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ADVERTISERS IN THIS ISSUE

IN THIS ISSUE

U.S. Sen. Dick Durbin (D-Ill.) and IAFP President Javette C. Orgain, MD

Academy cranks up efforts on health care reform

With the health care reform debate exploding into the forefront of public debate over the summer, the Illinois Academy of Family Physicians used every opportunity to deliver the family medicine message. IAFP leaders and members throughout the state met with their members of Congress, attended public forums, spoke at press conferences and sent letters to the editor.

Without question, health care reform is an enormous undertaking. Many different facets of health care must be fixed to achieve true, meaningful improvements in the system. Family medicine and our partners in health care have advocated for primary care payments that truly reflect the work that you do. IAFP also pushed for improvements in primary care graduate medical education, tort reform, and insurance reform to bring options to all Americans.

Following is a recap of just some of the many ways IAFP spent the summer working on health care reform.

IAFP shared an exclusive stage with U.S. Sen. Dick Durbin as the only other speaker and the voice of primary care physicians in his August 2 press conference calling on Congress to pass a comprehensive health care reform bill this year. IAFP President Javette C. Orgain, MD and Sen. Durbin spoke to the press outside Northwestern Memorial Hospital urging Congress to

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President's Message

Javette C. Orgain, MD

How I spent my summer vacation

I'd like to share with you the many ways IAFP is working on health care reform efforts during the Congressional August recess. Everyone hit the ground running the first week of August (both supporters and opponents of reform) making their case for America's health care future.

As you saw on our cover story, I had the privilege of joining U.S. Senator Dick Durbin to urge Congress to pass meaningful, wide-ranging reform this year. We met the media on Sunday,

August 2, to stress the importance of acting now. By keeping the status quo, we'll only see our safety net continue to fray, deserving Americans go without health care and the costs for those who do have insurance continue to climb to unaffordable and unsustainable rates. By keeping the status quo, today's physicians will continue to struggle in the menagerie we call our health care system and we won't have the primary care workforce to meet our nation's needs.

Thanks to Sen. Durbin and our ongoing relationship with his legislative aide, Mayra Alvarez, I had the wonderful opportunity to reinforce the primary care solution to our nation's health care woes. I could stand up for prevention services and the continuity of care that family physicians provide. I reiterated that we need to overhaul how government and private insurance pay our primary care physicians, so that we can be paid for all the work we do for patients - in the office, after hours and between visits. I could remind reporters that unless and until we address the needs of primary care physicians, we won't have the primary care physicians to provide the care that all Americans need and deserve. I am so grateful for the wonderful relationship IAFP and AAFP have built with Senator Durbin and his tremendous staff over the past few

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We understand the importance of providing exceptional service to our policyholders.

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President's Message

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years.

Later that first week of August, the IAFP launched our "grasstops" advocacy effort – known as "August Advocacy" to complement the ongoing efforts of the AAFP leadership and staff. IAFP sent an action alert and all the supporting materials to the government relations committee members and the executive committee asking them to contact and meet with their Congressional representatives over the August break to reiterate the family medicine messages for health care reform. There are many issues integral to true health care reform. We have asked our members to deliver the messages that are most important to them and to the communities they serve.

A call to action also went to our Public Relations Task Force with several template letters to the editor. One option focused on payment reform, one on medical liability reforms and one tackled the issue of access to care. Task Force members were asked to take a template letter that best fit their health care reform priorities, customize that letter and send it to their local papers. It's important to keep our message in front of the public as well as our elected lawmakers. I encourage you to contact Ginnie Flynn, vice president of communications at gflynn@iafp.com if you'd like those template letters to the editor to help you create YOUR message to your local papers.

Speaking of news, you have probably seen media stories reporting on the tactics used by opponents of reform. People are getting hit with messages from all sides, with conflicting "facts", unfounded rumors and outright distortions. It's certainly enough to confuse or frighten people so much that they don't want to see anything change. The constant conflicts can even drive some people to give up trying to understand the issue at all. As family physicians, we must continue to educate our communities, patients, the media and our lawmakers to help them sort fact from fiction and to understand what must be done to fix our health care system. And why we can't wait any longer.

Meanwhile, I'd also like to recognize some of our IAFP leaders who have been a dynamic influence in our efforts in Illinois and in Washington. Rashmi Chugh, MD is chair of IAFP's Public Health Committee. She has been an extraordinarily proactive force in ensuring family physicians have the most up to date resources on issues that affect our patients statewide, such as vaccines, H1N1 issues and other public health topics. She also testified in Springfield in support of SB212, which codifies expedited partner therapy for our patients who have sexually transmitted diseases. She actively promotes the Academy in her professional network to ensure our voice is heard and our input is considered on issues that affect our practices and our patients. We are grateful for her leadership and all the work of the public health committee, which has been busy year round.

Jerry Kruse, MD is the chair of the family and community medicine department at Southern Illinois University School of Medicine. Besides being a stellar clinician, he is a leader in family medicine education and a well-respected voice for academic medicine as the chair of the Academic Family Medicine Advocacy Committee (AFMAC). He has been to D.C. numerous times to advocate for our graduate medical education system, and specifically primary care. Dr. Kruse has a tremendous relationship with our leaders on Capitol Hill. Here in Illinois he has also been a true leader and advocate on the State Board of Health, where I serve as chair. And while he does not currently hold a position on the IAFP board, you should know he has been one of our state's greatest family medicine voices at every level, from the medical student, to the academic community, to the halls of Congress.

There are many great family physician leaders like Drs. Chugh and Kruse among our IAFP membership. I'll be sure to share more in my final President's Message in the November-December issue. In the meantime, I hope more members take the time to speak up for family medicine, or say thank you to your colleagues that do!

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."

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IAFP News

IAFP ANNUAL MEETING

December 4-6, 2009

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

Register NOW online at www.iafp.com!

Room rate: $98 single/double –
Cutoff date is November 23rd
Meeting Registration Fee:
$80 includes all CME and all meals for IAFP members
Early bird discount: Register by November 13 and pay only $40 for both days of CME and save 50 percent!

We hope that holding our annual meeting after the Thanksgiving holiday and before the December holiday rush will work for you and your family. Did we mention it's directly across the street from Oak Brook Mall and hundreds of shops? It's a perfect time to meet with colleagues, plan for the coming year, do a little holiday shopping and get into a festive mood—all while earning some CME and ensuring IAFP is ready to act on behalf of family medicine.

HERE IS THE SCHEDULE:
Block off your calendar and register online at
www.iafp.com

Friday, December 4th
8 am – 12 noon

AAFP Live! Diabetes and Cardiovascular Disease
Check in and continental breakfast opens at 7:00 a.m., AM sessions begin at 7:45 a.m. and end at 11:45 a.m.

This CME activity is supported by independent educational grants from: Astellas, Boehringer Ingelheim Pharmaceuticals, Inc., Daiichi Sankyo, Inc., Merck/Schering-Plough Pharmaceuticals and sanofi-aventis U.S. Inc.

Online registration opens on September 3, 2009 at www.aafplive.org.

