of the voting process.

The slated candidates are:

For president-elect,

David J. Hagan, M.D.

For first vice president,

Michael P. Temporal, M.D.

For second vice president,

Carrie E. Nelson, M.D.

For board members, class of 2012

Michael L. Fessenden, M.D.

Soujanya "Chinni" Pulluru, M.D.

Alvia H. Siddiqi, M.D.

For new physician board member, class of 2011.

Asim K. Jaffer, M.D.

For Delegate to AAFP Congress,
Michael P. Temporal, M.D.

For Alternate Delegate to AAFP Congress,
Javette C. Orgain, M.D.

The Task force also recommends Deborah L. Edberg, M.D., for the position of Treasurer for 2009-2010. The IAFP board will select the 2009-2010 Treasurer at its December 6 meeting.

Resolution submitted by Arvind K. Goyal, MD, MPH
Subject: AAFP Partnership with Coca Cola

This is a truncated version of the resolution. You may view the entire text on our web site at <http://www.iafp.com/calendar/Resolution1.pdf>

WHEREAS, the AAFP announced via press release on October 6, 2009, the Consumer Alliance, a new corporate partnership program, with its first alliance partner, the Coca Cola Company to "help provide Americans with credible information on beverages and enable consumers to make informed decisions about what they drink based on individual need" in exchange for a grant, and

WHEREAS, the American Academy of Family Physicians (AAFP) Board of Directors on October 9, 2009 established a Consumer Alliance seeking alliances with the business community that help fulfill its Health of the Public strategic objective to "Assume a leadership role in health promotion, disease prevention and chronic disease management with targeted public health activities, such as smoking cessation, obesity, exercise and immunizations through increased member and patient awareness on www.FamilyDoctor.org," and

WHEREAS, the FamilyDoctor.org is owned by the AAFP through an independent board, and receives approximately three million unique visitors each month, and

WHEREAS, the FamilyDoctor.org "seeks to align with businesses interested in promoting a specific product or suite of products that clearly support better health for all people" and "Products that support smoking cessation initiatives, obesity issues, fitness and exercise and better chronic disease management are highly desirable" and

WHEREAS, the AAFP Board of Directors on October 9, 2009 adopted Standards for Consumer Funding Support for AAFP Products and Activities which allow the FamilyDoctor.org to enter into Consumers Products Alliance with businesses that exemplify the principles espoused by the AAFP, and these alliances, may result in a consumer company using the phrase "Proud Partner of FamilyDoctor.org" in marketing and promotional materials, and

WHEREAS, the above Standards adopted by the AAFP Board allow termination, "...if subsequent publicity or controversy surrounding the consumer company may prove to be embarrassing or negative to AAFP" and

WHEREAS, all membership organizations including the various state chapters of the AAFP are struggling to maintain their membership numbers in this tough economy, many members have expressed that the long term effectiveness and credibility of the AAFP are at stake; and that we must avoid any brand association with Coca Cola Company, even if it means increase in dues or reduction of AAFP services, be it therefore

RESOLVED, that the IAFP call upon the AAFP Board to immediately terminate its contract with Coca-Cola as part of the Consumer Alliance and notify the AAFP via an urgent communication from the IAFP president to the AAFP president along with a copy of this resolution as adopted by the IAFP All Member Assembly; and be it further

RESOLVED, that IAFP immediately share with the IAFP membership and other AAFP state chapters, a copy of this resolution as adopted calling upon the AAFP Board to immediately terminate its contract with the Coca Cola Company.

Policy for submitting late or on-site member resolutions

Members may submit late resolutions on site at the IAFP All-Member Assembly. However, a two-thirds vote of members present is required to allow a late resolution to be considered for discussion and a vote.

Join an IAFP Committee!

Incoming president Patrick Tranmer, MD has designated the IAFP committees for 2009-10. Join the one that suits your practice, your priorities and your passion! Most committees conduct their business via e-mail and teleconference call, with reports submitted by the chairs at a monthly IAFP committee chairs' conference call with the president. Sign up at annual meeting or request more info by e-mailing iafp@iafp.com.

- AAFP Resolutions
- Bylaws
- CME
- EHR and Connectivity
- Finance
- Family Medicine Educators
- Government Relations
- Leadership Development
- Membership and Member Services
- Patient Centered Medical Home (PCMH)
- Private Sector Advocacy
- Public Health
- Public Relations

Meet the 2009 IAFP Award Winners

The IAFP Public Relations Task Force had the exciting and difficult task of evaluating the candidates for the IAFP 2009 Awards. Each nominee exhibits the special values intrinsic to family medicine, and each provides the outstanding care that only family physicians can provide.

The committee received input from colleagues, patients and friends that illustrated compelling portraits of outstanding physicians, dedicated community members, teachers and leaders.

2009 IAFP Family Physician of the Year



Risha Raven, MD
KSB Medical Group Satellite Practice - Polo

Dr. Raven has led the Polo satellite site for KSB Medical Group since 2000, where she provides family medicine and OB services to this rural community. She's an avid community volunteer with the Boy and Girl Scouts and the local 4-H club. At the other end of the life spectrum, Dr. Raven served as medical director for the local nursing home for five years. IAFP's 2001 Family Physician of the Year, Arvind K. Goyal, MD of South Barrington, nominated Dr. Raven.

Raven was also featured on the AAFP web site under the "Profile of a Rural FP" section earlier this year. In her community of Polo (pop. 2500) she cares for the entire life spectrum, from prenatal to nursing home care. She

and husband Allen Fennel and their six children make up a busy family raising animals and growing much of their own food on the family farm.

She is also on faculty of the University of Illinois - Rockford Rural Residency Track, where she was honored as their Faculty Physician of the Year earlier this year.

Kristine Kollmeyer, RN wrote: "Dr. Raven spends 90 percent of her time in direct patient care, whether it's at the office, the hospital, precepting the residents or working at the volunteer care clinic. Her expansive knowledge base and diverse interests have endeared her not only to her patients from newborn to the elderly, but to the community."

Here are the other two fantastic family physician finalists considered for the Family Physician of the Year.

Richard A. Ginnetti, MD
OSF Medical Group Family Practice Bloomington

Dr. Ginnetti has spent all 22 years of practice serving Illinois. He has been with OSF since 1993 and currently serves as the medical director for the Bloomington site. In addition, he has been an FAA Aviation medical examiner since 1988. His community service includes volunteering at Community Health Clinic, being a physician advisor to the local Easter Seals Camp and serving as the team physician for Normal Community High School's football team. He was nominated by colleague Jack Spaniol, MD.

Dr. James McCriskin has known Dr. Ginnetti for nearly 20 years and says, "Dr. Ginnetti is an intelligent, ethical, compassionate, dedicated and selfless physician who consistently puts the needs and care of his patients above any personal, financial or institutional priorities. I have always been impressed with how Dr. Ginnetti takes care of his patients and stays abreast of current diagnostic testing and the treatments of a broad range of illnesses."

Robert D. Rozner, MD
Hobson Meadows Family Medicine, SC Naperville

Dr. Rozner opened his family medicine practice in Naperville in 1990. He is a true local product, graduating from Benedictine University in Lisle and Loyola University Stritch School of Medicine in Maywood. He completed his family medicine residency program at Resurrection Medical Center on the northwest side of Chicago. He has also been a clinical instructor for both Midwestern University and Chicago Medical School. Dr. Rozner was nominated separately by two of his patients.

Patient Bettye Wehrli wrote, "He never seems hurried... and is unfailingly kind, willing to listen, has a sense of humor, and had become both my doctor and my friend. I find him [to be] a good diagnostician and a dedicated family physician."

2009 IAFP Family Medicine Teacher of the Year



Kelvin Earl Wynn, MD
U of I Peoria, Methodist Medical Center Family Medicine Residency

Dr. Kelvin Wynn hasn't been in Illinois long, but he certainly has made an impact in his two and a half years at the University of Illinois-Methodist Medical Center Family Medicine residency program in Peoria. He was nominated by colleagues Asim Jaffer, MD and Todd Lanser, MD.

