



ILLINOIS FAMILY PHYSICIAN

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Health Care Transformation Gut Check Time

Health care delivery is fundamentally changing. While the bedrock principles of family medicine - high-quality, compassionate care will continue, practically everything on the financial and administrative side is morphing right before our eyes. Primary care and family medicine are now on the forefront of the discussion, but ultimately those in government are still beholden to the imperative to control and lower out-of-control federal health care spending.

(continued on page 4)

Tar Wars State Poster Contest Winner



Congratulations to fifth grader Madelyn Noyes from Rochester.
Good luck at the AAFP National Tar Wars Poster Contest in Washington, DC July 12-13. Read more on page 8.

President's Message

David J. Hagan, MD

Balancing Act

As I write this column, I'm packing my bags for a week-long vacation to Italy. I hope that you have plans at some point this year to take time away from your practice or job setting. Whether it's enjoying down time in your own community, taking a road trip, or jetting half way around the world, I truly believe that time away from work is essential to that career-life balance that we all seek to achieve.

You may have heard recent surveys reveal that more and more physicians are prioritizing "work-life balance" in planning their medical careers. Whether it's choice of specialty, location, practice size or setting, the work-life balance is important to new physicians and many doctors across the age spectrum. Our IAFP student member survey is currently in the field. When asked to name their concerns about family medicine as a specialty, so far students ranked "work-life balance" as their number one concern. When asked about their most important considerations in choosing a career path, "lifestyle" is currently the top answer.

Although we may hear this call for balance in the medical field in recent news reports, I think doctors aren't the only professionals who value a satisfactory balance between career and family. I imagine that business owners, teachers, accountants, politicians, journalists, lawyers and all workers have similar goals. Perhaps the reason that it seems so newsworthy when doctors strive for balance is because traditionally physicians don't always have much of a



life away from practice.

"When asked to name their concerns about family medicine as a specialty, so far students ranked "work-life balance" as their number one concern."

Today primary care physicians face tremendous responsibility in the comprehensive care of our patients. We put so much time and effort in the practice, on call, at home and in our professional organizations - such as IAFP and other endeavors. Though we are seeing the benefits of modern technology and electronic health records, the fact is our patients need us - the physicians - for the care that an electronic prescription and a printout of a personal health record can't provide. Factor in the vast increase of new patients who will enter the insurance system in the next few years, the responsibilities of primary care physicians nationwide will only grow.

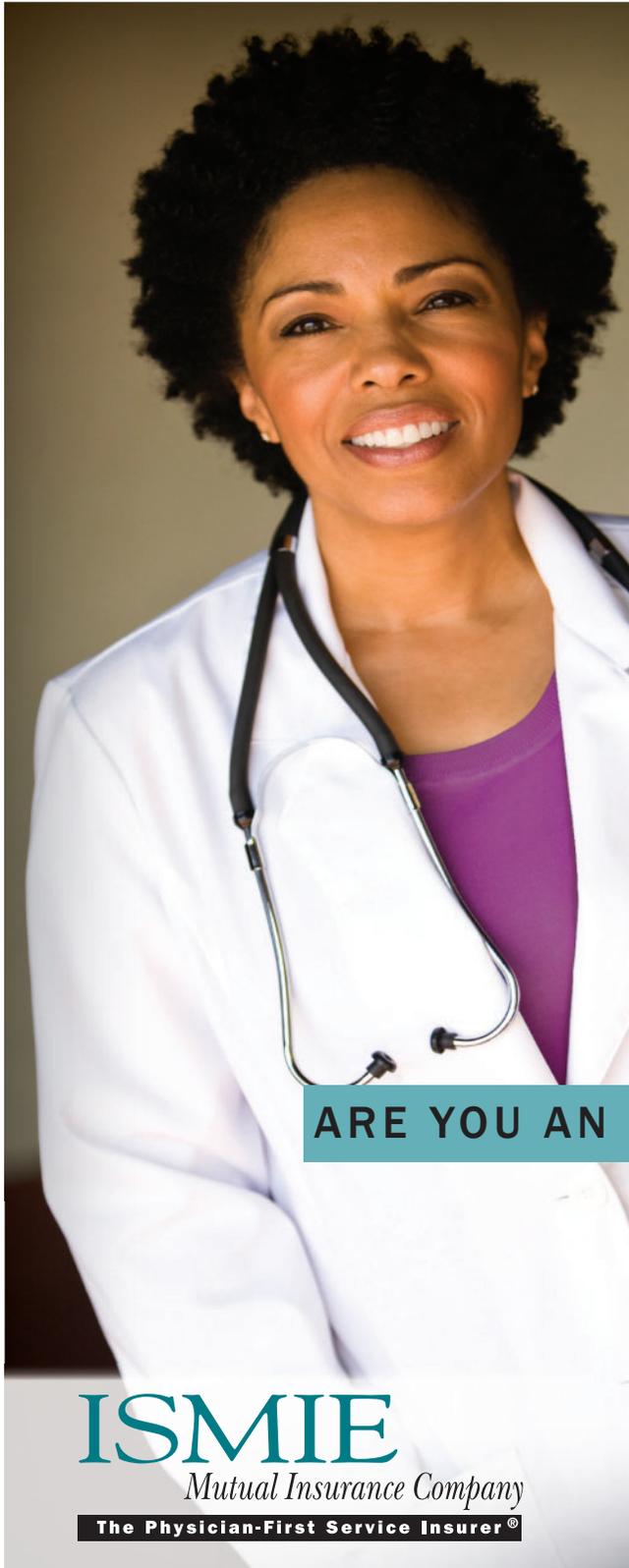
You may have heard that we lost a champion of primary care when Dr. Barbara Starfield passed away on June 10. Barbara died while swimming at her home - an activity that certainly helped her maintain her health and a sense of balance with her successful career. Many of family medicine's strongest arguments are supported by

research done by Starfield. Her research proves that health outcomes and costs are optimized when 40-50 percent of the physician workforce is made up of primary care physicians. In other words, when the system is balanced!

We need balance in our professional lives, and we need balance in the profession of medicine. That means balance in the numbers and distribution of primary care physicians. In order to achieve balance in the physician workforce, we must have balance in the payment structure for primary care. When we balance these national priorities, each individual family physician can find the balance that everyone seeks, regardless of their profession. I hope you've been following the efforts of our AAFP leadership in advocating for significant changes in the Medicare payment structure. AAFP has called for major changes to the Relative Value Update Committee (RUC). Earlier this month, they issued a bold challenge to Congress to solve the nation's looming debt crisis by revolutionizing the health care payment system today. AAFP's plan would boost payment for primary care services across the board and bring some balance to a system has been tilted unfairly towards back-end treatment, procedures and hospitalization.

I encourage each of you to take a vacation - or a "stay-cation" - in the coming months. Then bring your newly balanced enthusiasm (and your running shoes) to our annual meeting November 11-12 in Oak Brook. Join me Saturday morning for an early 5K run to balance our physical health before the All-Member Assembly, where we'll work on the professional balance together. Have a wonderful summer!

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IAFP
News

(Cover story, continued from page 1)

Accountable Care Organizations are supposedly the model of the future, yet we still don't have a final ruling from the Centers for Medicare and Medicaid Services (CMS) on what they are, and how you will be allowed to participate in them! How can you possibly make plans when you don't know exactly what to plan for?