IAFP Annual Meeting begins at noon
12:00 pm – 1:30 pm
Product Theater Luncheon
Topic: An Advance in Multimodal Analgesic Therapy

1:30-6:30 pm
Exhibit hall open - visit the wide array of products, services and programs with information booths

2:00 pm – 6:15 pm
IAFP CME Program
Topics to include Smoking Cessation, Management of Type 2 Diabetes, Nutrition and Supplemental Needs and More! Earn 4.0 credits per day. (Topics are tentative and subject to change)

6:30 pm – 7:30 pm
IAFP Committee Meetings

7:30 pm – 9:30 pm
Wine Reception and Auction
$50 per person donation. Proceeds from ticket sales and silent auction will benefit the Family Health Foundation of Illinois. If you have an item to donate to the silent auction, contact Desma Rozovics at drozovics@iafp.com.

Saturday, December 5th
7:30 am – 8:00 am
Breakfast and Exhibits

8:00 am – 12:15 CME Programs

Topics to include Post Myocardial Infarction, Quality Improvement in Adult Depression and more! Earn 4.0 credits per day. (Topics are tentative and subject to change)

12:15 pm – 2:00 pm
Patient-Centered Medical Home Presentation and Lunch
Speaker: Ken Bertka, MD - AAFP Board member from Toledo, Ohio

2:00 pm – 4:00 pm
All Member Assembly
Results of the IAFP's first ever e-voting election will be announced and the new board of directors will be sworn in for the 2009-10 year. Our All-member Assembly format provides a forum to consider resolutions from the membership and enables any member in good standing to vote, as well speak about issues of concern to bring forward to the Academy.

4:00 pm – 6:00 pm
Foundation Board Meeting

6:30 pm
Awards Dinner
Join us to celebrate and honor the finest in family medicine. Awards include the Family Physician of the Year, Family Medicine Teacher of the Year, President's Award and more!
FREE for IAFP members.
Guest fee is $35 per person
(Pre-registration is required for both members and guests)

Sunday, December 6th
8:00 am – 1:00 pm

IAFP Board of Directors Meeting
Guests are welcome, but must register in advance by e-mail to Vince Keenan at vkeenan@iafp.com

Announcement of Bylaws changes

– Approved by the Board of Directors, May 19, 2009

The Bylaws Committee recommends the following bylaws to the membership for consideration at the December 5 All Member Assembly.

Proposed Amendment # 1:
To keep the IAFP Bylaws in concordance with the AAFP bylaws. AAFP passed a bylaws amendment in October 2008 to expand criteria for AAFP active membership to include family physicians who are Board-certified by the American Board of Family Medicine (ABFM) through reciprocity agreements between the ABFM and foreign colleges of family medicine or general practice.
(Language to be deleted is indicated by ~~strikethrough~~; language to be added is noted in **bold**.)

RESOLVED, That Chapter III, Section 3, be amended to read as follows:
CHAPTER III
Classes of Membership and Election
Physicians first applying for Active membership after Dec. 31, 1988, (1) must have satisfactorily completed a three-year family medicine residency program approved by the Accreditation Council on Graduate Medical Education; or (2) must have completed a family medicine residency program approved by the College of Family Physicians of Canada, must be board certified by the College of Family Physicians of Canada, and must be employed exclusively within the United States; or (3) **must be Board-certified by the American Board of Family Medicine pursuant to a reciprocity agreement between the American Board of Family Medicine and a foreign professional association of family medicine or general practice; or (4)** must have satisfactorily completed either (1) one year of a rotating general or family internship approved by the American Osteopathic Association plus two years of a general or family medicine residency program approved by the American Osteopathic Association or (2) three years of a general or family medicine residency program approved by the American Osteopathic Association.

Proposed Amendment # 2:
To clarify that the AAFP board of directors is responsible for voting on applications for new members applicants.
(Language to be deleted is indicated by ~~strikethrough~~; language to be added is noted in **bold**.)

RESOLVED, That Chapter III, Section 3, be amended to read as follows:
CHAPTER III
Classes of Membership and Election

All applications for membership shall be in writing on a form of application prescribed by the AAFP Board of Directors. Election shall be by a majority vote of the **AAFP** Board of Directors ~~of this Academy~~ or by a designee of ~~this Academy's~~ **AAFP's** Board of Directors. There shall be issued to each member a certificate of membership in such form as determined by the AAFP, who shall retain title to such certificate.

Proposed Amendment # 3
To make changes to IAFP bylaws as a result of the 2008 IAFP All Member Assembly deciding that the Academy elections could be held by an electronic/paper voting process.
(Language to be deleted is indicated by ~~strikethrough~~; language to be added is noted in **bold**.)

RESOLVED,
That Chapter X, Section 2, and Chapter X, Section 4 be amended to read as follows:

Section 2. At least ~~ninety (90~~ **one hundred eighty (180)** days prior to the Annual Meeting, it shall be the duty of the President to appoint a Leadership Development Committee consisting of five (5) Active members, selected to represent all geographical sections. **At least sixty (60) days prior to the Annual Meeting**, the Committee shall present to ~~the All-Member Assembly, at its Annual Meeting,~~ **active membership through and by an electronic/paper voting process**, nominations for president-elect, First Vice President and Second Vice President, AAFP Delegate and Alternate Delegate, and for each of three (3) vacancies occurring on the Board of Directors, provided that nothing in these Bylaws shall be construed as preventing nominations from the floor. In the event of the resignation, death, or incapacity of the AAFP Alternate Delegate to serve, the Board of Directors shall elect an Alternate Delegate for the unexpired portion of the term.

Section 4. Election of the above officers shall occur by vote ~~before the Annual Assembly~~ **by the active members** through and by an electronic/paper voting process with the nominee receiving the majority of votes being declared elected.

Vote even if you can't be there

IAFP introduces electronic voting

This year, the IAFP board of directors will be elected by all active and life members electronically. It's quick, it's secure, it's easy and it allows many more members the opportunity to vote on their leadership. In the past, members had to be present at IAFP's Annual Meeting in order to vote. The IAFP bylaws were changed by the All Member Assembly last year to allow for electronic voting going forward. As the first step in this process, the Leadership Development Task Force will offer a slate of candidates for members to vote on this year. There will also be an option to add a write-in candidate. Elections in 2010 will be contested, allowing for multiple physicians to run for the board positions.

The firm of IVS Associates of Wilmington, DE has been retained to set up the website and tabulate the election results for the Academy. "Electronic voting is a seamless process that associations and corporations use on everything from voting for officers and bylaws changes to posing questions an organization needs to hear answers from members or shareholders," says Bill Marsh, president of IVS Associates. "Our site is completely secure and the utmost privacy—and accuracy--is assured."

An e-mailed message will be sent to all active members with the link to the e-voting page. Members simply need to enter their AAFP member ID number as their password and all the information they need will be displayed. Short biographies of each candidate will be available, members will be able to vote for each position individually or to vote for the slate as a whole.

Postcards will be mailed to those active members for whom IAFP does not have a valid e-mail address, assuring every active member has an opportunity to vote. Results will be announced at the IAFP Annual Meeting, Dec. 5, 2009 in Oak Brook, and the new officers and board members will be sworn in.