(continued on next page)

ILLINOIS FAMILY PHYSICIAN

(continued from page 9)

Since joining the Peoria program in 2007, he has reworked their entire geriatrics curriculum, coordinating the various components and launching weekly small group teaching sessions on current geriatric topics. He provides education in inpatient and outpatient settings for the entire life span, as well as precepting at a FQHC prenatal clinic and a school-based clinic. He also teaches Introduction to Clinical Medicine to 2nd year medical students and precepts 3rd and 4th year students on inpatient rotations.

Assistant program director Keith Knepp, MD says, "Our primary focus as faculty members is to educate residents, a role in which Kelvin excels. He gives great lectures, effectively engages learners in small groups, and demonstrates deep and caring attention to patients at the bedside. Family physicians have to be flexible and adept at performing many

different roles, a requirement that is even more true for family physician educators. Curriculum development, evaluations, and one-on-one mentoring all require a tremendous breadth of skill, and Dr. Wynn makes it all look easy."

Part of his success and character can be traced to his athleticism. Wynn was a scholarship basketball player at North Dakota State University from 1980-84. He brings many of those talents to his role as a family medicine educator. "Within a few short weeks after his arrival in Peoria, he not only knew every person's name, but discovered details about them that some people who had been here for years didn't know," says Knepp. "He maintains an active interest in each of us, offering words of encouragement, a listening ear, or a high five to celebrate an accomplishment. He engages people inside and outside of the academic setting, organizing events

such as pick-up basketball games, a tremendous way to foster good relationships and a sense of camaraderie in the program."

In addition to his teaching role, Dr. Wynn maintains an active practice that includes delivering babies and providing care to patients of all ages in Peoria.

IAFP will also honor the following recipients of IAFP President's Awards: Rashmi Chugh, MD; Jerry Kruse, MD and Mayra Alvarez (Aide to U.S. Senator Dick Durbin).

Join us when all the IAFP award recipients are honored at the IAFP Annual Meeting Awards Banquet on Saturday December 5th at the Marriott Oak Brook Hotel. You won't want to miss this grand evening to honor these family physicians and celebrate with your colleagues.

Illinois Health Connect: Ensuring a Medical Home

Referral Program now rolling out regionally from top to bottom of state

Numerous studies have shown that patients who have access to a medical home have better health outcomes and lower health care costs. Three years ago, the Illinois Department of Healthcare and Family Services moved to a primary care case management model called Illinois Health Connect (IHC) to ensure that HFS clients have a medical home. Currently the IHC PCP network has a capacity for 5.3 million clients and approximately 1.7 million clients are enrolled. Through securing a "best fit" medical home, IHC improves continuity of care, access to preventive services and coordination of chronic disease care for the client. IHC has reduced both inpatient hospitalizations and emergency room visits and generated substantial savings in FY 2008.

To continue to enhance continuity of care, IHC is now implementing Phase I of the Illinois Health Connect Referral System. The Illinois Health Connect Referral System will be implemented by Region:

- Northwest Counties - October 1, 2009
- Collar Counties - December 1, 2009

- Cook County - February 1, 2010
- Central Counties - April 1, 2010
- Southern Counties - April 1, 2010

Phase I requires patients to be seen by their own IHC PCP or a physician or clinic affiliated with their PCP. IHC PCPs seeing patients enrolled in Illinois Health Connect but not enrolled on their panel, or on an affiliated PCP's panel on the date of service, must obtain a referral from the patient's PCP in order to be reimbursed by HFS for services provided. PCPs will be able to submit referrals for their Illinois Health Connect patients to see other PCPs through the Illinois Health Connect Provider Portal via the secure MEDI system and directly with Illinois Health Connect via fax and phone. Subspecialty care does not require a referral in Phase I. Certain services such as inpatient care, lead screening, immunizations, STD treatment, lab and diagnostic testing are designated as direct access services and do not require a referral regardless of who provides the services.

View a six minute video about the referral program on the Illinois Health

Connect Web site at <http://www.illinoishealthconnect.com/providerinfo.aspx>

IHC is assisting providers with this transition by offering a series of webinars and training presentations. Link to schedule and registration at <http://www.illinoishealthconnect.com/providereducation.aspx>

In addition to the training sessions, IHC has a team of Provider Service Representatives and QA nurses in the field that work with providers directly at their practice location. IHC is also working to educate clients through client education presentations. The client education process includes a flyer that was mailed to all households and a notice mailed with the HFS Medical Card to most clients in August, September and October.

For more information, visit the IHC website at www.illinoishealthconnect.com under "Provider Information" or contact the IHC Provider Services Helpdesk at 1-877-912-1999.

IAFP member survey results are in Family physicians are frustrated but still love their specialty

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

The 2009 IAFP bi-annual active membership survey results show the type of person it takes to be a family physician in today's difficult practice climate: compassionate, caring, brave, involved and certainly not faint of heart. Even with all the problems, 41 percent of those who responded to the survey said family medicine is just as rewarding as three years ago. Thirteen percent responded it is more rewarding (188 of nearly 2,400 IAFP active members completed the survey; 21 members completed part of the survey). The online survey was sent via e-mail to members with e-mail addresses on file with the Academy. No surveys were printed and mailed.

One quote that sums up many members' feelings about family medicine today: *There are more headaches now than even just three years ago—I still love what I do.*

Money Matters

Not surprisingly, the membership survey showed IAFP members' greatest concerns about family medicine are financial; including reimbursement rates, lower salaries than other specialties and overhead costs.

The most urgent priority for members in terms of practice management: cash flow and payment. Financial issues are the number one concern for family physicians nationally as well. The AAFP membership survey revealed 68 percent felt the number one issue AAFP should address is payment/reimbursement reform for family physicians. This was followed by ensuring health care for all (37%) and workforce issues (30%). Medical malpractice issues/tort reform was a very close fourth.

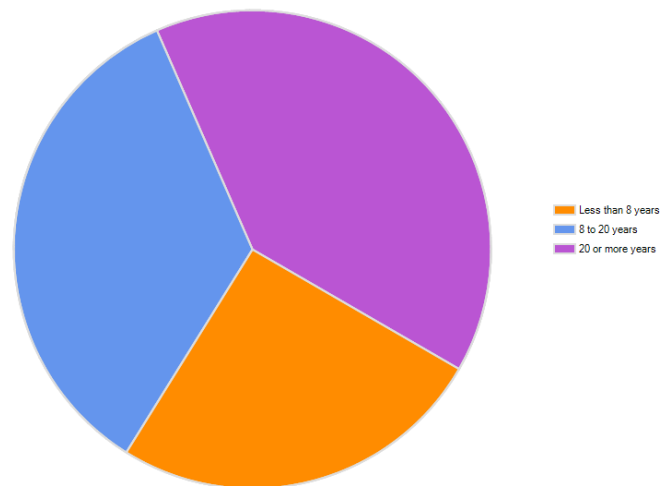
IAFP members echoed this in their ranking of top concerns as *finance, current health care reform, workforce and tort reform*. Illinois results mirror the findings of AAFP, even though the surveys were written independently and administered at different times. One Illinois member said, "I am concerned about its [family medicine's] future viability due to two factors: lack of appropriate reimbursement, leading to decreasing numbers of students choosing this field as a career choice."

As for electronic health records, 60 percent of IAFP member survey respondents have EHR and 28 percent will by 2011. Twelve percent still have no plans for converting to EHR.

"There are more headaches now than even just three years ago—I still love what I do."

Snapshot of the 2009 IAFP Active Member Survey Respondents:

How many years have you practiced medicine?