So where do YOU fit into this health care revolution driven by the Patient Protection and Affordable Care Act – a.k.a. PPACA? If you are a small practice, or any family physician in any practice, how do you know what the right decision is for you? For your practice? For your patients? For your family?

So many questions, and not enough answers at this time. In this issue, the IAFP's Practice Transformation committee provides some perspective for you. This committee continues to monitor and provide input at every opportunity for federal and state health care reform implementation. They welcome your questions or your input!

If you have offers to consider (for you or for your practice) here are six pillars to consider in evaluating any opportunity. You can thank the IOM's Crossing the Quality Chasm report (http://www.nap.edu/html/quality_chasm/reportbrief.pdf) for articulating these key attributes of high quality care and service, way back in 2001:

1. Will this proposal save time for you or your patients?
2. Is it efficient? For example, will it improve access for patients? How will revenue be affected? Will you generate more money or will you save

on expenditures?

3. Is it an effective solution? Will it allow you to take better care of your patients? Are you satisfied with the proposed measures of care improvement? Is the necessary data easily available?
4. Is the option patient-centered? Bottom line here - does the proposed arrangement put patients' needs first? How will this arrangement affect the way your patients will interact with you and your practice? How will patients' contact with you change?
5. Will the opportunity improve patient safety? Perhaps you will have access to updated equipment, a better process for managing drug samples, improved infection control procedures, a better system for tracking labs and referrals, enhanced staff training, evidenced-based triage, etc.
6. Is this proposal equitable for you and for your patients? Will all your patients be able to continue to see you? Will you have better access to language services? Will you be better adapted to serve hearing and sight-impaired patients or those with physical challenges?

In essence, says Donald Lurye, MD, chair of the IAFP Practice Transformation committee, "If someone offers to buy or run your practice, remember that primary care is highly valuable to integrated health care delivery. Ask the other party to speak to these six principles of quality care. Regardless of the financial particulars, you will be happiest if each of these six items is addressed in some fashion." He also recommends planning a mutually acceptable exit strategy should the arrangement not work out. What options will the physician have? Who owns the patient records? If you have to buy back your practice, what is included and how will the value be determined?

Each situation is different, and the contractual and business details will be unique. If you want to entertain a

relationship with a larger entity, some legal and accounting cost is unavoidable. But by considering first the six elements of quality care, you have a chance to maximize the likelihood of a successful arrangement. The quality judgments are ones only you can make, and they should come first.

Here is a near-future thought. Your practice of family medicine will likely become less dependent on face to face visits and place greater emphasis on connections to community resources and on various electronic interactions that support patient self-management. Explore this issue with any entity that approaches you. And remember - you are an irreplaceable asset to improving the health care future of country – and we need more physicians to follow your lead! Don't be afraid to propose additional elements you think are important to your practice or your community to any proposals you receive.

The IAFP continues to offer resources and opportunities through the brand new Practice Improvement Network – aka the PIN - at www.iafp.com/pcmh. The Practice Transformation committee provides leadership and input on this landmark endeavor and welcomes all members to join us in this journey towards better medicine, stronger practices and a healthier future.

"If someone offers to buy or run your practice, remember that primary care is highly valuable to integrated health care delivery. Ask the other party to speak to the six principles of quality care."

*-Donald Lurye, MD
Chair, IAFP Practice
Transformation Committee*



Practice Improvement Network

Working together to perfect your medical home

The Network is up and Pilots are ready for action

You may have followed the news that the IAFP board of directors voted in December 2010 to undertake the Practice Improvement Network (PIN) initiative. Our initiative will support small family medicine/primary care practices in identifying and implementing aspects of successful patient centered medical home (PCMH) models within their own practices. In other words, we'll help them make the changes they feel are most important to their success in this new era of health care delivery. The IAFP recognizes that one PCMH model does not fit all practices. We believe that each practice can be empowered to define how it will transform, using the best clinical and financial tools, methods, and resources in the marketplace to improve work flow and revenue and thereby meet the changing needs of patients and the challenges and opportunities of health care reform. We also hope that sharing the small practice pilot experiences will be beneficial to all IAFP members who are looking for their own practice improvement.

IAFP member stewardship in the Illinois Medicaid program's primary care case management and chronic disease management programs, Illinois Health Connect and Your Healthcare Plus, along with the emergence of private sector medical home models such as the Blue Cross and Blue Shield of Illinois pilot with local physician groups, served as strong evidence to IAFP's executive leadership team that the time has come to launch the PIN initiative.

Core Components of the PIN Initiative:

The former PCMH Committee has been renamed to the Practice Transformation Committee – a subtle yet important change in nomenclature that embraces the IAFP's approach towards empowering practices to independently evaluate their processes, models and culture. The Practice Transformation Committee worked to develop and create the PIN – a living network of resources for practices to tap into throughout the state of Illinois. The PIN includes a roster of members with expertise and experience, online resources and future educational and networking events to engage and encourage each physician to explore practice transformation opportunities.

The PIN initiative also includes an innovative Small Practice Pilot (SPP) project which launched in June 2011. Small practices will work directly with coaches, who are seasoned practice management consultants, over the next 18 to 24 months. They will together benefit from personalized resources and earn CME credits while transforming their practice. Participating practices will engage with their peers in the program via online collaboration platforms and share their experiences with other IAFP members at our annual meetings and regular communications. Many of the PIN network ambassadors are physicians who have direct experience with National Committee for Quality Assurance (NCQA) PCMH designation for their practice. The journey of the SPP practices will be documented in IAFP publications. More information on the PIN is readily available to all at www.iafp.com/pcmh. You'll find state and national resources on the medical home and can even check on what other state chapters are doing to help their family physicians transform.

About Helen Kate Liebelt



IAFP welcomes Helen Kate Liebelt, our Practice Improvement Network Project Manager. Helen Kate will work with IAFP to implement the small practice pilot project, and will serve as a resource and liaison for practices, ambassadors, the Practice Transformation Committee and the IAFP Executive committee while executing planning, educational, communication, and technical components of this initiative.

Helen Kate is the President of the Chicago Health Executives Forum, an independent chapter of the American College of Health Executives. You can reach Helen Kate via email at hkliebelt@iafp.com or call her at 224-688-0430.

(continued on page 6)

Tune in to these Practice Improvement Network resources

Bookmark the web site: www.iafp.com/pcmh
-links to local and national resources
-video presentations and audio slide shows
-upcoming events
-with much more to come



Social Media channels:

www.twitter.com/IAFP_PIN



Find the PIN on Facebook, "like" the PIN and contribute to the discussion!

Complete the IAFP Member survey

If you haven't already taken the survey, please log-on by July 18th.

<http://www.surveymonkey.com/s/FYDBCD3>

Other Medical Home News from around the state:

Illinois Health Connect releases Medical Home educational video for IHC Clients: Although the video was designed for Illinois Health Connect clients, there is good information about the benefits of having a medical home and relying on your medical home as your first point of contact for your health care. Link to the video on the Illinois Health Connect web site at <http://illinoishealthconnect.com/> where you can view and even download the video for your own practice web site or waiting room use. A Spanish version of the video will be completed soon!