If you haven't already, PLEASE send your preferred e-mail address to the Academy office at iafp@iafp.com. The hope of the task force and the Board is to encourage more members to get involved with the Academy.

The task force on E-voting is made up of Dennon Davis, M.D., Deborah Edberg, M.D., David Hagan, M.D. and Michael Temporal, M.D. Please do not hesitate to contact Christi Emerson at 630-427-8005 or cemerson@iafp.com with any questions.

Calendar of Events

SEPTEMBER
22 - IAFP Risk Management Seminar, Oak Brook

OCTOBER
10 – Fall Forum, Oak Brook
11-14 AAFP Congress of Delegates, Boston
14-18 - AAFP Annual Scientific Assembly, Boston

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

DECEMBER
4 - AAFP Live! Oak Brook
4-6 -IAFP Annual Meeting, Oak Brook

Q&A with Dr. Dana Ray

IAFP member and Decatur City Councilwoman

IAFP member Dana Ray, MD is a family physician at the Community Health Improvement Center (CHIC) Clinic in Decatur. In May she was appointed and confirmed to fill the remaining two years of an unexpired vacancy on the Decatur City Council. IAFP caught up with her in late August to find out how things are going three months into her new position in local government.

IAFP: How have the first 100 or so days been?
Dr. Ray: It's been really good. I'm excited about the learning process – learning about how the city works from the other side. Most importantly, I enjoy being part of the process of making decisions on what's best for the people of Decatur.

What influenced your decision to take this post?
My husband and I began talking about my desire to be involved in the community when I was a resident at SIU (Decatur). When the opportunity came up with the city council we weighed the pros and cons of accepting the position. We felt that now that I am out of residency and have adjusted to my career it is a perfect time to give back.

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How has your family medicine career been helpful to you in this post?
I've certainly drawn more publicity locally by taking this. It's given me a wonderful platform to talk about CHIC clinic and the services we provide. Since I have been appointed to the council seat we have seen an increase in patients at the clinic, which is great.

What's been the biggest learning curve aspect of city government for you?
For me it's the engineering discussions; road repairs, dredging the lake, decreasing sediment. I'm quickly learning the information and I always ask plenty of questions!

How has your position on the city council helped you in the discussion on health care reform?
I was invited to join a roundtable discussion on health care reform hosted by U.S. Sen. Dick Durbin to discuss our views. I would not have been chosen for this opportunity had it not been for my position on the council.

What is your prescription for health care reform?
I think a lot needs to happen to make a difference. At CHIC, we see all the people who fall through the cracks. We have to do something about the expense of providing care. I admit this is no easy decision and I don't know if any plan will be 100 percent perfect. But I do know we can't continue the current system. Too many people go untreated because they don't have the money to pay for it. They don't want to go into bankruptcy, so they forego the medical care. They choose between medicine and the necessities. We have to find a way to fix that. Medicine shouldn't be a luxury item; everyone who needs healthcare should have it.

A final thought?
I am really enjoying serving on the council and doing whatever I can to make Decatur a better place to live!

Government Relations

("Academy cranks up efforts on health care reform" continued from page 1)

act now, as our nation's health care crisis can't wait any longer.

"It is truly heartbreaking and frustrating to treat patients who can't afford coverage or are denied private insurance coverage due to their age or pre-existing conditions," said Orgain. "Something is fundamentally wrong when my patients must choose between the health care they need and deserve - or food on the table."

Senator Durbin stated that currently $6 per hour of a worker's salary goes to health care costs and that number will rise to $10 per hour eight years from now if we don't address our broken system. The press conference was widely covered by Chicago radio, television, the Chicago Sun-Times and a short Associated Press story which appeared in newspapers around the state. A complete listing of coverage appears in the "Members in the News" section on page 19.

The remainder of Dr. Orgain's statement that day:

True and lasting health care reform is possible and it should not, cannot wait any longer.

First, we need health care legislation that really includes everyone. This legislation must require insurance companies to sell plans to all applicants, regardless of family history and pre-existing conditions. Patients must be able to renew their health coverage even if they've become ill. We su pport a public option that will bring fairness to the system, for patients and physicians alike. At the same time, people will always have the option to keep the coverage they already have.

Second, health care legislation must ensure that everyone has access to a primary care physician. Although this may sound simple, it really isn't. Right now we have a looming shortage of primary care physicians. This reformed system we envision must reward primary care physicians for all of our work if we want medical students to choose careers as primary care physicians. Primary care physicians are needed to provide and coordinate comprehensive quality care that is affordable for patients and is focused on wellness and prevention of disease.

There are proposals now in Congress that can bring the health care system we need. We are grateful for the leadership that Senator Dick Durbin has shown in supporting reform. We thank him for seeking our family medicine input locally and nationally to ensure the plan that emerges from Congress is one that will work in practice for EVERYONE – our doctors and our patients everywhere.

Congress must act now! Any legislation passed this year will still take years to truly make an impact. It's time to solve the health care crisis. Lives have been lost. People are sick who should be healthy. We absolutely must build a uniquely American solution that controls skyrocketing preventable health care costs and gives our patients peace of mind with a family/primary care physician as a partner in their health care. We are ready and eager to work with Congress and President Obama in building a healthier America.

Among other highlights of the IAFP's Summer Surge in health care advocacy:

- IAFP past president and current alternate delegate to AAFP Katie Miller, MD joined Sen. Durbin at a Decatur roundtable discussion on health care reform on August 12. IAFP member Dana Ray, MD who is a member of the Decatur City Council, also attended the event.
- IAFP member Tariq Butt, MD had the tremendous opportunity to meet with HHS Secretary Kathleen Sebelius on her Aug. 19th visit to Chicago. "She (Sebelius) has the vision to focus on primary care with emphasis on health home and role of family physician," reports Dr. Butt.

IAFP August Advocacy effort kicks off the grassroots effort

Congress came home for a month-long district work period called the August recess. The AAFP invited all state chapters to participate in a nationwide advocacy effort on national health care reform, and IAFP stepped up strong. Your IAFP leaders and government relations committee members spent their August recess contacting Illinois members of Congress with the family medicine message of reform.

Armed with the detailed information from AAFP (see their new website dedicated to health care reform and stocked with resources at http://www.aafp.org/online/en/home/policy/federal/reform09.html) and Dr. Orgain's statement above, GR and executive committee members set out to deliver the family medicine message personally to Illinois members of Congress. They attended town hall meetings, visited the district offices, sent letters and fact sheets, and delivered the family medicine message.

IAFP leaders lend their voices to AMA virtual town hall videos on health care reform.

In an attempt to answer patient questions on health care reform with educated physician responses, the AMA gathered patient questions and then got answers straight from Chicago physicians. Special thanks to several

(continued on next page)

IAFP leaders who stepped up on very short notice to help: Samuel Grief, MD; Tamarah Duperval-Brownlee, MD; Carolyn Lopez, MD and Russell Roberston, MD.