AAFP Survey reveals priorities and perceptions

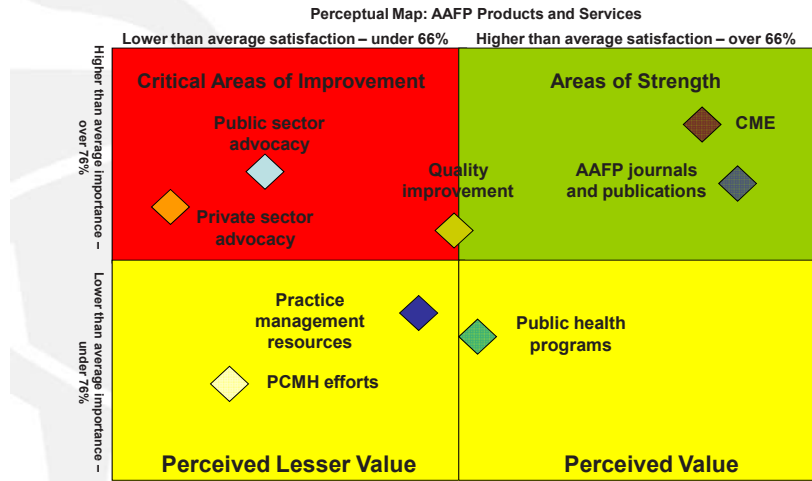
AAFP's CME (89%), public sector advocacy (86%), journals (85%), and private sector advocacy (84%) were considered the most important AAFP products and services, with the lowest importance ratings reported with respect to efforts related to the Patient Centered Medical Home (53%), public health programs (64%), and practice management resources (65%). The Patient Centered Medical Home (PCMH) initiative as defined by the Joint Principles agreed to by AAFP, AAP, ACP and

AOA, is becoming more well-known among the AAFP membership with 58 percent somewhat familiar with it and 31 percent very familiar with it. Even with all of the communication from AAFP and IAFP, 11 percent of Illinois AAFP members have never heard of the Patient Centered Medical Home initiative. Respondents in solo practice were less likely to consider Patient Centered Medical Home resources a priority (4% compared to 10% of non-solos).

(continued on next page)

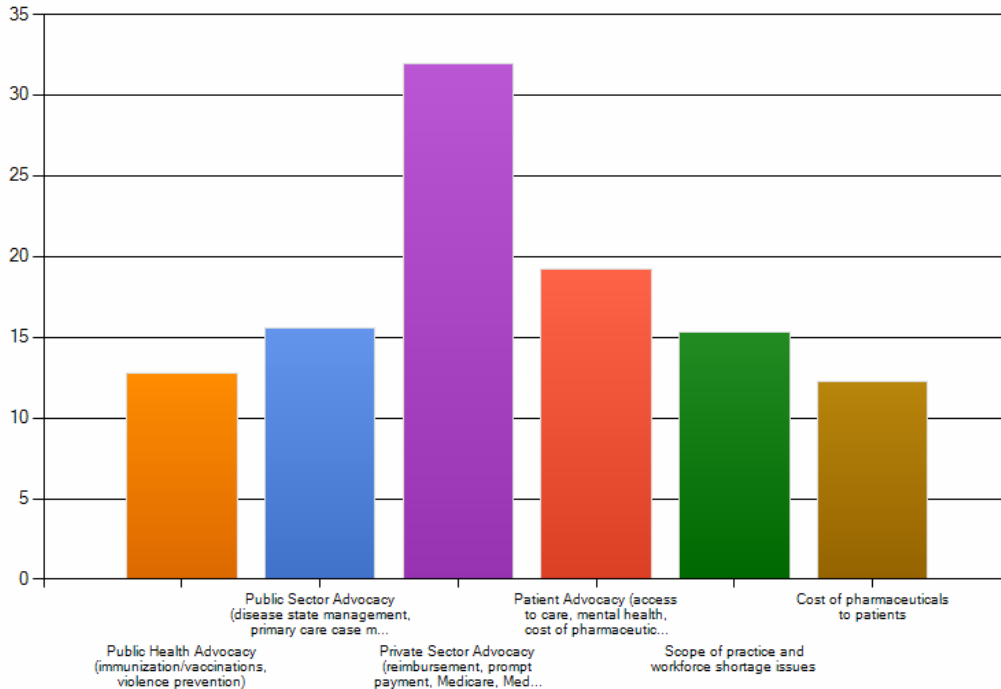
AAFP's Perceptual Map, shows the areas members feel are important and not as important to them.

Perceptual Map



IAFP Members' Legislative Priorities

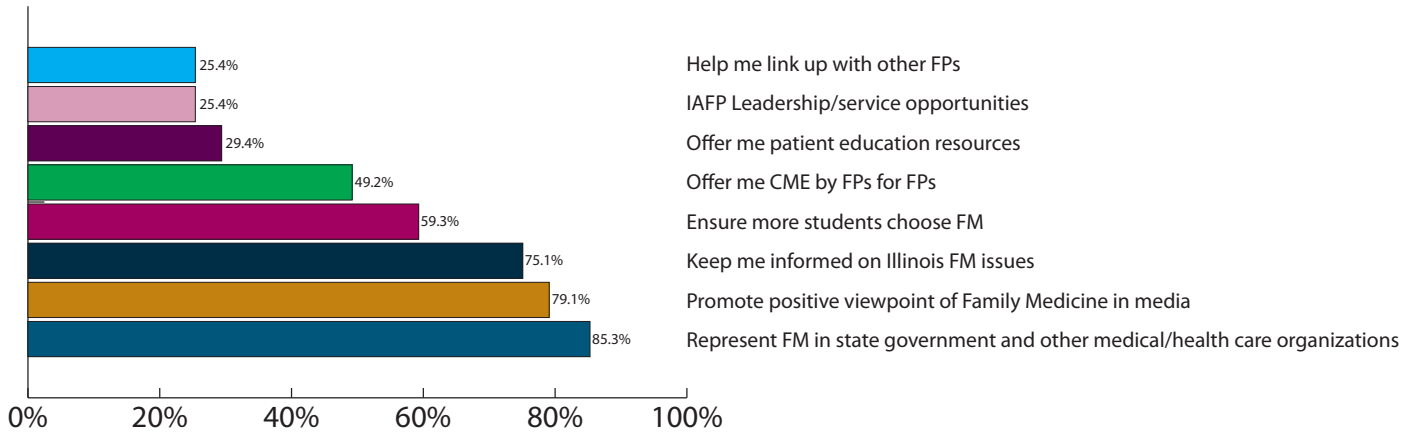
You have 100 units to allocate across the following state legislative issues. Please enter the amount you want to allocate to each issue in the six boxes provided.



IAFP members' top priority services

Out of a list of services offered, the top three services members want from IAFP are to represent family medicine in state government and other medical/health care organizations, promote a positive viewpoint of family medicine.

Services members would like from IAFP



Communications

Illinois Family Physician is still the most read IAFP publication/communication and has been in every IAFP member survey. Interestingly, members now prefer e-mail for IAFP to contact them on urgent or time sensitive issues by 93.2 percent. As for the frequency of that IAFP communication, monthly is the most popular at 39 percent, while weekly and every other week followed close behind with 31 and 30 percent, respectively.

A trusted and respected organization

Overall, members in Illinois and nationally would recommend that their colleagues join the family medicine Academies. Eighty-two percent agreed that they would recommend AAFP to others and 84 percent of Illinois members recommend their colleagues join IAFP.

As one survey respondent summarized in the contents section:

"We need IAFP in our corner now more than ever. There are so many things stacked against us, but I do see opportunity. We need to make the most of that opportunity now."



The Right Pick

FOR MALPRACTICE INSURANCE COVERAGE

Get competitive physician malpractice insurance coverage with protection you can trust from "A" (Excellent) rated Professional Solutions Insurance Company.*

To learn more, call **1-800-718-1007, ext. 9172**,
or visit www.profsolutions.com.



Professional
SOLUTIONS

INSURANCE
COMPANY

* Malpractice insurance is underwritten by Professional Solutions Insurance Company, 14001 University Ave., Clive, IA 50325. Professional Solutions Insurance Company is rated "A" (Excellent) by A.M. Best for financial strength and operating performance. A.M. Best ratings range from A++ to S. ©2009 PSIC NFL 9172 ALL

Federal Update

Health care reform proposals advance and gain momentum

House Speaker Nancy Pelosi (D-CA) presented the House health reform bill called the *Affordable Health Care for America Act* (HR 3962) sponsored by the most senior member of the House, Rep. John Dingell (D-MI). According to the Congressional Budget Office, the legislation will bring health insurance coverage to 96 percent of all Americans and will generate a surplus for the federal government. The text of the nearly 2,000-page bill can be found on the web at http://docs.house.gov/rules/health/111_ahcaa.pdf. The bill makes some improvements in the provisions that affect primary care. The threshold for eligibility for the primary care bonus was reduced, so that if a family physician's Medicare bills are more than 50 percent E & M and prevention services, then the physician is eligible to receive a five percent bonus on all Medicare billing (except if the physician is in an underserved area, in which case the bonus is increased to ten percent). The bill makes this bonus payment permanent.