Another IAFP member NCQA recognized Medical Home. Congratulations to **Timothy Miller, MD** of Forsyth who has achieved NCQA Level 3 Medical Home Recognition. There are now 88 physicians and practices in Illinois that have been recognized by NCQA as Patient Centered Medical Homes.

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:

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This Medical Home is always open

Logan Primary Care in far-southern West Frankfort serves about 35,000 people. Can you imagine the number of calls the practice makes and receives on any given day? But for over a thousand of those patients, they can access their own health information, ask a question or even schedule an appointment without picking up the phone.

Patients now have access to the practice 24-7 from anywhere in the world via Webview, powered by Practice Partner EMR, enabling patients to access their own chart from the Internet. They connect to a web portal, enter their own password that allows them to view their chart – including their medication list, lab results and more.

They can also receive and send private messages to the practice - to their doctor, nurse, physician assistant or even the receptionist to schedule an appointment. When the practice sends a message to the patient via Webview, the patient will get a standard email in their regular inbox notifying them they have a message waiting for them in Webview that they must login to retrieve.

IAFP board member Dennon Davis, MD is a partner at Logan Primary Care and shared their experience with this new endeavor. "It is working wonderfully and we have patients of all ages up to age 96 using it. It's great for patients without insurance," he says. Davis gave an example of a younger man that works for a pizza chain and has no money or insurance. "So I send him reminders to send me updates every three months, so he doesn't have to come in for a visit. I can also send reminders to get labs done so that I'll have the results in front of me when my patients do need to be seen in the office."



Davis says the online access is a great tool for family members who live far away to ask the provider or nurse questions about their parent's health - provided the patient gives them the password access.

The practice plans to test Webview with the current capabilities for a year (they are seven months in at this point) and then may add more information to the system. Logan Primary Care charges patients \$10 per year for the Webview service. Currently over 1,000 patients are using Webview and their goal is to get 10% (3,500) of their patients on board.

Not all patients are willing to participate in the portal, says Davis. "Some are scared of it, or don't think it's worth the ten dollars a year because they don't access care that often."

"I was concerned posting lab results might generate a lot of anxious patient or family calls, but I really have not seen that materialize. Most patients wait on my explanation. So I send them a message with an explanation of the lab results right here. Now it saves me letterhead, envelopes, stamps,

the time of a nurse trying to track the patient down to give results and the explanation."

Webview is also tailored to the seven physicians and six physician assistants in the practice. Not all of the doctors want patients to be able to email them, so that option is not available for all the doctors in the practice. Patients instead send their messages to the nurse. Patients can also update their medication list. If a specialist prescribes a medication, the patient can add it themselves. The program has automatic reminders to do that every time a patient accesses their medication list. The server is in Seattle and all the data is updated in real time.

"I am all about the patient-centered medical home. I want the patient to have all the access they can. I think if they have more access, it will prevent more problems, prevent more errors," Davis explains. "I encourage them every time I see them to access their chart and look over their history. It gets the patients more involved. People go to so many providers, if they don't have one home site with all the information there, errors can occur."

Tar Wars

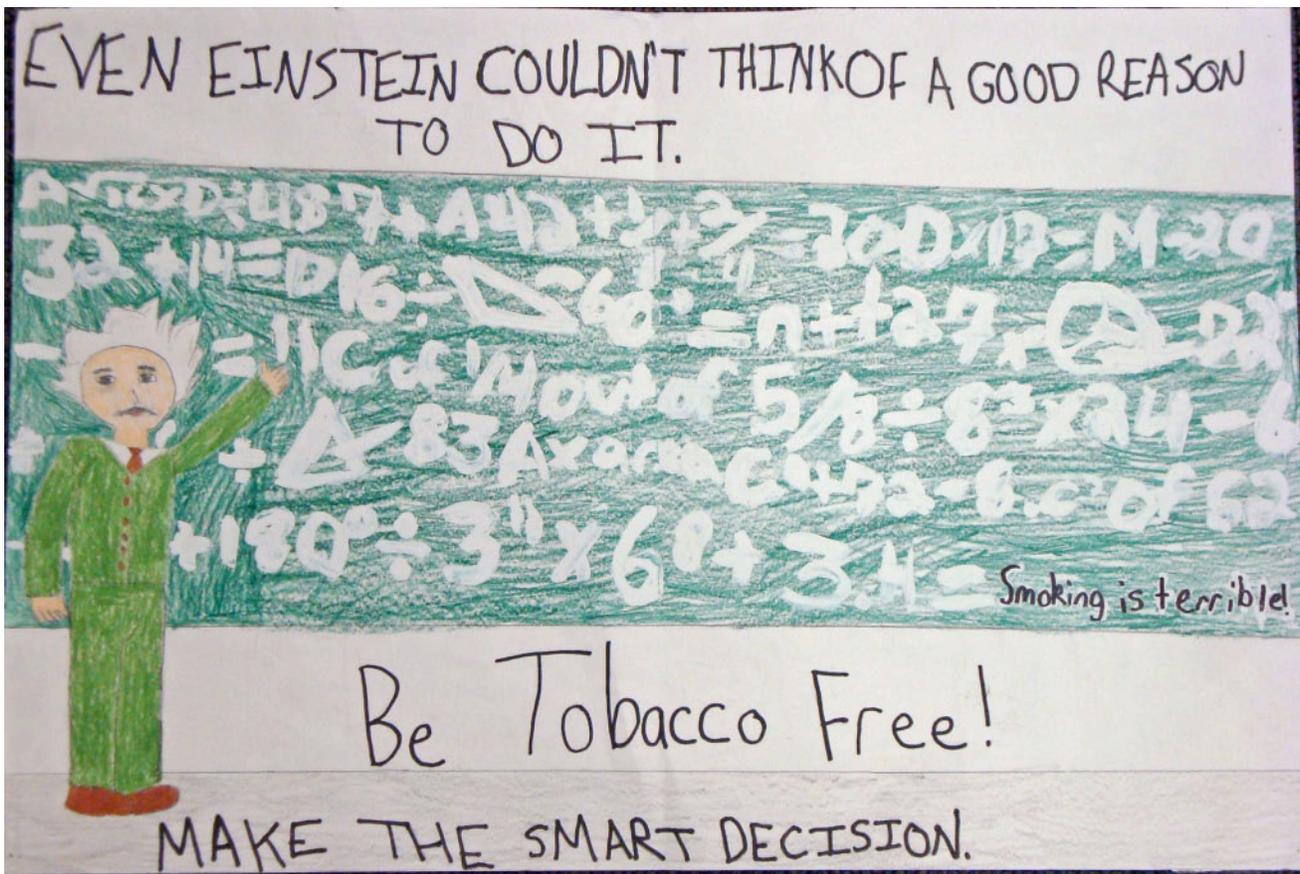
A tobacco-free education program for kids from the American Academy of Family Physicians

Rochester Student wins Tar Wars Statewide Poster Contest

Madelyn Noyes (pronounced "noise"), a fifth-grader at Rochester Middle School (near Springfield) designed the winning poster in the Family Health Foundation of Illinois Tar Wars Poster Contest, held May 5 at the IAFP Spring into Action Lobby Day in Springfield. Madelyn's "Even Einstein couldn't think of a good reason to do it!" poster beat out 31 other finalists. IAFP members served as judges, evaluating the posters on creativity and positive message about being smoke-free.