You can see the videos on YouTube or the AMA Web site at:

Part 1: http://www.ama-assn.org/ama/pub/health-system-reform/virtual-town-hall-2009aug21.shtml
Part 2: http://www.ama-assn.org/ama/pub/health-system-reform/virtual-town-hall-2009aug25.shtml

At the same time, the Public Relations Task Force members and the board of directors deployed their own letters to the editors at their local newspapers focusing on one of three issues: primary care payment, medical liability reform and coverage for the uninsured. Members are encouraged to send their own letters to their local papers. If you'd like the IAFP template letters to help you shape your message, e-mail Ginnie Flynn, vice president of communications, at gflynn@iafp.com

Sen. Durbin continues the conversation – with family medicine and the public.

"We cannot brag that we have the best health-care system in the world," Sen. Durbin said. "People come here from all over the world for care, but yet we have a system that does not meet our basic needs." That was the message at an Aug. 31 health care reform discussion at Loyola Medical Center that included three patient stories, two physicians and Loyola administrators.

Dr. Aaron Michelfelder, a Loyola family physician representing IAFP on the panel, said he sees the effects of the health-care system every day, "in terms of people choosing between care, rent and the car note. We have so many uninsured people with little to no options." He talked about the many patients he sees at Loyola and in his volunteer work at Community Clinic on the west side of Chicago.

Aaron Michelfelder, MD talks with Sen. Durbin after their Aug. 31 roundtable discussion at Loyola Medical Center.

Michelfelder also called for incentives to attract more medical students into the primary care field. He explained that primary care pays less and medical students therefore go into the higher paying areas of medicine so they can pay offer their medical school debt. "It's a serious issue," Michelfelder said. "We need debt repayment help as well as scholarships." He also talked about how insurance companies make it difficult to impossible to bill for preventive services or multiple interventions in a single patient encounter, which forces practices to forego payment for the wellness measures they provide.

Durbin had scheduled similar events later in the week in Peoria and Quincy.

Family Medicine covers Congress

Also during the final weeks of August, IAFP members attended forums or meetings held by Reps. Jesse Jackson, Jr., Danny Davis, Jan Schakowsky, Bill Lipinski, Peter Roskam, Bill Foster and Mark Kirk and Sen. Roland Burris. Other members of Congress were contacted directly by IAFP leaders with letters or e-mails detailing our support and concerns about the reform proposals.

Meanwhile AAFP continued to keep chapters and members updated at every opportunity. IAFP board members participated on a conference call with AAFP board chair Jim King, MD; president Ted Epperly, MD and president-elect Lori Heim, MD on Aug. 26. AAFP also held two conference call town halls for IAFP Members on the evening of Aug. 31 to answer the questions that will best enable Academy leaders and members to speak confidently and accurately about reform issues.

The mission continues. Stay tuned and keep up via Academy e-mails and the AAFP's web site.

AAFP's CONNECT FOR REFORM

You don't have to fly to Washington, DC to be heard! *Connect for Reform* is a new e-advocacy campaign designed to give AAFP's members an inside look at the health care reform debate in Washington and offer easy and effective ways to get involved. Log on and sign up at www.aafp.org and click on the Connect for Reform icon on the right side of the page.

FAMMEDPAC

Friendly Reminder

To complement and strengthen our position in the health care debate, it's vital that members support the AAFP FamMedPAC. The PAC supports candidates and incumbents of both parties that support family medicine's priority issues. Several Illinois members of Congress have received AAFP FamMedPAC contributions, hand delivered by IAFP constituents. If every AAFP member contributed just $100 per year, family medicine would have the strongest health care PAC in the nation. Every AAFP member - including student, resident and life members - is eligible to contribute.

Learn more and donate at http://www.aafp.org/online/en/home/policy/fammedpac.html

IAFP Comments on CMS proposed fee schedule for 2010.

AAFP and many state chapters, including Illinois, sent comments to the Centers for Medicare and Medicaid Services expressing our sincere appreciation for the recognition of and support for the value of primary care, represented by several key policy changes proposed in the rule. Although the Medicare system still remains very much in question, the fact that CMS is publicly recognizing and attempting to improve the unacceptable imbalance in payment for the vital primary care services provided to Medicare beneficiaries. CMS will announce their final 2010 physician fee schedule on November 1.

The Illinois Academy of Family Physicians expressed support for the following recommendations, among others

- Increase of the work RVUs for the Initial Preventive Physical Examination (Welcome to Medicare Visit) from 1.34 to 2.30 to more accurately reflect the physician work involved in providing this service.
- Updating of the practice expense per hour data used in its practice expense RVU methodology using data from the Physician Practice Information Survey (PPIS).
- Removal of physician-administered drugs from the definition of "physicians' services" for purposes of the SGR and calculation of the updates. We feel that this will help reduce the deviation between target and actual spending and reduce the large projected reductions in future fee schedule updates.
- Link to the full letter at http://www.iafp.com/legislative/cms.pdf

Data shows why the SGR must go!

Medicare – What would Illinois look like if the SGR cuts had become final in 2008? What will happen if the SGR formula continues to determine Medicare physician payment rates? Medicare makes up a significant portion of many family medicine practices payment mix. As a result, any cut to this already slim payment can make a major dent on a practice's annual income. That's why your Academy has fought so hard, with success, to stop these devastating cuts that loom each year due to an unworkable Sustainable Growth Rate (SGR) method used to calculate payment rates.

You probably remember how this issue came down to the wire in 2008, when Congress averted the cuts just in time, even though it required overriding a veto from then-president George W. Bush. IAFP and AAFP were out in front, fighting to stop the cuts while calling loudly for the SGR formula to be taken off the table once and for all.

Since the advent of SGR legislation in 1997, avoiding negative adjustments to Medicare payment rates has become an annual ritual of Congress and advocates alike, as each seeks to balance fiscal discipline against threats to health care access for millions of Americans. Many primary care physicians may not fully appreciate the extent to which these cuts could have affected or may again impact payment and access in their states.

AAFP's Robert Graham Center analyzed the actual and proposed cuts from 2008 at a local level as a way to prepare physicians to understand the many ways in which future changes might affect their practice if SGR is left untouched. The state profiles are associated with the article, "Threats to Medicare Physician Reimbursement and their Geographic Variation, 2008 and 2010."

The maps on the opposite page illustrates the impact the projected SGR cuts would have on Illinois.

Link to the full Illinois fact sheet on Graham Center web site at http://www.iafp.com/legislative/ILMedicareMAP.pdf

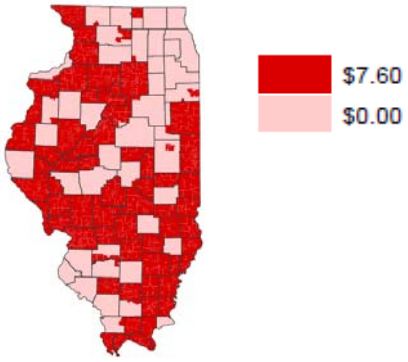
The state profiles complement the study by providing local projections at-a-glance, but also offer a concise summary and review of the basics of Medicare payment and incentives. We encourage the use of these profiles for distribution to state physicians and leadership and hope that you will find it a useful advocacy tool in the current climate of health care reform. Our thanks to the Graham Center for this vital information which serves as a tool for advocacy and education. For more information and access to all of the Center's excellent resources, please go to www.graham-center.org

Fixing the Medicare payment structure will ensure Medicare patients have a family doctor to care for them.