In addition, the HR 3962 eliminates the requirement that participating beneficiaries in the community-based medical home demonstration be "high-need." This makes all of the practice's Medicare beneficiaries eligible, bringing the medical home more mainstream.

HR 3962 retains the provision that raises Medicaid payments for primary care to at least the level of Medicare and requires coverage of preventive and primary care services. The House stripped from the health reform measure the provisions to prevent Medicare physician payment cuts. These provisions were incorporated into a new bill in recognition of pressure to keep the package under \$900 billion. However, the *Medicare Physician Payment Reform Act* (HR

3961) was introduced concurrently and is on the web at http://docs.house.gov/rules/health/111_sgr1.pdf. This bill becomes important because the Senate failed to act on a similar bill in their chamber earlier in October. The Senate failed to reach the 60 votes needed to consider S1776, garnering only 47 votes. Both Illinois senators Durbin and Burriss voted yes. However several Democrats sided with the Republicans' argument that this bill would add to the federal deficit, as no cost offsetting measures were included to pay for the bill's cost. Without Congressional action, physicians face a 21 percent cut in Medicare payments beginning in January. The Senate Finance committee's health reform bill is silent on the Medicare sustainable growth rate formula.

On Friday morning, Oct. 30, IAFP President Javette Orgain, MD spent an hour live on WILL-AM radio (NPR in Champaign) for a wide ranging discussion about the health care reform proposals. Dr. Orgain stressed the need to fix our payment system to bring

Government Relations

more family physicians and primary care physicians into the system to deliver the care that all newly insured Americans will need and deserve. Link to the podcast at <http://will.illinois.edu/focus580/RSS/> and scroll down to "The Healthcare Legislation in the House and Senate."

Please stay connected via IAFP and AAFP e-mail alerts as the House and Senate debates unfold over the coming weeks. Both chambers' Democrat leaders have stated their goal of delivering a bill to President Barack Obama before the end of the year.

October 29 was also a great day for family medicine as the US Senate - by unanimous consent - confirmed Alabama family physician Regina Benjamin, MD as U.S. surgeon general. Dr. Benjamin was the first black woman to head a state medical society, received the Nelson Mandela Award for Health and Human Rights and last fall received a MacArthur Foundation "genius grant."

Spring into Action in 2010 Set aside one day in March or April

Do U want to?

- Advocate on behalf of family medicine and its value and contributions?
- Increase your visibility with legislators and policymakers?
- Establish yourself as your legislators' resource on health care policy?
- Provide vital input on current policy under consideration?

If you answered, "Yes!" to any of these questions, you are READY to participate in IAFP's Spring Into Action "mini" lobby days.

Be the face and voice of Family Medicine in Springfield. Look for scheduled dates for the Spring of 2010 in IAFP e-news, on our website, and in the next issue of *Illinois Family Physician*.

**“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.



Professional Liability Insurance & Risk Management Services

ProAssurance Group is rated **A (Excellent)** by A.M. Best.
For individual company ratings, visit www.ProAssurance.com • 800.292.1036

The Reveal Logo and TREATED FAIRLY are trademarks of ProAssurance Corporation.

IAFP Annual Meeting CME Schedule

For learning objectives, please see our brochure at <http://www.iafp.com/CME/CMEinsert.pdf>

Friday, December 4th

8:00 a.m. - 12 noon

AAFP Live!

Diabetes and Cardiovascular Disease. Registration is free, but space is limited. Register at www.aafplive.org or call 800-274-2237

2:00 p.m. - 3:00 p.m.

Managing Chronic Obstructive Pulmonary Disease in the Family Care Setting

Presented by John Affinito, MD

Supported by a grant from Pfizer

3:00 p.m. - 4:00 p.m.

Nutritional Evaluation: Understanding Your Patients' Nutrition & Supplement Needs

Presented by Patrick Hanaway, MD

Supported by a grant from Genova Diagnostics

4:15 p.m. - 5:15 p.m.

Treating Tobacco Dependence

Presented by Sarah Mullins, MD

Developed by the American Academy of Family Physicians

Supported by a grant from Pfizer

5:15 p.m. - 6:15 p.m.

Practical Approaches Toward Improving Immunization Across the Spectrum of Age-Appropriate Patients

Presenter TBA

Developed by the France Foundation and University of Nebraska Medical Center

Supported by a grant from GlaxoSmithKline



Saturday, December 5th

8:00 a.m. - 9:00 a.m.

CME Breakfast - The Key to Their Hearts: The Indispensable Role of the Primary Caregiver in the Management of Patients Post-MI

Presented by Peter P. Toth, MD, PhD, FAAFP, and Dominick J. Angiolillo, MD

Supported by a grant from AccelMed



9:00 a.m. - 10:00 a.m.

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

Presented by Janet Albers, MD & Cynthia Ledbetter, MSN, FNP, CDE

Supported by grants from Merck & Sanofi-Aventis

10:15 a.m. - 11:15 a.m.

Managing Coronary Artery Disease in Primary Care

Presented by David Hagan, MD

11:15 a.m. - 12:15 p.m.

Making the Connection: Practical Strategies for the Clinical Management of GERD for Positive Patient Outcomes

David A. Peura, MD, MACG, FACP, AGAF

Developed by the North Carolina Academy of Family Physicians & TCL Institute, LLC.

Supported by a grant from Takeda Pharmaceuticals



1:00 p.m. - 2:00 p.m.

CME Lunch - Patient Centered Medical Home

Presented by Kenneth Bertka, MD, FAAFP

Supported by grants from Merck & Pfizer

Learn it
on Saturday.
Use it
on Monday.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

FREE, LOCAL CME

delivering the latest science
from the leading experts
on the topics most relevant to you

Pain Management/Sleep Disorders

Greensboro, NC - October 24
Minneapolis, MN - November 14
San Antonio, TX - January 9, 2010
Seattle, WA - February 20, 2010
Atlanta, GA - March 13, 2010

Diabetes and Cardiovascular Disease

Wichita, KS - October 24
Orlando, FL - October 31
Las Vegas, NV - November 7
Oak Brook, IL - December 4*
*(Learn it on Friday. Use it on Monday)
Denver, CO - January 23, 2010
Los Angeles, CA - February 6, 2010
Indianapolis, IN - March 20, 2010
Buffalo, NY - March 27, 2010

Space is limited.
Register at

www.aafplive.org
(800) 274-2237

AAFP Live!

ILLINOIS FAMILY PHYSICIAN



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.
- Continuously growing list of online CME activities addressing the latest research in multiple topic areas.
- CME Tracker to manage your learning online, easily track credits, and print a summary of credits and certificates earned.

Earn and manage your valuable CME credits through Pri-Med's comprehensive live and online educational programs.

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.

© 2009 MIC Communications, LLC. All rights reserved. Pri-Med is a registered trademark and KNOWLEDGE THAT TOUCHES PATIENTS is a trademark of MIC Communications, LLC. All other trademarks are the property of their respective owners.

Pri-Med Midwest Conference & Exhibition

Save the date

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

October 14-16, 2010

**Donald E. Stephens Convention Center
Rosemont, IL**

Annual conference and exhibition composed of Pre-Conference Symposia day, 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, industry-supported symposia*, and a dynamic exhibit hall.

Sponsored by



In collaboration with



**NORTHWESTERN
UNIVERSITY**

*Please note: Pre-Conference Symposia day and symposia sessions are ticketed events with limited availability that must be selected when registering.

Pri-Med Access with ACP*

Save the date

**April 27-28, 2010
Chicago, IL**

For 2010, 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 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 one course, one day, or the full two-day program. Register now, space is limited.

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



**These activities are sponsored by*



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



Calling all IAFP members and spouses! Friday evening wine event for the Foundation

Join us for a great evening of wine, friendship, fun and a silent auction, all to benefit the Family Health Foundation of Illinois. Raise a glass and propose a toast to your practice, your colleagues, maybe a friend or family member! 'Tis the season to be joyous and generous!

Wine Reception/Silent Auction
Friday, December 4th
7:30 pm – 9:30 pm in the Oak Brook Room
Oak Brook Marriott Hotel

Hosted by Foundation Board members Drs. Carolyn Lopez, David Hagan and Steven Knight
\$50 per person donation to the Foundation



The Wine Reception/Silent Auction is a non-profit fundraising event and will benefit the educational programs supported by the IAFP Foundation. The Foundation needs your help. Loss of state funding coupled with declining member donations has put the Foundation's programs in jeopardy. Those programs include: the Summer Externship program, Tar Wars, Family Medicine Interest Group support, as well as annual student and resident meetings which work to attract our future family physicians. By attending and supporting this event, you can help us rebuild the Foundation and sustain these important activities as we strive to enhance the health of the people of Illinois.