Madelyn got the good news at a surprise announcement at her school on Monday, May 16th. Her teacher, Juliette Tinder, and Family Health Foundation of Illinois board member Janet Albers, MD of Springfield made the announcement before her schoolmates and parents, Andy and Cris Noyes.

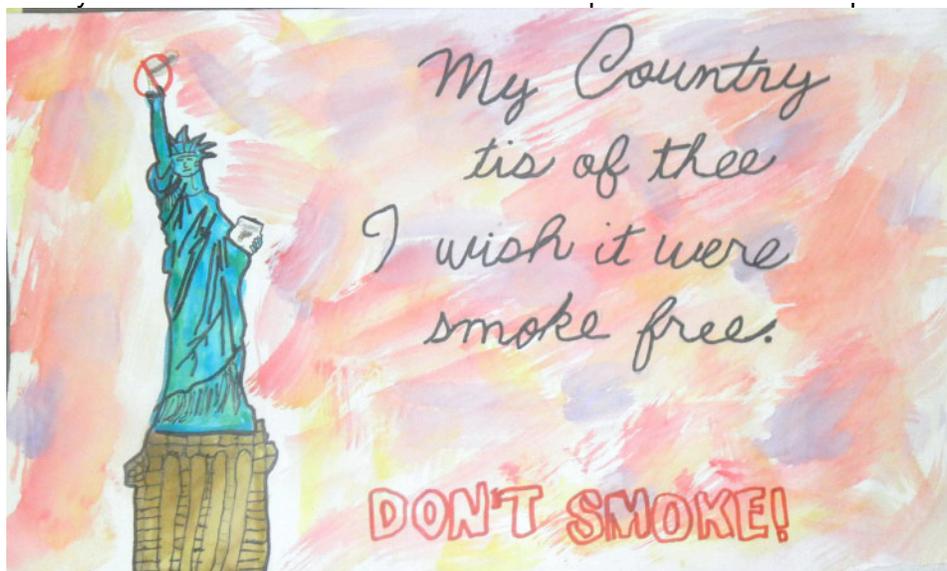
Noyes' winning poster will represent Illinois at the National Tar Wars Poster Contest July 12-13 in Washington, D.C. The National Poster Winner will be announced on July 12 at a banquet honoring all the state winners. On the 13th, all the Tar Wars state winners will head to Capitol Hill to meet with their members of Congress. The IAFP Foundation was able to provide \$1,500 in travel assistance funding for the family.



The 2011 Illinois Tar Wars Poster Contest Results:
WINNER: Madelyn Noyes, Rochester Middle School, Rochester
 Rochester teacher Julie Tinder presented Tar Wars to Madelyn's class



2nd Place: Taylor Rutledge, Hudson Elementary, Hudson
Carolyn Rutherford of McLean Co. Health Department -Tar Wars presenter



3rd Place: Hadley Hagerty, Oakland Elementary, Bloomington
Carolyn Rutherford of McLean Co. Health Department -Tar Wars presenter

IAFP began a Tar Wars effort in 1998. The program is free for schools and for volunteers to teach in their local schools or youth groups. For more information, including the complete program curriculum, visit www.tarwars.org or contact Ginnie Flynn at gflynn@iafp.com or 630-427-8004.



The 2011 IAFP Annual Meeting November 11-12, 2011 Marriott Oak Brook Hotel

Visit and bookmark www.iafp.com/Annual%20Meeting/index.htm for complete annual meeting details. The web site will be continuously updated as new events and CME programs are confirmed. You'll also receive updates via IAFP e-News and invitations to register for the meeting. Log in now and find details including:

- Hotel information and registration form
- Meeting **schedule of events**, including committee meetings
- **IAFP high-quality CME** - the fee is \$100 per day for members, \$150 per day for non-members. CME topics on two tracks over two days. Details will be added as courses are confirmed
 1. Clinical topics
 2. Practice improvement topics, including an update on the Practice Improvement Network - the "PIN Project".
- **Leadership Workshop** on Friday Nov. 11 – Required for Board members and committee chairs - all members are welcome!
- **IAFP All-Member Assembly** - Saturday, Nov. 12th at 8:00 a.m. If you have an idea for a resolution to consider, submit it to IAFP executive vice president Vincent D. Keenan, CAE by September 29th at vkeenan@iafp.com. We will also honor AAFP Fellows who elect to have their convocation at our annual meeting.
- **Awards Luncheon** on Saturday Nov. 12- Celebrate family medicine's finest at our awards luncheon to honor the Family Physician of the Year, Family Medicine Teachers of the Year and President's Award recipients.
- **New this year: Members showcase area!** Do you have a side business or a product that you've created? This is your opportunity to share it with your family medicine friends. Bring your samples, information and enthusiasm and we'll have a special section of the IAFP exhibit hall for members to showcase their entrepreneurial side!
- **Family Fun!** We have some fun planned for members and their families throughout the weekend, including a pool party and a 5K Fun Run! We put the "family" into the Illinois family physicians' annual meeting.

Call for nominations: IAFP Board of Directors

IAFP members in good standing are invited to self-nominate for the IAFP Board of Directors. The Academy will hold elections via electronic voting, with contested elections for open positions. Only president, president-elect, board chair and the AAFP delegate and alternate delegate positions are not open to contested elections. Members interested in any of the following positions should submit a letter stating their desired position and a current CV to Vince Keenan at vkeenan@iafp.com by August 5, 2011.

The following positions are open to contested elections:

- First Vice President (up to 2 candidates)
- Second Vice President (up to 2 candidates)
- Three Class of 2014 Board Directors (up to 5 candidates for three positions)
- New Physician, Class of 2013 (up to 2 candidates)

What does it take to serve on the IAFP board of directors?

- Willingness to serve the Academy and its 3,500 members
- Ability to meet projected time commitment (including board orientation, board meetings, continuing education, committee/task force/interest group participation, etc.)
- Ability to participate in group decision-making and support board decisions, leaving any personal agenda out of the discussions
- Objectivity
- Integrity and absence of serious conflicts of interest
- Openness to strategic planning and visioning

The IAFP Leadership Development Committee, chaired by Steven D. Knight, MD of Harrisburg will review all candidates and present a final ballot in mid-August. Independent Voting Services of Wilmington, Del. will create the IAFP electronic voting web site and voting will be open from early September until mid-October. Members will receive an email from IAFP with a link to the independent IVS website to login using their AAFP membership ID number, view the IAFP ballot, read information on each candidate and cast their vote electronically. Members who do not have a valid email address on file with IAFP will receive a notice via US mail with the web site address to log on and vote. IAFP staff will not have any access to the voting web site and will receive certified results directly from Independent Voting Services.

IAFP announces 2011 Bylaws Updates and Changes

IAFP members at the 2011 All-member Assembly will be asked to approve the following changes to the IAFP bylaws. Additions are in red text and deletions are indicated by ~~striketrough~~. Only bylaws paragraphs with proposed changes are shown below. For the full report of these proposed changes, visit <http://www.iafp.com/whatsnew/proposedbylaws.pdf>

CHAPTER VII

Meetings

Section 1. There shall be an Annual Meeting of the Academy which shall include a meeting(s) of the All-Member Assembly. The time and place of the Annual Meeting, in or outside the State of Illinois, shall be designated by the Board of Directors, and announced at least sixty (60) days before the date so fixed.