Medicare Payment Report: Impact of real and threatened cuts for Illinois' healthcare providers and patients

What happened: Four policies that impact Medicare payment to physicians faced potential changes in 2008. One of these policies, the "Physician Scarcity Area" (PSA) bonus, expired, resulting in a 5% loss in designated areas.[1,2] Using a formula to model estimated visit costs based on common primary care E&M coding patterns and Medicare patient volume, we projected the impact for an average provider in each state.‡ **In Illinois, providers in PSAs lost $7.60 on each "average" Medicare visit, which represents an annual loss of $10,003.**

Areas in Illinois where **PSA bonus lost**



What could have happened: Additional cuts avoided or postponed‡:

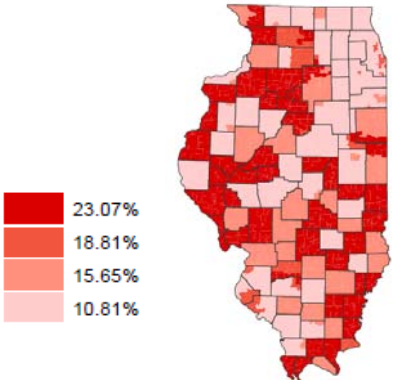
- 10.6% reduction in overall Medicare payments via the Sustainable Growth Rate (SGR) conversion factor[1,2]
- elimination of a floor factor in the Geographic Practice Cost Index (GPCI)[1, 2]
- change in designation of Health Profession Shortage Areas (HPSAs)[3,4]

Combinations of proposed payment reductions threatening Illinois 2008[3, 4]

	SGR, GPCI floor, PSA, HPSA	SGR, GPCI floor, HPSA	SGR,GPCI floor, PSA	SGR, GPCI floor
% of state primary care physicians in group	2.04%	3.89%	4.93%	89.14%
Potential loss/visit after all threatened cuts	$39.61	$37.04	$25.12	$18.57
Payment reduction	23.07%	18.81%	15.65%	10.81%
Dollar loss/provider over year	$52,141	$48,768	$33,073	$24,452

The table uses estimates modeled on a typical provider within each geographic category* designated as both PSA and HPSA, only HPSA, only PSA, or neither, and whether each area currently receives the GPCI floor. * based on status as PSA or HPSA as of June 2008. Note that **state has various GPCI designations, some receiving the floor in each area category. Figures above represent the mean GPCI** in each category.

Illinois' physician payment at risk in **2008**



If all Medicare cuts had been enacted in 2008, the typical losses in Illinois would have been: average: 11.6% ($26,389/yr) maximum: 23.1% ($52,141/yr)

On the horizon in 2010:[3-5]

- a 21% cut in the SGR is scheduled
- the GPCI floor may be eliminated
- HRSA will again consider re-defining HPSA designations
- Nationally, if the SGR sustains a 21% cut and the other designations are lost, the typical physician will lose $42,000 relative to 2008 payments, and the range extends up to $86,000.

Continuing Medical Education

FREE Risk Management dinner and live program for IAFP members

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EMERGING TRENDS

Loss Prevention for Today & The Future
Tuesday, September 22 6:00-8:00 p.m.
Check-in and dinner opens at 5:30
Maggiano's Little Italy – Oakbrook

This live program and dinner is FREE for IAFP members ($100 for non-members) *Registration is required and space is limited!!* To register, e-mail Kate Valentine at kvalentine@iafp.com by September 15th.

Looking ahead and being prepared...
This seminar is all about things electronic and digital—e-prescribing; telemedicine; electronic medical records; implantable medical devices; and communicating with patients, doctors and nurses via e-mail and text messaging. It's also about working with hospital-based physicians—hospitalists, intensivists, laborists, and nocturnists. It's about retail medicine—clinics at the local supermarket or drugstore. And it's about unprecedented regulatory pressures like "Never Events."

Learning Objectives
Participation in this seminar will better enable participants to:
- Identify emerging trends impacting the practice of medicine;
- Revise practice patterns to mitigate professional liability risks created by emerging trends; and
- Develop additional risk management techniques to enhance patient safety in light of emerging trends in medicine.

This could be the smartest two hours you invest in minimizing your risk all year...
For over 20 years, ProAssurance has offered loss prevention seminars for physicians. These highly regarded, informative programs have helped physicians keep up-to-date with the latest risk management concerns.

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Participation in this loss prevention live seminar may qualify you for a 5% premium credit if you are in attendance for the full two-hour program. We encourage you to contact your ProAssurance representative to see if you qualify for a 5% premium credit under our comprehensive system of discounts and rewards for loss prevention seminars. Premium credits are subject to approval by the state insurance department and are applied at renewal of your insurance policy. A physician not currently insured may earn premium credit if he/she becomes a ProAssurance insured within one year of attending a seminar.

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ProNational Services Corporation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

ProNational Services Corporation designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

IAFP Online CME
CME by family physicians for family physicians!

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

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

Your Healthcare Plus (YHP) CME

Your Healthcare Plus is a free benefit of the Illinois Department of Healthcare and Family Services that focuses on promoting and sustaining the patient-physician relationship. YHP empowers a multi-disciplinary care team to help patients make informed health care decisions, improve patients' understanding of their chronic diseases through self-learning and management tools, help patients receive care coordination for complex health needs. Access FREE CME and earn credit with easy-to-use education activities on:

Quality Improvement
- Depression
- Pediatric Asthma
- COPD
- Substance Abuse
- Heart Failure
- Diabetes
- Coronary Artery Disease

Just log on to www.YHPlus.com. Each topic contains valuable resources, including disease management tips, clinical education, QI worksheets and reference materials, as well as audio files for people on the go.

Membership has its benefits!

IAFP members enjoy special discounts and services from these partners

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The Core Content Review of Family Medicine

Educating Family Physicians Since 1968

Core Content Review is a home-study, self-assessment continuing medical education program for family physicians.

It is a joint production of the Connecticut and Ohio Academies of Family Physicians. An evidence-based approach to clinical topics is emphasized throughout the writing and editing of The Core Content Review of Family Medicine. All material is peer-reviewed prior to publication.

The 2009 Core Content Review of Family Medicine features questions with corresponding in-depth discussions covering 42 different subject categories of family medicine/primary care. The print version is presented in 6 question/discussion booklet sets and 2 clinical set problem booklets over a 12-month cycle. Every issue features topic indexing.

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Pre-Conference Symposia Day
*Wednesday, April 7, 2010**

April 8-10, 2010
Donald E. Stephens Convention Center
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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.