If you can't attend, please consider making a direct donation to the Foundation before the end of the year. You can find a donation form online at <http://www.iafp.com/foundation/donorform.htm> or contact the Foundation office at 800-826-7944 ext. 210.

Med students meet with family medicine

Illinois medical students gathered at the IAFP Primary Care Fall Forum on October 10 in Oak Brook for a first-hand look at family medicine. Residency programs provided workshops and demonstrations covering many facets of primary care. Students could visit with faculty and residents from nearly 30 programs from Illinois and beyond. This year the Foundation added three resident workshop sessions to help them prepare for their careers ahead of them. Healthcare Associates Credit Union (HACU) presented a session on health care and the current economy. ProAssurance Professional Liability Company presented a "Jeopardy" edition of Insurance 101. IAFP volunteer leader Matthew T. Johnson, MD finished off the day with a presentation on finding the right employment opportunity and navigating the contracting process.



The Fall Forum is one of two annual events for students and residency programs provided by the Family Health Foundation of Illinois. Supporting the Foundation is crucial to keeping these events as part of our mission to attract more Illinois students to family medicine.

The Foundation thanks the following companies who supported the 2009 Fall Forum:

Community Physicians of Indiana
HealthCare Associates Credit Union
Illinois Primary Health Care Association
Merck and Company
Novo Nordisk
ProAssurance Professional Liability Group
Group Practice Forum
sanofi-aventis
The Senior Site, Inc.
US Army Healthcare

Xpert Assistance, a Noteworthy Medical Systems Partner

ILLINOIS FAMILY PHYSICIAN

IAFP Member Spotlight



IAFP Member Spotlight

Why family medicine?

I chose family medicine because I truly love the full scope of primary care. One of my favorite experiences during residency was taking care of the mom during pregnancy, then seeing the baby afterwards, and then she starts bringing her other kids to see me, and then her husband and her mother-in-law and getting to care for the whole family!

My IAFP activities

I've been involved with the Academy since my intern year of residency. I served as the resident president on the board and now I'm the new physician board member. I'm also on the government relations committee and have been to Springfield and DC a number of times to talk to legislators and advocate for issues important to family physicians. More recently, I've been getting involved with the national Academy, representing the National Conference of Special Constituencies at the AAFP Congress of Delegates last month. The AAFP Congress of Delegates afforded me a truly informative look into the inner workings of our organization on a national level. While there were frustrations about AAFP's cautiousness on policy decisions, I received a first-hand look at how the AAFP delicately balances and represents the needs of family physicians throughout the country.

Why is it important for family physicians to be politically aware and active?

It's so important because so much of what we do and the scope of our practice, how we get funding and how we are paid comes from the federal

Ravi Shah, MD

IAFP New Physician Board Member
Cook County Bureau of Health Services

state and local level. So it's very important for us to get involved and have a voice in that process because if you don't, others will make the regulations on how we practice and care for our patients.

IAFP's best resource is that we have such great relationships with the people [lawmakers] in Springfield and their district offices. My state senator (Sen. John Cullerton) is now president of the Illinois Senate, and I know for a fact that he knows who we are, what we stand for as an Academy and he enjoys working with us. He trusts that we are looking out for the best interest of our patients. Having that relationship and respect from someone so influential on state legislation is a huge benefit to our members.



I champion family medicine

everyday with my positive attitude about the profession. I get to talk to medical students now that I'm on faculty at Loyola Medical School and working with residents every day. I love what I do and it shows. I think having that positive outlook and advocating for the benefits of primary care is important.

If I weren't a doctor, I probably would have gone to law school or some sort of public policy school. I have such a strong love for policy and politics.

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

Having that balance is really important to me. I chose to work with Cook County in the public sector over the private sector because I wanted to make sure I have that balance and don't have to be a business person as well as a doctor. So the career path I chose affords me more time to have a productive personal life.

Biggest lessons learned in your first year out of residency:

I was always concerned about being "ready" coming out of residency and knowing what to do. Between deliveries and many office procedures, doing those without a net kind of scared me at first. But being in the trenches, I realized that I am ready and am properly trained. Secondly, there is still so much to learn! I'm always reading and asking questions of my colleagues that I need clarification or help with and being open to admitting that I do need help sometimes.

Something that might surprise us...

I was a political science major in college. I worked on a lot of political campaigns here in Chicago in the late 1990s. Before medical school I spent six months as the fundraiser for a US Senate campaign in the northeast. I learned a lot about how that world works and I think I can use a lot of the skills I learned there in physician advocacy.

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

Sergio Mercado, MD of Batavia is the featured resource in an Oct. 19 *Tribune (TribLocal)* article on preventing diabetes which ran in the Batavia, Elburn and Geneva editions of the *Chicago Tribune*.

Russ Robertson, MD of Chicago is quoted extensively in the Oct. 12 *Kaiser Health News* article on the Senate Finance Committee health care reform bill. Robertson, interviewed as the chair of the Council on Graduate Medical Education, notes that there are not sufficient provisions to significantly increase the number of family physicians entering practice.

IAFP board member **Tamarah Duperval**, MD of Chicago was featured on NBC5-TV on October 7 about running the Chicago Marathon to raise funds for Breast Cancer research after losing two young friends to the disease. She finished in 5:14:11 – Congratulations!

Carrie Nelson, MD of Wheaton is quoted throughout an Oct. 15 *Chicago Sun-Times* article about the crush of calls into doctors' offices about H1N1 vaccine, although the story incorrectly identified her as a pediatrician and later ran a correction! Dr. Nelson also did a live WGN-TV interview at 6:15 am (on less than 2 hours notice!) about the H1N1 flu on Monday, October 12.

IAFP executive vice president **Vince Keenan, CAE** was quoted in a Sept. 30 *Crain's Chicago Business* story on Illinois Health Connect program performance bonuses paid to primary care providers who exceeded national benchmarks for certain screenings and preventive measures.

The Oct. 1 *Chicago Tribune* covered the announcement of Blue Cross Blue Shield of Illinois medical home pilots at two suburban practices, Elmhurst Clinic and ProngerSmith (southwest suburbs). IAFP member **Donald Lurye**, MD is CEO of Elmhurst Clinic and is quoted in the story. Blue Cross medical director, **Scott Sarran**, MD, is also an IAFP member and quoted throughout.

Gerald Suchomski, MD of Springfield

was the primary source in an article which ran in 19 Illinois newspapers on Sept. 7 outlining health care concerns for every age group.

Executive vice president **Vince Keenan, CAE** authored a letter to the editor in the Sept. 7 *Daily Herald* calling on reform legislation to build the primary care physician workforce.

Scott Hanlon, DO was featured in the Sept. 8 *Chicago Tribune* for his upcoming "Vaccines and Vino" flu shot and wine tasting event as well as his "Shot Fairy" enterprise (learn more at <http://www.shotfairy.com/>)

Resident **Paulette Grey**, MD was a panelist for WBBM-TV on Sept. 9 to provide her reaction to President Barack Obama's health care reform address to Congress and the nation.

Valerie Flacco – Nesselrod, MD was featured in the *Galesburg Register Mail* on September 11 as a local high school graduate who has become a family physician and community leader.

John Sage, MD was quoted in the Sept. 17 *Daily Herald* story as a panelist at the Sept. 16 League of Women Voters public forum on health care reform. Dr. Sage represented IAFP that night to provide insight into the primary care view of reform.

Jeffrey Royce, MD of Rockford was featured in a Sept. 17 *Rockford Register-Star* story about migraine headaches and the challenge of getting an accurate diagnosis.

Second vice president **Michael P. Temporal**, MD of Belleville was interviewed after the Sept. 18 press conference with Sen. Dick Durbin in Maryville and was quoted in a KMOX-AM news radio story later that afternoon.