~~Section 2. The All Member Assembly shall meet at each business meeting of the Academy where the board of directors meet.~~

Remaining Sections renumbered to reflect deletion of Section 2

CHAPTER VIII

All-Member Assembly

Section 1. Subject to the referendum pursuant to Section 6 of this Chapter, control and administration of the Academy shall be vested in the All-Member Assembly.

Section 2. Resident members and Student members shall each have five (5) representatives to the All-Member Assembly. **Students and Residents shall elect representatives to the All-Member Assembly at an annual business meeting, or in the absence of such a meeting, representatives shall be appointed by the Board of Directors.**

Section 3. The All-Member Assembly shall meet during the Annual Meeting of the Academy ~~and at all business meeting of the Academy where the board of directors meets~~. Special meetings may be called by a two-thirds (2/3) affirmative vote of the Board of Directors, or by the President upon written request of five percent (5%) of the active members. Special meetings shall be held at such time and place as may be set forth. Notice of such meeting dates shall be given in writing to all members at least sixty (60) days prior to the date set for such meeting.

Section 4. The All-Member **Assembly** ~~Congress~~ may adopt such rules of procedure for the transaction of business as it deems desirable, and shall be the judge of the election and qualifications of those voting.

CHAPTER IX

Board of Directors

Section 1. Subject to the action of the All-Member Assembly and during the interim between meetings of the All-Member Assembly, the control and administration of the Academy shall be vested in a Board of Directors, composed of the Executive Committee

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(Chapter XIII, Section 2), and nine (9) elected **Director** members, **two new physician members, a resident member and a student member**. The delegates and alternate delegates to the AAFP shall sit as ex-officio members of the Board and shall not have a vote. A designated **resident** member of the Illinois Chapter of Family Practice Residents shall be invited to attend Board meetings with the right to vote. A designated **student** member of the ~~student chapter~~ of the Academy shall be invited to attend Board meetings with the right to vote. Two new physician members, defined as any physician who is within his/her first seven years of practice following completion of a family medicine residency, shall be elected to the Board with the right to vote.

~~Section 2. The immediate past president shall serve as the chair of the Board.~~

Section 2. The term of the office of Directors shall be for three (3) years, and shall begin at the conclusion of the Annual Meeting at which their election occurs, and expire at the conclusion of the third succeeding Annual Meeting, or when their successors are elected. A Director may not be re-nominated for that office unless one (1) year has elapsed from the conclusion of his/her previous term. Any Director who absents him- or herself from three (3) consecutive meetings of the Board of Directors, without a reasonable excuse acceptable to the Board, shall be considered as having resigned from the Board. ~~Vacancies on the Board of Directors shall be filled by majority vote of the remaining members of the Board for the unexpired term of any vacancy occurring. Directors who have been appointed to the Board to fill an unexpired term, and who have served for a period of less than one (1) year, shall be eligible for re-nomination to the Board, withstanding the provisions to the contrary in this Section.~~ The two new physician board members shall serve two years each with their terms staggered; one new physician board member would be elected each year and serve for two years. **Resident and student board members serve for one year each.**

CHAPTER X Elections Officers

~~Section 1. The officers of the Academy shall be a President, President-elect, Chair of the Board/Immediate Past President, Treasurer, First Vice President, Second Vice President, and Secretary/Executive Vice President. Remaining sections renumbered.~~ Section 1. At least 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 active membership through and by an electronic/paper voting process, nominations for president-elect, AAFP Delegate and Alternate Delegate. The positions of First Vice President and Second Vice President, each of three (3) vacancies occurring on the Board of Directors, and one (1) new physician vacancy each year are open for contested elections. ~~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 2. Election of the above officers shall occur by vote by active and life members through and by an electronic/paper voting process with the nominee receiving the majority of votes being declared elected.

Section 3. All elected **board members and** officers shall take office at the conclusion of the Annual Meeting at which their elections occur, and their terms shall expire at the conclusion of the next Annual Meeting, or when successors are elected. ~~If the outgoing president is unavailable to serve as the incoming chair of the Board, the Board shall elect from its own number a chair for the next year at its last meeting before the directors' terms expire.~~ Any officer who absents him- or herself from three (3) consecutive meetings of the Board of Directors/Executive Committee, without a reasonable excuse acceptable to the Board, shall be considered as having resigned from the Board.

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

CHAPTER XI Duties and Terms of Officers

Section 1. **The officers of the Academy shall be a President, President-elect, Chair of the Board/Immediate Past-President, Treasurer, First Vice President, Second Vice President, and Secretary/Executive Vice President.**

Section 5. **The immediate past president shall serve as the chair of the Board. If the outgoing president is unavailable to serve as the incoming chair of the Board, the Board shall elect from its own number a chair for the next year at its last meeting before the directors' terms expire.** The Chair of the Board/Immediate Past President shall preside over all meetings of the Board and its Executive Committee. In the absence of the First and Second Vice Presidents, he/she shall preside over meetings of the All-Member Assembly.

CHAPTER XII Member Groups

~~Section 5. Students and Residents shall elect representatives to the All Member Assembly at an annual business meeting, or in the absence of such a meeting, representatives shall be appointed by the Board of Directors. Remaining sections renumbered.~~

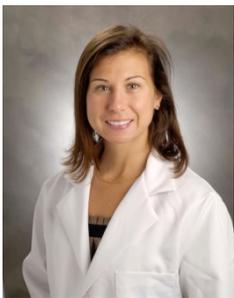
CHAPTER XIII Commissions and Committees

Section 1. The Board of Directors shall establish and authorize by Board action such ~~commissions and~~ committees as it deems appropriate to conduct the business affairs of the Academy. ~~Commissions report to the Board of Directors. Each commission shall be composed of fifteen (15) Active members, three (3) of whom shall be Directors, and one (1) of whom may serve as Chairman. A Resident and Student member shall be appointed to each commission, with votes. Additional representatives may be appointed as advisors, without votes.~~

First-ever IAFP Resident Research Webinar

The IAFP Family Medicine Educators Interest Group decided to revive the Resident Research Forum, but with a technology twist. Rather than gathering somewhere for live presentations, the IAFP offered residents a chance to present from anywhere, via their computer and a phone in the IAFP's Resident Research Webinar. This approach saved travel, time and money, as it was completely free for programs and residents to participate. Each resident presenter was assigned a 15-minute block of time before two anonymous faculty reviewers. Presenters had 10 minutes to present their research and then fielded questions from both reviewers.

Thank you to all eight resident participants and to our volunteer reviewers! IAFP hopes to repeat this process in spring of 2012, implementing helpful suggestions offered by faculty reviewers and resident presenters.



WINNER:

The Impact of Post-Discharge Follow Up Care on Hospital Readmission Rates for Adults

-Jill Tydell, MD – Advocate Lutheran General

View the winning presentation slides here <http://www.iafp.com/residents/Tydell.pdf>.

Dr. Tydell is invited to present her research live to the residents attending the IAFP annual meeting Saturday November 12th. We will have a fellowship fair and job fair for resident members, so put the date on your calendars now!