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Family Health Foundation of Illinois

Summer Externship Program has positive effect on students, but faces negative effects of State's cash crunch crisis

Thirty-three first-year medical students participated in the Illinois Academy of Family Physicians Foundation 2009 Summer Externship Program. These students were matched with family physicians throughout the state of Illinois and now have a deeper understanding of family medicine. Where else can you get such a personal look at the benefits and opportunities within this specialty? Both students and preceptors provided positive reviews of their experiences – closing another successful year for this program.

"Participating in the IAFP's externship program [with the faculty and residents at the SIU School of Medicine Family Medicine Residency] in Quincy has allowed me to put faces and unique stories to each type of procedure performed and pathology encountered, which I am certain will help me recall and draw from these experiences in the future," writes Jennifer Albrecht, a CCOM student.

Melissa Grammar, a Loyola student who worked with Dr. Juliet Bradley in Chicago said, "Overall, this experience humbled me and taught me a great deal about myself and my true wishes for my future career in medicine. I want to touch the lives of my patients and be touched by their lives as well. I want to serve those who need to be served, those who life has forgotten, rather than concentrate on those who feel entitled to the service and are always demanding more. I can only hope to begin to emulate the doctor who so graciously mentored me. Again, thank you for touching my life and opening my mind to a world of medical career possibilities."

One goal of the program is to teach students the importance of family, continuity of care, disease prevention

Regina Kim, MD and Daniel Eckroth in Chicago

and the comprehensive use of community resources. We allow students to interact with patients to develop physician-patient interpersonal skills and to learn more about the social and personal situations of the patient.

Students also learn about other important subjects that have crowded their way to the forefront of medicine, including health insurance and economics, cost-control, the influence of culture and ethnicity on a person's health and the many roles a physician can play in a patient's life. At the same time, many students learned how family physicians balance practice responsibilities with their own families.

Cynthia Su, a Rosalind Franklin student who worked with Dr. Sharon Smaga in Carbondale writes, "I feel that my experience in Carbondale was beyond even what I had hoped for. I feel incredibly fortunate that I was able to engage – on a daily, face-to-face basis – with residents who were practicing in the field that I hope to enter. These residents…were more than willing to share their experiences with me." She adds that through working with Dr. Smaga, "I was able to learn first-hand about the experiences of a family physician who was a mother (and that being both is indeed doable!), as well as [how to be] the type of physician that her patients swore by."

Jennifer Pressley and Philomena Francis, MD in Dwight

Jeffrey Chwa, a CCOM student, worked with Dr. Pauline Harding in Aurora. He said, "I felt like this experience helped me gain a world of knowledge of what to expect in a private practice setting and the lifestyle a family physician leads."

Program eliminated from State's 2010 budget

Unfortunately, the future of the Foundation's Summer Externship Program looks bleak. The Illinois Department of Public Health informed the Foundation its main source of funding for the program, a grant through the state of Illinois, will not be available for next year. At the same time, member donations are down significantly. Without a significant influx of money for the program, it will have to be shuttered for next summer.

Running a program as large and successful as the Summer Externship Program takes a year of planning and organizing to recruit students and preceptors, work with state administrators, organize the materials and track the students after their externships are complete. The ultimate goal of the program has always been to encourage more students to enter the specialty of family medicine. Tracking our students

(continued on next page)

into residency and their final career choice, is how we prove its success—statistics that are imperative for securing grant money.

Our track record

The IAFP Foundation Summer Externship Program has successfully introduced more than 700 medical students to the specialty of family medicine since its inception in 1990. By tracking former externs through their careers, one-third of them are now family physicians, and two-thirds are in primary care specialties. We also have several former externs who have completed residency training and are now serving as preceptors for this program because of the pivotal role it played in their decision to become family physicians.

For additional information on the IAFP Foundation Summer Externship Program, please contact Crishelle O'Rourke at 630-427-8006 or via email at corourke@iafp.com for more information.

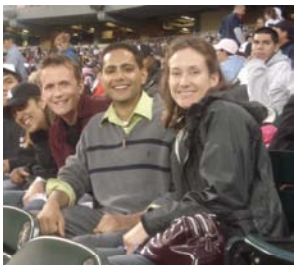
We encourage members not only to make donations to the Summer Externship Program themselves, but to consider reaching out to corporations they work with that might have an interest in sponsoring the successful and important program. If you have ideas or contacts, or would like to make a donation, please contact the Foundation at 800-826-7944 or print and mail a donation form at http://www.iafp.com/foundation/donorform.htm.

Tar Wars®
A tobacco-free education program for kids from the American Academy of Family Physicians

Our 10th year of Tar Wars in Illinois wrapped up with a fantastic finish!

Congratulations to Courtney Monier of Le Roy, our own Illinois Tar Wars Poster Contest winner, on her 7th place honor at the National Tar Wars poster Contest in Washington, DC! And thank you to everyone who supported Tar Wars with a donation to ensure that the Foundation could fund the airfare and hotel room for Courtney and a parent to attend the conference.

Matthew Johnson, MD of Park Forest and daughter Fauzia are major Sox Fans



Ravi Shah, MD brought 24 friends along

Tar Wars Night with the White Sox is big hit with IAFP

Thanks to the 200 friends and fans of family medicine who gathered for the 5th annual Tar Wars Night with the Chicago White Sox on July 8th. Special thanks to the following three IAFP members who brought in the most fans: Ravi Shah, MD; Patrick Tranmer, MD and Deborah Midgely, MD. **The event raised over $2,200 for the Illinois Tar Wars Program.**

If you're a baseball fan, or a doctor, you must love numbers! Check out these stats!

182+ Family physicians, medical students, organizations and individuals are teaching Tar Wars across Illinois.

13 Public Health Departments help bring Tar Wars Countywide

280+ Illinois schools use Tar Wars in their fourth and/or fifth grade

17,000+ Total students reached by Tar Wars this year

Learn more at www.iafp.com/tarwars or contact Ginnie Flynn, Illinois Tar Wars Coordinator at gflynn@iafp.com or 630-427-8004.

Elizabeth Salisbury, MD Chicago
UIC-Illinois Masonic Family Medicine
Residency Program
IAFP Resident Board Member

Why Family Medicine?
I chose family medicine for two main reasons. One, there was a lot of need. I knew in medical school that I wanted to choose a field that primarily worked with underserved populations and there is an especially large need for primary care. I saw family physicians as being on the forefront of primary care. I'm treating everyone in the family, all ages. When I started doing rotations in family medicine, I loved it. I loved meeting the entire families and learning about people's medical conditions, as well as psychological and social conditions that were influencing their health.

What are some of your activities at IAFP?
Along with the Board, I'm also on the public health committee and urban health task force. It's great to follow along and keep abreast of their issues. Sometimes questions will come up in my residency program and I can say "Wait, I just saw something about that in an IAFP public health committee e-mail the other day and here is what's being discussed." So it's been really helpful in my development as a physician.

If you weren't a doctor…
My co-residents always tease me that I should be a social worker. But I think if I went back and chose another career it would have been something along the lines of working as an advocate for underserved populations.

Where do you see your FM career taking you?
Ideally I would like to be working in an underserved setting, hopefully a federally qualified health center, where I could serve as a care provider. Eventually I would like to have some type of public health position where I could do part time public health work.