Congratulations to the 2009 Illinois Rural Health Associations "Rural Physician of Excellence" award family physician recipients: Life members **Albert G. Bledig**, MD of Eldorado and **Robert G. Hickerson**, MD of Knoxville, member **Mark Wargo**, MD of Streator, and non-member family physicians **Urbano Dauz**, MD of Shelbyville and **Dan Woods**, MD of Savanna.

Members in the News

John Bradley, MD has been appointed interim CEO of SIU Physicians and Surgeons, according to several downstate papers on Sept. 8.

Gregg Stoner, MD of Dunlap received the 2009 Distinguished Alumni Award from the University of Illinois College of Medicine in Peoria for his work in establishing fellowship programs in geriatric medicine and comprehensive women's health care at the school.

Carrie Nelson, MD, of Wheaton is the new medical director for Your Healthcare Plus, the Illinois Medicaid disease management program, beginning Oct. 19. Nelson is an IAFP board member in the class of 2009 and is a slated candidate for the position of IAFP second vice president for the 2009-2010 board. She was program director for the Rush Copley Family Medicine Residency the last four years. She will be reporting to **Rick Leary**, MD, who has been promoted to be the national medical director for McKesson Health Solutions. Dr. Leary is a past president of IAFP, 2005-06, and has been working as the medical director for Your Healthcare Plus since August 2006.

In Memoriam: IAFP past board member **Charles R. Daisy**, formerly of Greenville, Illinois, passed away in Naples, Florida on September 3, 2009 at age 72. Dr. Daisy began his medical practice with Dr. **Max Fraenkel** in Greenville, Illinois in 1963 and served as a family physician for 42 years (1963-2005). He served on the IAFP Board of Directors from 1976-1979. In lieu of flowers, memorials may be made to Greenville Regional Hospital, 200 Healthcare Drive, Greenville, IL 62246 or University of Illinois Foundation, 1305 West Green Street, Harker Hall, Urbana, IL 61801. Please make checks payable to UIF/UIC Family Practice. Donors should indicate that gifts are in memory of Dr. Charles R. Daisy.

News You Can Use

Gardasil (HPV) Vaccine

The perfect platform for vaccinating your female adolescent patients

Todd Wolynn, MD, Medical Director
Jeff Winokur, CEO
Atlantic Health Partners

Human Papillomavirus (HPV) is THE cause of cervical cancer.

It's a simple as that! By way of comparison, lung cancer is only associated with cigarettes 70% of the time but cervical cancer is caused by HPV 100% of the time. **Gardasil** is Merck's quadravalent HPV vaccine which protects against HPV Types 6, 11, 16 & 18. While you probably have heard the numbers before it is worthwhile to hear them again. In the United States there are close to 10,000 newly diagnosed cases of cervical cancer and 4,000 deaths from cervical cancer each year. While several HPV types are associated with cervical cancer, Types 16 and 18 causes the majority of cervical cancer and the Gardasil vaccine has been shown to prevent over 70% of cervical cancer. In addition HPV Types 6 and 11 cause almost all anogenital warts and Gardasil reduces these lesions by 90%.

While few practitioners doubt the benefits of Gardasil, many offices struggle with how to fit it into an ever increasingly crowded adolescent immunization schedule. The recommended intervals between Gardasil doses are 2 months between Dose #1 to Dose #2, and 4 months between Doses #2 to Dose #3. While Gardasil is approved from ages 9 years to 26 years old most practices follow ACIP, AAP, AAFP and ACOG recommendations and give the vaccine starting at age 11 years old. In actuality, Gardasil provides the framework to schedule your female patient adolescent vaccines.

11 is the new 5!

Don't get me wrong - there are plenty

of differences between an 11 year old and a 5 year old but what has been a longstanding dramatic (and sometimes traumatic) 5 year well visit with occasional tears, lots of candy and toy bribes has experienced a déjà vu with 11 year old patients. For the 11 year old negotiations about computer access and texting may replace lollipops. That being said, the 11 year old presents the best shot (pun intended) to initiate adolescent vaccines. In most states 11 year olds preparing to enter 7th grade are usually obliged to have forms for school nurses on the look out for up-to-date immunizations.

Gardasil is the ideal platform to immunize adolescent patients

In addition to providing Gardasil to your 11 year old female patients, Sanofi's Meningitis vaccine Menactra and Tetanus-Pertussis booster (Adacel) are also recommended and typically given at this age. Additionally, Hepatitis A (Merck's Vaxna) vaccine catch-up is also recommended beyond 12 months of age and 11 years old presents a great immunization opportunity (along with the second dose of Varivax if applicable). If you have flexibility (essentially because school vaccine deadlines permit) regarding the Tdap and Mening administration you can limit the number of vaccines given at the 1st adolescent vaccine visit to three "shots". The 2nd Gardasil dose (2mo later) and 3rd dose (4mo later) visits would then only require two "shots" each.

Teenagers and Beyond

Of course 12, 13, and 14 year olds all the way up to 26 year old females should also receive the Gardasil vaccine. Yearly well/preventive visits lend themselves to a review of the patient's immunization record and should result in the patient being immunized if they have not yet received Gardasil or completed the series. Remember that sexual activity, previous abnormal pap tests and even a history of high-grade cervical dysplasia and cervical cancer do not prohibit the use of the vaccine. The HPV vaccine can also serve as a means to recall seldom seen patients from teens thru 26 years old for a preventive/well visit along with the initiation or completion of the Gardasil series.

Do the Right Thing

While Gardasil can help to prevent approximately 7,000 cases of cervical cancer per year and close to 3,000 related deaths it is also important to realize that a substantial number of the 330,000 annual cases of high grade and 1,400,000 annual cases of low grade cervical dysplasia could also be prevented. Additionally 90% of the 1,000,000 annual cases of anogenital warts could also be prevented. We should continue to work to prevent all vaccine-preventable diseases per the CDC recommendations and recognize that few other diseases exact such a toll on our population. On a related note, male study results are soon to be announced but for now let's all do the right thing and prevent as much of this horrible disease as possible.

Don't forget it is now recommended to observe girls for 15 minutes after their HPV dose (typically for risk of fainting). A suggested immunization schedule would be:

Gardasil (HPV) series structured with Hep A, Tdap and Mening

Day# 0	2 Months	6 Months
HPV#1	HPV#2	HPV#3
*Tdap	*Mening	[catch up opportunity if Tdap or Mening still required]
*HepA#1	*Varivax	*HepA#2

If you do not need to give Hepatitis A or the second dose of Varivax you can easily time the vaccines such that no more than two doses are given per visit.

Gardasil (HPV) series structured with Tdap and Mening (not including Hep A)

Day# 0	2 Months	6 Months
HPV#1	HPV#2	HPV#3
*Tdap	*Mening	[catch up opportunity if Tdap or Mening still required]

(* Tdap and Mening each can be given once during these 3 visits, Mening could precede Tdap if desired. If preferred Tdap and Mening can be administered simultaneously along with HPV and/or HepA).

Submitted by the Midwest Dairy Council

Leading national health and nutrition organizations have come together to urge child nutrition advocates, school food service organizations and health organizations to support the use of “nutrient density” as the cornerstone of dietary recommendations and meal planning. Taking this step will help Americans of all ages choose more healthful diets and help to reduce the risk of obesity and chronic disease beginning in childhood.

Americans Consume Nutrient-Poor Diets

The diets of most Americans fall far short of current dietary recommendations. The Healthy Eating Index (HEI), a tool developed by the USDA’s Center for Nutrition Policy and Promotion to assess the nutritional quality of diets, has demonstrated that approximately 74% of Americans need to improve their diets.¹ Among children, the situation appears to be even worse. According to the 2007 National Youth Risk Behavior Surveillance, only 14% of adolescents in grades 9-12 consume three servings of milk per day, while only 21% consume at least five servings of fruits and vegetables per day.² Overall, only 2% of school-aged children consume the recommended daily number of servings from all major food groups.³

The Importance of Nutrient-Rich Foods in Planning Nutritious Meals for Children

With these disturbing statistics as a backdrop, the long-standing debate over the best way to improve the diets of Americans—children in particular—continues unabated. In the meantime, obesity rates continue to climb to record numbers,⁴ putting children and adults at increased risk for diet-related chronic diseases such as type 2 diabetes, metabolic syndrome and cardiovascular disease.^{5,6,7} Many

public health dietitians and nutritionists are concerned that we have become an overweight, yet undernourished nation, consuming too many high-energy foods that are low in critical nutrients, such as vitamins, minerals, protein or fiber.⁸ The relationship between consuming high-calorie, nutrient-poor diets and overweight and obesity is of immediate concern for American children. According to the Centers for Disease Control and Prevention, an estimated 17% of American children are either overweight or obese.⁹ Another 34% are at risk for becoming overweight.