Lubna Madani, MD



Josh Shapiro



Peggy Wang, MD



Lauren Kendall

Welcome the new Resident and Student President-elects

Each spring, the IAFP seeks out resident and student leaders to serve as president-elects. We congratulate University of Chicago-NorthShore resident Lubna Madani, MD and Rush Medical College student Joshua Shapiro, who have been selected as the next generation of IAFP young leaders. In the second year of their two-year commitment, Madani and Shapiro will serve as the resident and student members of the IAFP board of directors.

Madani and Shapiro will work with and learn from resident president Peggy Wang, MD of the University of Chicago NorthShore Family Medicine Residency and student president Lauren Kendall of UIC. The president-elects will serve as your delegates to the AAFP National Conference of Family Medicine Residents and Student Members at the end of July. Student and resident members were surveyed in late June for their feedback and concerns to help guide Madani and Shapiro as they fulfill their duties as Illinois chapter delegates at the National Conference.

Both Madani and Shapiro bring great ideas and enthusiasm to their new roles and look forward to meeting their fellow resident and student members at future opportunities, including the IAFP Annual Meeting November 12 in Oak Brook. The Academy also thanks Lareina Pedriquez, MD of NorthShore and recent Loyola graduate Bethany Cohen, MD for their outstanding two years serving as resident and student leaders for the Academy.

FUEL UP TO Play 60

These health and nutrition organizations support **Fuel Up to Play 60**, a partnership between the NFL and National Dairy Council impacting an expected 60,000 schools and 36.6 million students.



This program empowers youth to make changes at school that will help them “fuel up” with nutrient-rich foods missing from their diets, such as low-fat and fat-free milk and milk products, fruits, vegetables and whole grains and to “get active and play” for 60 minutes daily.

Learn more—

www.FuelUpToPlay60.com

www.NationalDairyCouncil.org



THE NFL MOVEMENT FOR AN ACTIVE GENERATION

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Government Relations

IAFP members make their mark on Capitol Hill

IAFP board members and AAFP Key Contacts participated in the AAFP Family Medicine Congressional Conference May 9-10 in Washington, DC. Family Physicians from around the country spent the first day learning about the issues in a variety of education sessions. IAFP member Jerry Kruse, MD of Quincy, who is also a member of the Council on Graduate Medical Education (COGME), was a panel presenter during the session discussing primary care training.

IAFP attendees spent May 10th on Capitol Hill and met with most members of the Illinois Congressional Delegation, renewing old acquaintances and introducing newly-elected representatives to family medicine and the Academy. The entire IAFP board of directors, along with some AAFP Key Contacts and student member Emily White Van Gompel, MD from UIC were able to advocate for family medicine on Capitol Hill. Northwestern-McGaw resident Santina Wheat, MD was a last minute addition to the group when an AAFP Key Contact had to cancel - and she made the most of her opportunity, meeting with U.S. Rep. Danny Davis and several others in a whirlwind day in DC. Illinois' group included several veteran FMCC attendees who supported the first-time attendees in their meetings with legislators and their health aides. IAFP board member Michael Fesenden, MD of South Elgin participated in several meetings, and offered this summary: "Regardless of whether the person was Democrat or Republican, everybody listened to us, and that's the first step. The Academy



From L to R: Michael Fessenden, MD; Emily White Van Gompel, MD; Patrick Tranmer, MD, Rep. Danny Davis, Ravi Shah, MD

needed to be here this week. We're going to have a shortage of family physicians in the United States and this [issue] needs to be dealt with." Check out this quick video from IAFP members describing their visits on the Hill and the importance of the family physician advocacy effort: <http://www.youtube.com/watch?v=6mMxhnuX15Y>

Sharing our concerns on Shared Savings Plan

IAFP also notified the entire Illinois Congressional Delegation of family medicine's concerns over the Centers for Medicare and Medicaid Services (CMS) first proposed rules for Medicare Shared Savings Plans, otherwise known as Accountable Care Organizations. The June 9th letter from IAFP president David J. Hagan, MD of Gibson City echoed the AAFP's comments back to CMS.

An excerpt from that letter:
IAFP is quite concerned that, as currently proposed, only large and established integrated health systems that already possess the capital and infrastructure would be able to qualify as a Medicare ACO. Failing to attract small- to medium-sized practices, especially in rural settings but also in urban areas, will squander this tremendous opportunity to improve the healthcare delivery system and will deny the potential benefits of the ACO model

to patients throughout the country, most of whom receive care from small and medium size physician practices. IAFP has urged CMS to drastically reconsider its proposed Medicare ACO policies and instead offer greater flexibility so that small- to medium-sized primary care practices will be more eligible to participate...

...We urged CMS to specify "general internal medicine" in the final Medicare ACO regulation to ensure that

Medicare ACOs are truly based on primary care physicians. We proposed that the definition of primary care professionals for purposes of the Medicare ACO program only include "general internal medicine, general practice, family medicine, or geriatric medicine" in any of their specialty designation fields, primary, secondary or otherwise.

We further recommended that rather than list "primary care services," that CMS go further to state that the primary care professionals be limited to those eligible for Primary Care Incentive Payments as a matter of consistency and specificity across CMS policy. IAFP recognizes that some sub-specialists occasionally provide some primary care services. However, they are not providing continuing and comprehensive primary healthcare to their patients. IAFP would strongly oppose any further expansions of the definition of "primary care professional" for purposes of the Medicare ACO program.

...For the Medicare ACO program to succeed, it is absolutely essential for CMS to identify alternative policies so that primary care physicians are able to participate in multiple Medicare ACOs.

Link to the full letter at <http://www.iafp.com/legislative/SharedSavings.pdf>



Asim Jaffer, MD; Carrie Nelson, MD; Rep. Randy Hultgren, Sachin Dixit, MD and Dr. Fessenden



Javette Orgain, MD; Ellen Brull, MD; Renee Poole, MD; Rep. Jesse Jackson, Jr.; Santana Wheat, MD; Lareina Pedriquez, MD; Edward Blumen, MD

FAMMEDPAC

It's time to make your contribution to AAFP's FamMedPAC – family medicine's strongest (and bi-partisan) tool in the political process. Our goal is to have 10 percent of IAFP's 2,500 active members as FamMedPAC contributors.

Illinois State Legislation Summary:

Both chambers adjourned their spring legislative session until October 25 or the call of either the House Speaker or Senate President. Overall, the FY 2012 budget showed fiscal restraint that reflected a bipartisan effort in the House. There is already some concern - particularly on the part of the Senate Republicans - that more cuts may be needed in order to avoid making the "temporary" tax increase approved in January a permanent one. About 630 bills passed both chambers of the General Assembly. Once a bill is on the Governor's desk, he has 60 days to act on it. If he does not act on it, it automatically becomes law.