What conditions do you commonly see in your patients?
A lot of the issues that I see with my patients both in the hospital and outpatient are things we can't simply treat with medications. There are a lot of things that have to do with work environment, home environment, safety issues, as well as availability of health insurance. I guess it's frustrating when you see people coming in with the same complaint and it's not something I can prescribe a drug for to make it go away. That's what initiated my interest in public health. So I hope that after residency I'll be able to complete a preventive medicine program so that I'll be able to get a Masters in public health and then spend a year working in different public health settings.

Dr. Salisbury with her state senator, Sen. William Delgado at the Statehouse in March.

What are residents' biggest concerns?
I think all residents are worried about finding a job right away when they finish. But in particular, family medicine residents want to find a niche, so to speak. And finding a place where you can move your family and be in a practice with other like-minded individuals. And then of course being able to pay off your debt!

Something that might surprise us…
I had two weddings in one day. My husband is Iranian and Muslim. So we first had the Catholic ceremony at Old St. Pat's Church downtown (Chicago) then went down the street and had a Persian Muslim ceremony immediately following.

Members in the News

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

As mentioned in our top story, IAFP **President Javette C. Orgain**, MD joined **US Sen. Dick Durbin** for a press conference Aug 2nd calling on Congress to pass meaningful, effective health care reform now. Coverage of that event ran on WGN and WBBM radio, NBC 5 and ABC 7 television in Chicago that day which quoted or paraphrased Dr. Orgain, and identified IAFP as the organization with Sen. Durbin. On Monday Aug. 3 the *Chicago Sun-Times* had a story which widely quoted Dr. Orgain, and the AP ran a short story which was picked up by newspapers across the state. Peoria medical students told IAFP they also saw Dr. Orgain on TV there.

Dr. Orgain's Aug. 2nd press conference also garnered a sound byte in a Fox 32-TV health care story on the H1N1 Flu virus and the upcoming vaccine that aired that evening at 9pm.

Before appearing with Sen. Durbin on Aug. 2, Dr. Orgain was live on the radio with Chicago Dept. of Public Health director Dr. Terry Mason on his weekly WVON-AM talk radio show discussing health care reform. Dr. Orgain made another live appearance on WVON-AM Tuesday Aug. 4th to talk health care reform with their morning drive time team of Matt and Perri.

Past-president and current AAFP Alternate Delegate **Kathleen Miller**, MD of Decatur and IAFP member **Dana Ray**, MD (who is also a member of the Decatur City Council) joined Sen. Durbin for a roundtable discussion about health care reform in Decatur. Dr. Miller was quoted in that evening's WAND-TV news story on the event. Drs. Miller and Ray were the only physicians included in the event, which also included nurses, patients, hospital executives and small business owners.

Family Physician **Tracey Kinigakis**, MD authored a guest column in the August 1 Rockford *Register-Star* with patient education about integrated medicine and the roles of conventional and alternative medicine in caring for patients.

IAFP members **Michelle Meeks**, MD and **Tonja Austin**, MD of Crete authored a guest column in the August 4th *Southtown Star* with patient education and reminders about school entrance physicals.

Our state Tar Wars poster winner, **Courtney Monier** of Le Roy, also scored more media coverage this week for her 7th place honor at the National Tar Wars Poster Contest. Courtney was featured on WEEK-TV on Monday August 3 and also interviewed by talk radio WJBC-AM which aired on August 10.

IAFP board member **Carrie Nelson**, MD and **Rush Copley** family medicine colleague **Brenda Fann**, MD have joined together on a blog called "The Doctors Next Door." They welcome feedback from their IAFP colleagues. You can view the blog (which is not affiliated with IAFP) at http://www.chicagonow.com/blogs/doctors-next-door/. Current postings include the "flu zoo", MRSA and health care reform.

IAFP Delegate to the AAFP Congress **Ellen Brull**, MD of Glenview is featured in a July 20 *American Medical News* article about a recent survey that showed many physicians are unaware of their patients financial obligations beyond the co-pay at the time of service.

Warren Kruckmeyer, MD of Mundelein is the guest columnist for three Pioneer Press newspapers in the northwest suburbs on July 23rd educating readers and advocating for blood donations to help during the summer months when demand is up and donations are down.

Current IAFP Family Physician of the Year **William Hays**, MD was the featured speaker at the Southern Illinois Healthcare Second Act "Lunch and Learn" program on organ transplant and organ donation. You may recall Dr. Hays received a double lung transplant last December, just days after accepting the IAFP Family Physician of the Year honor. The story was covered in the July 20 *Southern Illinoisan*.

Bernard O'Malley, MD has been nominated to the Boone County Board according to a July 1 *Rockford Register-Star* article.

A July 8 *Suburban Life* (22 suburban newspapers) story recaps a story in which a local school principal and nurse overruled the medical judgment of IAFP member **Luis Osorio**, MD. Dr. Osorio concluded a student did not have symptoms that warranted H1N1 flu testing. The school insisted that the student get tested before being allowed back to school. The test came up negative and the family is now saddled with a $2,000 hospital bill not covered by their insurance.

IAFP members **Debra Stulberg**, MD and **Mandy Gittler**, MD collaborated to launch the Midwest Access Project to increase the provision of full-spectrum reproductive health care in the region, by educating and training health care providers to ultimately reduce barriers to access to reproductive health care services. Learn more at www.midwestaccessproject.org.

President elect **Patrick Tranmer**, MD of Chicago authored featured letters to the editor on health care reform in both the *Chicago Sun-Times* (Aug. 18) and the *Chicago Tribune* (Aug. 24).

Oops, we missed one in the last issue! **Tony Miksanek**, MD of Benton was quoted in a July 16 article in Newsweek titled, "Regina Benjamin's Country Credentials: What Rural Medicine Taught America's Next Top Doc." The article features reactions from physicians - including Miksanek, former U.S. Surgeon General **David Satcher**, and LSUHSC Family Medicine Chair **Kim LeBlanc - to** President Obama's nomination of **Regina Benjamin** as the next Surgeon General of the United States.

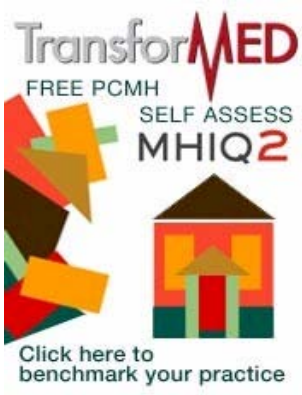
News You Can Use

A High Performing Patient Centered Practice

By Terry McGeeney, MD, MBA
President/CEO of TransforMED

The Patient Centered Medical Home (PCMH) continues to be a very hot topic at multiple levels across the country. The federal government is aware of the need for every patient to have a medical home as part of the health care reform efforts. Most states have incorporated the attributes of Patient Centered Medical Home into Medicaid legislation. Multiple insurance companies nationally are doing pilots that evaluate and reward patient centered medical homes. Many large multi-specialty groups view PCMH as providing a framework for meaningful system redesign. Most recently hospital systems are focusing on the PCMH concepts within the concept of Accountable Care Organizations.