Nutrient Density as a Tool for Improving Diets

Nutrient density is a concept that has been used by registered dietitians (RDs) for many years and is already a cornerstone of the 2005 Dietary Guidelines for Americans and MyPyramid.^{10,11} Though there is no generally accepted definition for what constitutes a nutrient-dense (nutrient-rich) food, it is typically defined as foods that provide substantial amounts of nutrients for relatively few calories.¹⁰ MyPyramid and the Dietary Guidelines, upon which MyPyramid is based, urge Americans to get more nutrition from their diets by choosing nutrient-rich foods and beverages within each basic food group—Fruits, Vegetables, Grains, Meat & Beans, and Milk. The Dietary Guidelines provides examples of nutrient-rich meal plans using the DASH Eating Plan.¹² Choosing naturally nutrient-rich foods and beverages based on their complete nutrient package, can help children and adults to meet their nutrient requirements without consuming excess calories. The more low-nutrient-dense foods children include in their diets, the more difficult it becomes for them to meet their nutritional needs without gaining excess weight. That becomes even more problematic for sedentary children. In 2002, the CDC conducted the YMC Longitudinal Survey (YMCLS), a national survey of children aged 9-13 years and their parents. This report found that 61.5% of children aged 9-13 years do not participate in any organized physical activity during their non-school hours and that 22.6% do not engage in any free-time physical activity.¹³

Adoption of nutrient density as the basis for dietary guidelines for the National School Lunch Program, and the School Breakfast Program will improve the nutritional quality of foods sold in schools. Engaging and educating children on making more nutrient-rich food choices is also a key part of the solution.¹⁴

The concept of nutrient density must also be applied to meals and snacks eaten at home and when dining out in order to have the desired effect on the overall nutritional quality of the diets of children. The concept of nutrient density provides an easy-to-understand way for children to get the nutrients they need within recommended calorie allowances. However, focusing only on nutrients to limit, such as sugar, saturated fat, cholesterol or sodium, without regard to the beneficial nutrients a food might provide, as some nutrient profiling systems have done, may unintentionally limit nutritious food choices, such as flavored milk, in schools. Foods and beverages should be evaluated on their complete nutrition content, not only on nutrients to be limited. Selecting foods from the Food Groups to Encourage that are rich sources of nutrients in short supply in children's diets (calcium, potassium, magnesium, vitamin E, and fiber)¹⁵ is also an effective way to put the concept of nutrient density into practice.¹⁰

Recommendations

There is compelling scientific justification for using nutrient density as the basis for dietary recommendations.¹⁶ Educating the public, parents and children on how to choose nutrient-rich foods is a positive approach that emphasizes a food's total nutrient content and teaches how to make healthy food choices. Helping children select nutrient-rich foods from the basic food groups allows them to get proper nutrition now, and to establish life-long healthy eating habits.

These health and nutrition organizations support the nutrient rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.



Endnotes

- 1 Bastiotis P, Carlson A, Gerrior S, Juan W, Lino M. The Healthy Eating Index 1999-2000. Washington, DC: U.S. Department of Agriculture 2002;CNPP-12.
- 2 Center for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Youth Risk Behavior Surveillance System—United States, 2007. <http://apps.nccd.cdc.gov/yrbss/CategoryQuestions.asp?Cat=5&desc=Dietary%20Behaviors> (Accessed March 29, 2009)
- 3 U.S. Department of Agriculture, Food and Nutrition Service, Office of Analysis, Nutrition and Evaluation, Children's Diets in the Mid-1990s: Dietary Intake and its Relationship with School Meal Participation, CN-01-CD1, by Phil Gleason and Carol Suito. Project Officer, Ed Herzog. Alexandria, VA: 2001.
- 4 CDC. State-specific prevalence of obesity among adults—United States, 2008. *MMWR* 2008;57:765-8.
- 5 Kumanyika SK, Obarzanek E, Stettler N, Bell R, Field AE, Fortmann SP, Franklin BA, Gillman MW, Lewis CE, Poston WC, Stevens J, Hong Y. Population-based prevention of obesity. The need for comprehensive promotion of healthful eating, physical activity, and energy balance. A scientific statement from American Heart Association Council on Epidemiology and Prevention, Interdisciplinary Committee for Prevention. *Circulation* 2008;118:428-64.
- 6 De Ferranti SD, Gauvreau K, Ludwig D, Neufeld EJ, Newburger JW, Rifai N. Prevalence of the metabolic syndrome in American adolescents. Findings from the Third National Health and Nutrition Examination Survey. *Circulation*, 2004;110:2494-2497.
- 7 Cruz ML, Goran MI. The metabolic syndrome in children and adolescents. *Current Diabetes Reports* 2004;4:53-62.
- 8 Drewnowski A. Concept of a nutritious food: Toward a nutrient density score. *Am J Clin Nutr* 2005;82(4):721-32.
- 9 Ogden C, Carroll M, Curtin L, McDowell M, Tabak C, Flegal K. Prevalence of overweight and obesity in the United States, 1999-2004. *J Am Med Assoc* 2006;295:1549-55.
- 10 American Dietetic Association. Practice paper of the American Dietetic Association: Nutrient Density: Meeting nutrient goals within calorie needs. *J Am Diet Assoc* 2007;108:860-8.
- 11 United States. Dept. of Health and Human Services, United States. Dept. of Agriculture, and United States. Dietary Guidelines Advisory Committee, *Dietary Guidelines for Americans*, 2005. (6th ed. HHS publication. 2005, Washington, D.C.).
- 12 http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf (Accessed August 6, 2008)
- 13 CDC. Physical activity levels among children aged 9-13 years—United States, 2002. *J Am Med Assoc*, 2003;290:1308-9.
- 14 Action for Healthy Kids. Progress or Promises? What Working for and Against Healthy Schools, 2008. <http://www.actionforhealthykids.org/pdf/Progress%20or%20Promises.pdf> (Accessed March 30, 2009)
- 15 Dietary Guidelines Advisory Committee. "2005 Dietary Guidelines Advisory Committee Report," 6th ed. Washington, DC: National Academies Press, pp 111-119, 2005.
- 16 Zelman K, Kennedy E. Naturally Nutrient Rich...Putting More Power on Americans' Plates. *Nutrition Today*, 2005. 40(2): p. 60-8.

Nutrient-Rich Foods + Physical Activity = Healthy Lifestyle



Imagine a world where children and adolescents are physically active every day, eat a balanced, nutrient-rich diet, and learn lifelong healthy habits. Unfortunately, that is not the world in which today's children live. Far too many grow up in environments where sedentary lifestyles and an excess of nutrient-poor, calorie-dense foods are the norm. Most children and adolescents are falling short on nutrient intake and rates of overweight and obesity continue to rise.

As health and nutrition professionals, how can you help?

Health and nutrition professionals play an invaluable role in developing the kind of environments that make it easier to make healthy choices. Recommending nutrient-rich foods and beverages – like low-fat and fat-free milk and milk products, fruits, vegetables and whole grains that provide many nutrients for relatively few calories – can help children meet their nutrient requirements while reducing consumption of empty calories.



Even more needs to be done.



Beyond your practice, we need your help to educate your colleagues and increase attention and time in assisting schools in a manner that helps them to foster the development of lifelong habits in sound nutrition and good physical activity in each and every student. Schools offer tremendous opportunities to model and teach healthful eating and physical activity, both in theory and in practice.

Nutrient-rich dairy is critical to child health and wellness and to child nutrition programs. Three daily servings of low-fat or fat-free milk, cheese or yogurt provide a nutritionally unique source of nutrients children need for healthy growth and development. As a good or excellent source of nine essential nutrients, milk also supplies the number one source of calcium, vitamin D, phosphorus and potassium in the diets of children ages 2 to 18 and the number one source of protein in the diets of children ages 2 to 11.

In the fight against childhood obesity, we can do more than just teach families how to count calories – we can teach them how to make those calories count by making nutrient-rich decisions at home, at school and on the go.