Here's an update on some of the issues that IAFP highlighted this session:

- **HB1338** – the immunization registry bill passed both houses. Written testimony and a fact sheet can be found on our homepage www.iafp.com/legislative
- **HB1965** – this bill would have created an exemption to Smoke-free Illinois for casinos in border communities is being held in the Senate and may come back during veto session.
- **HB1577** – is now **SB1555** the Senate bill was amended to contain the health insurance exchange language. It passed both Houses and awaits the Governor's signature. IAFP and many other health advocates will work with the Legislative Study Committee created by the new bill to ask for substantive inclusions of all the benefits of **SB1729** in their final report due September 30th.
- **HB1530** – the mental health parity bill passed both houses.
- **HB3236** – this bill would have created Consumer Operated and Oriented Plans, or "Co-Ops" to allow groups of small employers to purchase health care as a large group is being held in the Senate and may arise during veto session.
- **SB1540** – the Medical Practice Act bill which extends the sunset from this November 30th until December 31, 2021 remains in the Senate and must be acted on by November 30th.



Past President Steven D. Knight, MD welcomes U.S. Rep. John Shimkus to his Primary Care Group practice in Harrisburg.

The IAFP government relations committee will continue to meet over the summer and is planning on in-district meetings coordinated with partner organizations to continue to address health care reform implementation and other priorities before Veto Session. Updates will continue to flow to members through IAFP e-News all summer long.

Continuing Medical Education



Change of address for Your Healthcare Plus CME

The IAFP's Your Healthcare Plus CME activities are moving! Starting in August the IAFP education website (www.iafp.com/education) will house all eleven YHP topics. The IAFP's library of free continuing medical education will continue to grow with more topics (diabetes group visits, chronic illness care) to be added at the end of the year.

The IAFP has been developing CME for the Illinois Department of Health & Family Services' Your Healthcare Plus program since its inception four years ago. On June 30th the State ended its contract with McKesson Health Solutions to serve as contractor for the program and, in turn, the IAFP's contract to develop education for the YHP program ended. Staff is working to transfer all the education and resources from the www.yhplus.com website to the IAFP education site with little or no interruption to access to any of the activities.

What else is new at www.iafp.com/education?

New CME activities have recently been added to the IAFP library on behavior health for family physicians. All activities are available for 1.0 Prescribed or AMA Category 1 credit.

Pain Management with Opioid Drugs in Primary Care Practice

This program covers the epidemiology of chronic, non-cancer pain (CNCP), treatment goals, pain management methods and risk management methods. A sample quality improvement program for pain management with opioid drugs will also be examined.

Learning objectives:

- Describe overall goals of pain management in primary care practice.
- Select patients who can benefit from medical care for pain management.
- Discuss guidelines and legal requirements for use of medications for acute and long-term management of non-cancer pain, including opiates.
- Educate patients and caregivers about safe use of drugs for pain management, including driving and work safety.

Presented by Jeffrey D. Tiemstra, MD, Center Medical Director & Associate Professor of Clinical Family Medicine, Family Medicine Center, University of Illinois at Chicago College of Medicine, Chicago

Managing Bipolar Disorder in Primary Care

Bipolar Disorder is commonly under diagnosed and often mistaken for unipolar depression. This program covers the diagnosis of bipolar disorder provide background information on the epidemiology of this chronic behavioral health condition, and provide information on treatment and referral for specialty care of BD.

Learning Objectives:

- State the definition of bipolar disorder.
- Recognize the signs and symptoms of bipolar disorder.
- Differentiate between bipolar disorder and other behavioral health conditions.
- Refer and manage bipolar disorder patients according to evidence-based treatment guidelines

Presented by Samuel Grief, MD, Associate Professor in Clinical Family Medicine, University of Illinois at Chicago College of Medicine, Chicago

Medical Management of Patients with Schizophrenia and other Psychotic Disorders in Primary Care

This activity discusses the definitions and epidemiology of schizophrenia and other psychotic disorders, the diagnosis process for the primary care setting, medication strategies and required coordination of patient care between their family physician and psychiatrist.

Learning Objectives:

- Define psychotic disorders and describe psychotic behaviors.
- Review how to make a differential diagnosis for patients with psychotic behaviors.
- Differentiate between typical and atypical antipsychotic medications, and describe selection and use.
- Discuss medical comorbidities in patients who have psychotic disorders and are being managed with antipsychotic medications.

Presented by Samuel Grief, MD, Associate Professor in Clinical Family Medicine, University of Illinois at Chicago College of Medicine, Chicago



Kyaw Naing, MD, MPH, PhD
SIU Dept. of Family Medicine and
SIU-Carbondale Family Medicine
Residency Program

Why did you choose family medicine?

I am an international medical graduate and very proud of it. After graduation I practiced for three years as a general practitioner and I did house calls. I liked the interaction and I like to talk! Then I came to the U.S. to Macomb, Illinois and I knew I wanted to choose something that would allow me to communicate with patients - community education and public health. So I got my Masters in Public Health. Then I went to SIU for my doctoral degree. And during that time the health department had an opening for director of health education. All along the way I fell in love with the interaction with people. I knew I wanted a residency that would build on health promotion and communicating with people – so family medicine!

What do you love most about being a family physician?

One thing I love about family medicine is working with newborns to the elderly. We have ownership there. And I love to talk with people all the time. It goes back to my days as a health educator. In 1998, I was the first Red Cross-trained AIDS educator in the area and I went out in the communities to train others and was able to interact with the community.

How do you champion family medicine?

As a faculty member, I volunteer at the free clinic where I can interact with the residents. We have an adolescent free clinic for almost four years now. We volunteer our time to care for the uninsured in the community. I take part in events at churches and community events to provide blood pressure screenings and health information for seniors.

What advice do you offer medical students about family medicine?

In any physician specialty, you'll be paid. But this is rewarding because you interact with and care for patients, you get paid, and the patients say "thank you!" – genuinely and straight from their heart. That's my sales pitch.

What is the biggest health concern in your area?

For me, the one thing I worry about is pediatric obesity. It's everywhere. Unlike other countries where the problem is under-nutrition, we see not mal-nourished but over-nutrition. Now we are talking about pediatric gastric bypass surgery. We have to do something. How can we involve government at the city-level to be a role model and get involved?

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

At least twice a week I play doubles tennis and I like to fish. That's [fishing] more mental health than physical health, I guess! And on a clear night, I take my telescope out and do some star-watching.

Something about you that might surprise us?

I am an aspiring astro-photographer. I take pictures of the stars. I take some occasional landscape photos, but astro-photography is near and dear to my heart.

You can see more of Dr. Naing's photos at <http://www.pbase.com/drdr102/astrophotography>



Dr. Naing's photo of the Andromeda galaxy.

ILLINOIS FAMILY PHYSICIAN

Members in the News

IAFP member **Stephen Stabile, MD** of Chicago offered some perspective to the *New York Times* in their June 16 article on a University of Pennsylvania study that exposed obstacles that parents of Medicaid children faced in securing an appointment with some specialty practices in Cook County, even with a referral from a primary care provider or emergency department.

Carrie Nelson, MD is the featured expert from the AAFP Commission on Health of the Public and Science in their June 21 AAFP News Now article about the *Archives of Internal Medicine's* five recommended "don'ts" for family medicine physicians. Turns out AAFP already has policies or endorsed the policies of other organizations that cover the article's recommendations.

Tim Appenheimer, MD of Dixon has been named Vice President and Chief Medical Officer for Katherine Shaw Bethea (KSB) Hospital to address the growing focus on primary care and improving quality and patient safety. His promotion was covered by several local media outlets.