What remains absent is the engagement of individual primary care practices, the ones taking care of patients and best positioned to make a meaningful impact on the US health care system. The reason for this is that while government, payers, large groups and hospitals understand the potential "up-side" of the attributes of PCMH at the system level, individual practices have difficulty appreciating why they should start the difficult journey of transforming their practices without payment and possibly tort reform. Practices continue to question the "win" at the practice level. The issue becomes more complicated with the blurring and confusion around the concepts of a Patient Centered Medical Home. Even practices that want to become medical homes get



confusing, mixed message on what a medical home actually is. Practices are often not clear on what they are to transform to. Meaningful, substantial practice transformation to a PCMH is more than doing a better job of disease management or implementing an electronic health record. Primary care practices need to focus not so much on the PCMH, but the attributes of the TransforMED patient centered model which will not only enable practices to become real medical homes, but most importantly—high performing, patient centered practices.

The TransforMED model provides a framework and common language for meaningful change. This change is true system change and not just minor adjustments to a inefficient and sometimes ineffective system. Everyone understands that a practice needs to be "patient centered". Everyone does not understand that the practice needs to be "high performing".

Primary care practices will not survive even with health care reform without the transformation to high performing practices. Practices need to be "high performing" not only in their ability to leverage technology, provide and capture meaningful outcomes and expand access. Practices need to perform as efficient and effective teams and function as the complex, high volume, low margin businesses that they are. This is the only way practices will thrive in today's environment while positioning themselves to capitalize on health care reform.

The transformation to high performing patient centered practices needs to start now. The concept of a patient centered medical home has been slow to get traction at the practice level. There are many reasons for this that are not likely to change. The concept of a high performing, patient centered practice is one that practices can embrace and can deliver immediate value. Primary care practices need to drive change and not simply position themselves to react to change.
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Streamline Operations, Boost Revenue and Enhance Patient Care: The Easy Way

By Daniel Robertson MBA, RRT
Rest Assured Home Medical Equipment
(312) 226-9989

I would like to present one proven way to streamline the operations of your practice, boost your revenue and reduce overall health-care costs, while allowing you more effective time in your healthcare team leadership. It can all be done by implementing a program to better recognize and manage one area of healthcare that is seriously under-diagnosed and needs your attention: Sleep Disorders. Below is a brief overview on the importance of addressing this problem and implementing a successful solution.

It is all too frequent that primary care physicians experience a very hectic day, delayed reimbursement placing financial strain on their practice, insufficient time to evaluate patients during office visits and have often lost up-to-date control of the total health status of their patients. In addition, patients are often seeing several physicians for a variety of diseases / problems, which pushes timely communication seriously behind schedule. The result is that the one person, the PCP, who should be the single source of healthcare and medical advice, has

often been stretched beyond capacity and their patients may not get time to address all of their concerns. Add to this, heavy regulations and the demands of our fast paced society and the task of keeping up becomes seriously strained.

The result of these above mentioned issues, all but doubles the medication costs and hospitalization per patient. Not to mention, the elimination of a physician's time that could be used to more efficiently care for patients and reduce the complications of operations and billing. In order to address these problems it is important to understand the causes of the rapid increase in our most common diseases, such as hypertension, cardio-vascular conditions, heart attacks, strokes, diabetes, obesity and the huge loss of productivity throughout business and personal cultures. It is well recognized that our sedentary lifestyle, the hectic pace of our world, the need for instant gratification, the desire to succeed at any cost and poor sleeping habits have fueled an epidemic of-care problems, increasing the desire for stimulants to maintain our pace and creating a rising number of accidents at work, home and on the road. Since the time that a physician and patient have to communicate is seriously limited, the solution must focus on optimizing that time as the key objective to assure proper care without unnecessary delay.

Although there are numerous solutions, the focused solution seems to be on dieting and regular exercise. However, success is typically temporary and in the long run, a losing battle. The missing and equally important component to this solution is sleep; with the recognition that a "good night's sleep" is just as important as eating right and regularly exercising. Sleep apnea disorder affects 18M and more than one-third of patients seeing their primary care physicians, so it is vitally important that the family physician must be involved. National Sleep Foundation, "Obstructive Sleep Apnea and Sleep"- 18 Million – Library Highlights, November/December American College of Physicians Observer, 2007 (0ne-third of patients) - "Sleep Disorder Rise is a Wake-Up Call for Internists"\, Jessica Berthold

The focus is now to have every PCP and their staffs learn the simple processes to recognize and pre-screen sleep disorders during routine office visits. The reasoning, as recommended by the National Institutes of Health, is that sleep disorders are one of the major causes or contributors to all of the diseases / conditions listed above and as many as 90% of disorders are not recognized or evaluated by the patient or their primary physician during routine office visits. The screening can be considered as essential as having a baseline ECG and is the best way to assure that the patient's quality of life, health and level of productivity are maximized and to minimize the inevitability of the onset of common diseases and physical limitations. Also, the PCP has a unique role to play by influencing each patient to achieve their best possible health through positive encouragement.

Once a patient is screened and considered likely to have a sleep disorder, then one of two options is suggested: The first is to inquire about the sleep tendencies of the patient and determine if a conservative solution might resolve the sleep problem (e.g. lose weight, change eating, begin exercising, exercising before sleep, changing the sleep environment, practicing relaxation techniques). The other option is for patients with more serious sleep problems (e.g. obstructive sleep apnea) is to be sent for a consultation with a sleep specialist and then an over-night sleep study & treatment titration.

When the sleep study is completed, the interpretation, diagnosis and treatment recommendations are documented by the sleep specialist and the full report is sent to the PCP. The PCP then schedules a visit with the patient, for review of the report and to discuss the treatment options. The next step is to contact the medical equipment company and schedule a set-up with a treatment device and accessories. The remainder of the therapy and patient-care management involves the follow-up in the patient's home by the medical equipment staff and follow-up office visits with the physician to assure compliance, symptom improvement, evaluate the status of co-morbidities and resolution of the initial cause of the sleep disorder. [How can a PCP find the nearest option in their community? Is there an association/society that can help?]

RestAssured Home Medical Equipment is currently the only medical equipment company providing this long-term and team-work approach to the recognition, diagnosis and treatment with the family physician as the team leader.

The National Sleep Foundation / American Academy of Sleep Medicine- is involved in promotion of sleep awareness. Links to other sites can be found on the RestAssured Website under Physician Resources: www.restassuredhme.com

The results of a successful, long-term treatment of sleep apnea are that doctor office visits, medication use and hospitalizations will be reduced by 30%-50%. The overall quality of life, energy level and personality of your patients will improve. This brief overview offers the knowledge and the methodology for the family physician and other primary care physicians to take back the primary healthcare role for their patients with assistance from other health-care team members, minimal effort on their part and the opportunity for additional revenue.

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Illinois Academy of Family Physicians

4756 Main Street
Lisle, IL 60532

Phone: 630-435-0257
Fax: 630-435-0433
E-mail: iafp@iafp.com

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