For more information and tools on how you can impact change within your practice and community, go to www.nationaldairyCouncil.org/childnutrition.



NATIONAL DAIRY COUNCIL

These health and nutrition organizations support the nutrient-rich foods approach, which considers the total nutrient package of a food or beverage, as a way for Americans to build and enjoy a healthier diet by getting the most nutrition from their calories.



Prescribers Practice Pearl from Prescriber's Letter

You'll see big changes regarding acetaminophen...to reduce overdosing that leads to liver toxicity.

People don't realize that acetaminophen has a narrow therapeutic index. The toxic dose is not much higher than the therapeutic dose. Just 6 g/day for 2 days can cause liver toxicity in some patients.

It's easy for a patient to get too much due to multiple prescribers or multiple ailments...Vicodin for pain, Excedrin for headache, Theraflu for cold or flu, Sinutab for allergies, etc. Hospital patients also get acetaminophen from many, sometimes overlapping, standing orders.

In fact, half of acute liver failures due to acetaminophen are due to UNintentional overdoses.

You'll hear talk about lowering the maximum recommended dose to 650 mg/dose and 3250 mg/day...down from

1000 mg/dose and 4000 mg/day. 3250 mg/day works out to be 650 mg 5 times a day. Explain that 650 mg works almost as well as 1000 mg for pain... and it's safer.

Experts will debate an even lower dose for people who have three or more alcoholic drinks per day or have liver disease.

Regulators will consider big changes... limiting acetaminophen products to 325 mg/tab...allowing just ONE strength of pedi liquids...eliminating OTC combo products...and requiring patient leaflets for Rx's.

Try to avoid Rx's with high doses of acetaminophen...Vicodin ES, Vicodin HP, hydrocodone/acetaminophen 7.5/650, Darvocet-N 100, etc. These contain 650 to 750 mg acetaminophen per TABLET.

When appropriate, use a formulation with just 325 mg/tab, such as Norco

(hydrocodone/acetaminophen).

Help patients recognize and limit the total acetaminophen they get from ALL their Rx's and OTC's.

Advise heavy drinkers to keep acetaminophen well below 3250 mg/day.

Symptoms of acetaminophen toxicity can resemble flu-like symptoms.

So people take more acetaminophen... until it's too late. Consider potential toxicity in people who take over 10 g or 200 mg/kg in one day...or 6 g/day or 150 mg/kg for 2 or more days. Send appropriate people to the ED to get their acetaminophen level checked right away to see if treatment is necessary.

Find out more about Prescriber's Letter and special savings for IAFFP members at www.prescribersletter.com/ppiafp

What does it take to Stop DiabetesSM?

Diabetes is a disease that can take a physical, emotional and financial toll on your patients. Help your patients understand the seriousness of this disease. Encourage them to take action and stop diabetes once and for all.

The American Diabetes Association has started a movement to do just that — to render diabetes powerless. Join the movement to Stop Diabetes.

- Share.** Your experience, your hope for a cure.
- Act.** Get the latest diabetes information.
- Learn.** Help your patients prevent or manage diabetes.
- Give.** Your time, your passion and your commitment.

Visit diabetes.org/pro for information and resources to stop diabetes.



 American Diabetes Association.

Young Adults Visit Doctors Least

When adolescents graduate to young adulthood, their preventive care tends to fall by the wayside. A recent study has found that young adults are much less likely to use ambulatory or preventive care, even though their mortality rate is more than twice that of adolescents.

Before the study was published in the most recent bi-monthly edition of *Annals of Internal Medicine*, little was known about how young adults use ambulatory care. The study's findings provide a new focus on health care in young adulthood, breaking down patterns based on sex, race and ethnicity, in addition to rates of preventive care in young adults.

Robert J. Fortuna, M.D., M.P.H., senior instructor in Pediatrics and Internal Medicine at the University of Rochester Medical Center conducted the study with two other researchers, Brett W. Robbins, M.D., associate professor in Pediatrics and Internal Medicine, and Jill S. Halterman, M.D., M.P.H., associate professor in Pediatrics.

"Despite having the highest rate of many preventable diseases, young adults garner relatively little attention from advocacy groups, researchers or policymakers," says Fortuna. The study found that young adults, especially black and Hispanic males, underuse ambulatory medical care and infrequently receive preventive care. Young men had nearly half the preventive care visits compared with adolescents (age 15 to 19 years) and older adults (age 30 to 39 years). Young men also had less than one-fourth the rate of preventive care visits than young women did. On average, young men were seen less than once every 9 years for preventive care and young men without insurance were seen once every 25 years, according to the study.

Ambulatory care may be relatively underused by this age group for a number of reasons, including limited access to care, lack of health insurance and low self-perceived risk, explained the authors. Young adults are the most likely age group to be uninsured, with nearly one-third lacking medical coverage. The study found that young adults without insurance had one-fourth as many visits as those with insurance.

The counseling that was offered to young adults was most often concerning exercise and diet, rather than more immediate threats to their health. Young adults have higher rates of tobacco use, alcohol use, illicit drug use and STDs than both adolescents and older adults. The authors wrote

that counseling on these issues remained infrequent, despite the fact that counseling has been shown to effectively improve tobacco cessation rates, modify high-risk sexual behaviors and decrease drug abuse.

To characterize ambulatory medical care among young adults age 20 to 29 years, the researchers used data from the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) between 1996 and 2006.

Source: University of Rochester Medical Center

Web Site: <http://www.urmc.rochester.edu/>

Practice Opportunities

At ACUTE CARE, INC. (ACI) we offer practice opportunities in more than 70 low-to-moderate volume facilities throughout the midwest. We are committed to providing the best in emergency medicine and offer our providers:

- Flexible Scheduling
- License Reimbursement
- Referral Bonus Incentive
- Full-time Benefits
- Sign On Bonus

To Learn More About Our SIGN ON BONUS Call Us At 800.729.7813

Call today to learn more about how you can earn up to \$3,000 by referring a qualified colleague!

**ACUTE CARE, INC.**
www.acutecare.com

PO Box 4130 | Des Moines, Iowa 50333 | 800.729.7813 | www.acutecare.com

Your Illinois Academy of Family Physicians

Executive Committee

PRESIDENT

Javette C. Orgain, MD

PRESIDENT ELECT

Patrick A. Tranmer, MD

FIRST VICE PRESIDENT

David J. Hagan, MD

SECOND VICE PRESIDENT

Michael P. Temporal, MD

CHAIR OF THE BOARD

Steven D. Knight, MD

TREASURER

Tina M. Brueschke, MD

DELEGATES TO AAFP

Ellen S. Brull, MD

Michael P. Temporal, MD

ALTERNATE DELEGATES

Kathleen J. Miller, MD

Javette C. Orgain, MD

Board of Directors

CLASS OF 2009

Deborah L. Edberg, MD

Carrie E. Nelson, MD

E. Lee Washington, MD

CLASS OF 2010

Tina M. Brueschke, MD

Dennon Davis, MD

Kathryn Stewart, MD

CLASS OF 2011

Janet L. Albers, MD

Tamarah Duperval, MD

Tim Morthland, MD

NEW PHYSICIANS

Ravi Shah, MD

Allison Rittmann, MD

RESIDENT

Elizabeth Salisbury, MD

STUDENT

Kathleen Eichinger

IAFP Staff

EXECUTIVE VICE PRESIDENT

VICE PRESIDENT OF EDUCATION

Vincent D. Keenan, CAE

DEPUTY EXECUTIVE VICE PRESIDENT

OF FINANCE AND MEMBERSHIP

Jennifer O'Leary

DEPUTY EXECUTIVE VICE PRESIDENT

OF GOVERNMENT RELATIONS,

COMMUNICATIONS AND MARKETING

Gordana Krkic, CAE

VICE PRESIDENT OF MARKETING

AND DEVELOPMENT

Christine Holz Emerson

VICE PRESIDENT OF COMMUNICATIONS

Ginnie Flynn

DIRECTOR OF MEETINGS

Crishelle O'Rourke

OFFICE MANAGER

Diana Garcia

EDUCATION MANAGER

Kate Valentine

Illinois Academy of Family Physicians

4756 Main Street

Lisle, IL 60532

Phone: 630-435-0257

Fax: 630-435-0433

E-mail: iafp@iafp.com



www.iafp.com