Elizabeth Feldman, MD and **Larry Goldberg, MD** were featured in a June 12 *Chicago Tribune* article about the Jewish ritual of preparing a body for burial, called "tahara." Both physicians have participated in the ritual and are actively involved in outreach and education within the Jewish community.

Matthew Plofsky, MD of NorthShore University Health Systems Medical Group provided patient education in the June issue of *NorthShore Magazine* to help prevent summertime health problems, when you need to see a doctor and how you can treat the problem at home when you don't need a physician's care.

Lara Masullo Ellison, MD of Naperville and her family have established a scholarship at North Central College in Naperville in honor of two local children, both patients of Ellison's, who died from

a rare form of brain cancer in 2009. The wonderful story was first covered by North Central College and later by the local bureaus of both the Tribune and the SunTimes News Group.

Margaret Kirkegaard, MD, MPH, medical director for Illinois Health Connect, was awarded the 2011 Loretta Lacey Maternal and Child Health Advocacy Health Care Provider Award from the Illinois Maternal and Child Health Coalition at their annual meeting on June 7.

Rashmi Chugh, MD – chair of the IAFP Public Health committee received the Illinois Public Health Association's "Excellence in Public Health Policy Award" for her work to bridge the gap between medicine and public health by advocating for expedited partner therapy for sexually transmitted diseases which was signed into Illinois state law in 2010. Chugh was also recently named to the board of directors of the Illinois Maternal and Child Health Coalition.

IAFP Teacher of the Year **Christopher Guerrero, MD** was featured on the *Inside Chicago* website for his recent annual mission trip to his native Philippines. Guerrero, of Chicago, has also been named the AAFP 2011 Humanitarian of the Year. The AAFP Humanitarian Award honors extraordinary and enduring humanitarian efforts within and beyond the U.S. borders. Guerrero has led medical missions to his native Philippines for many years and also serves as a physician leader and educator for the University of Illinois at Chicago and Saints Mary and Elizabeth Medical Center. He will be honored at the AAFP Congress of Delegates meeting Sept. 14th in Orlando, Fla.

Jacksonville Journal-Courier columnist Steve Hochstadt dedicated his May 16 column to discussing the faith his has in his doctors on the eve of cataract surgery. He goes on to talk about the faith he has in all his physicians, including his family physician **Shawn Fry, MD** who he cites for her enthusiasm for family practice.

Merry Demko, MD has been honored with the 2011 Lee County Friend of Public Health Award for her work as the county's Family Planning Medical Advisor and her volunteer efforts as the physician for Shining Star Children's Advocacy Center. Demko is program director for the Dixon Rural Residency Program, a

joint effort between the Univ. of Illinois at Rockford and KSB Hospital. Her award was covered May 16th by CBS-23 News.

Primary Care Group in Harrisburg is actively creating its own pipeline of future primary care providers. A May 21st article by Dean Olsen in the *State Journal Register* and *Harrisburg Register* featured Primary Care Group and their program that provides mentoring and medical school tuition assistance to local students attending SIU school of Medicine in exchange for their commitment to return to Saline County to practice. The practice is also an SIU clinical rotation site for third year students. The article features PCG partner and former IAFP board member **Larry Jones, MD** as well as SIU graduates **Drs. Matt and Laura Winkelman** who joined the Primary Care Group practice after completing their residency training.

Amanda Wright, DO of Peoria is featured in the May 3 *Peoria Journal-Star* for her focus on women's health and her volunteer efforts, both in the community and with earthquake relief efforts in Haiti.

Ellen Brull, MD is featured in the May 12 *Glenview Announcements*, including a photo on the cover! The story examines Brull's Glenview roots as well as her advocacy efforts at the local, state and federal level. The article also talks about the influence IAFP had in educating President Obama on health care issues when he served in the Illinois and U.S. Senates and the influence family medicine now enjoys at the federal level.

Do you blog? We'd love to know about it so we can create a member's blog section of the IAFP website. In the meantime, check out these IAFP members who are current bloggers. **Please note that the comments on each blog represent the individual and in no way are to be considered policy or representation of the Illinois Academy of Family Physicians.*

Jim Cunnar, MD <http://oncall24seven.blogspot.com/>
Carrie Nelson, MD <http://www.doctorcarriesbetterliving.com/>
Susan Buchanan, MD - <https://greenkidsdoc.wordpress.com/>

Illinois HIV Care Connect

New Statewide Outreach Initiative Fights Against HIV Infection in Illinois

Provided by the Illinois Public Health Association

In an effort to curb the serious HIV infection epidemic in Illinois, Illinois HIV Care Connect extends the ability of primary care providers to help people living with HIV.

“Through the program, people living with HIV find services that help them to achieve optimal health and self-sufficiency,” said Jim Nelson, executive director of the Illinois Public Health Association (IPHA). HIV-positive individuals can be referred to one of Illinois HIV Care Connect’s eight regional offices. To find the local office, go to <http://www.hivcareconnect.com/connect.html>.

Once enrolled in Illinois HIV Care Connect, people living with HIV receive confidential medical case management services at no charge, regardless of income. Also, they may qualify for a range of other health care and support services including outpatient, mental and oral health care; medical nutritional therapy; substance abuse prevention and counseling; and other support services. The program’s website (www.hivcareconnect.com) has detailed information about the resources provided by the statewide network.

MATEC provides training and consultation to primary care providers wishing to treat or currently treating HIV-positive patients

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

“I am excited by the Illinois HIV Care Connect Program as it will provide access to vital case management and medical services to vulnerable, HIV-positive individuals. As a clinical consultant for MATEC, I look forward to providing support for the much needed growing network of primary care providers being trained to deliver competent, high quality, compassionate care to HIV-positive individuals,” says Abbas Hyderi, MD, MPH, Assistant Dean for Curriculum and Assistant Professor of Clinical Family Medicine at UIC College of Medicine. Hyderi provides comprehensive primary care to HIV-positive patients including their antiretroviral therapy as part of my full-scope practice at the UIC Department of Family Medicine.

HIV/AIDS remains a significant health threat in Illinois

Illinois has the nation’s eighth highest cumulative number of AIDS cases, according to the Kaiser Family Foundation (www.statehealthfacts.org), with more than 37,000 reported cases and 20,000 deaths since 1981, according to the Illinois Department of Public Health HIV/AIDS Surveillance Unit and Reporting System. The department also estimates there have been about 16,000 additional reported non-AIDS HIV cases, and that more than 8,300 HIV-positive Illinois residents do not know they are HIV-positive.

Unaware of their HIV infection, undiagnosed individuals spread HIV to others through unprotected sex, intravenous drug use, or other ways. Undiagnosed individuals also do not receive the benefit of medical treatments that can slow the progression of HIV infection into AIDS or other illnesses.

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

Funded by the Illinois Department of Public Health through federal Ryan White Part B grants, Illinois HIV Care Connect “serves as a one-stop shop for many services. Getting HIV-positive individuals to take advantage of these services helps to curb the spread and progression of HIV,” said Valerie Webb, IPHA president.

News You
Can Use



Abbas Hyderi, MD, MPH,
Assistant Dean for Curriculum
and Assistant Professor of Clinical
Family Medicine at UIC College of
Medicine

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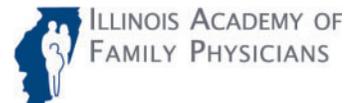
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