



## MEMORANDUM

TO: Bryan Reed  
Healthcare Transition Team  
Governor-Elect Rauner

FROM: Illinois Academy of Family Physicians

RE: Family Medicine's Outline for Better Healthcare in Illinois

DATE: December 5, 2014

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We thank you for the opportunity to provide an overview of our organization, goals and strategies to improve healthcare in Illinois. Our suggestions for Illinois' executive branch and state government is woven within our information below.

The Illinois Academy of Family Physicians (IAFP) is a 4,500 -member professional medical society and constituent chapter of the American Academy of Family Physicians (AAFP), the largest medical specialty association in the country, with more than 115,000 members. We are the only medical society devoted solely to primary care. In the increasingly fragmented world of health care, one thing remains constant: **family physicians are dedicated to treating the whole person.** Unlike other specialties that are limited to a particular organ or disease, *family medicine integrates care for patients of both genders and every age, and advocates for the patient in a complex health care system.* Today, family physicians provide the majority of care for America's underserved rural and urban populations. In fact, family physicians are distributed more proportionally to the population than any other physician specialty. **Without family physicians, rural and underserved populations, in particular, would lack access to primary care.**

### Policy to Strengthen Primary Care

- Accurately value primary care services in both the government and private sector
- Reduce payment discrepancies between primary care physicians and specialists;
- Support the role family medicine can play in improving both the efficiency and quality of care.

**Primary care physicians must be adequately compensated for the services they provide through means that are responsible without imposing excessive administrative burden.** We will continue to advocate that Medicare and Medicaid reimbursements appropriately reflect both the costs of clinical services and the new duties and responsibilities primary care physicians have accepted in the reform-driven environment. States have been receiving an estimated \$12 billion in additional federal investment to bolster their Medicaid primary care delivery systems over the past two years. **Many studies show that patient access to primary care is correlated to lower cost of care and better patient health outcomes.** Therefore, if the Medicaid primary care payments are cut on December 31, 2014, health care costs in Illinois will likely rise, and patient health outcomes will likely worsen. Data shows that patients dropped from primary care physician panels, or shut out of primary care offices will seek care in the emergency departments, leading to the higher costs and poorer outcomes traditionally associated with lack of access.

Medicaid's share of state budgets has grown along with the program's scope and enrollment. Today, Medicaid accounts for approximately one out of every five health care dollars spent in the US, and costs are expected to grow by more than seven percent annually over the next decade. This mounting fiscal pressure, combined with the lingering impact of the economic downturn has state governments working to develop and refine key reform propositions. IAFP will continue to speak out on



behalf of family physicians in the debate about Medicaid reform with the goal of preserving and strengthening a program upon which so many vulnerable Illinoisans rely. Ultimately, coverage should include a uniform basic range of services while promoting both high quality care and maintenance of basic essential health services for Medicaid recipients.

### Transform healthcare to achieve optimal health for everyone

- Achieve the Triple Aim in healthcare: simultaneously improving population health, improving the patient experience of care, and reducing per capita cost.
- Understand Family Medicine's role in managing care for patients with complex health needs;
- Support primary care physicians in delivering preventive care and coordinating care.

Family physicians are ideally positioned to spearhead the nation's public health efforts and play an instrumental role in addressing public health concerns. As policymakers explore ways to improve public health, family physicians are at-the-ready to engage at all levels of government to provide critical, front-line insights and perspective on these important issues.

We are dedicated to achieving better population health at a lower cost as our definition of primary care is "health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health settings." Therefore, a core element of family medicine is not only diagnosing and treating illness as it arises, but also improving population health through prevention of illness. Family physicians do this by establishing continuing healing relationships with patients and overseeing and managing all of their health needs—often collaborating with other health professionals, community resources, and utilizing consultation or referral as appropriate.

Family medicine training incorporates mental health to a much greater degree than other primary-care specialties. In fact, to be an accredited family medicine residency program there "must be faculty members dedicated to the integration of behavioral health into the educational program." To use just one example of this interaction, chronic illness often leads to depression, and depression and mental illness can lead to other chronic illness. Family physicians are trained to understand these links and treat them.

Ultimately, this range of acute, chronic, and preventive medical care services is provided to patients in a patient-centered medical home. The Patient Centered Medical Home (PCMH) is an emerging care delivery model designed to provide comprehensive, coordinated care for people of all ages and medical conditions. In this approach to health care delivery, information technologies provide essential connectivity that allows family physicians to play a central role in coordinating and monitoring all aspects of the patient's care. At the same time, the model requires that the patient become actively engaged in his or her own health care. Learn more about the PCMH [here](#).

**Family medicine as a discipline is also concerned with the overall cost of health care.** Beginning with residency, family-medicine training must "incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate." We engage in ongoing efforts "to provide public education which emphasizes the responsibility of the individual patient for his/her personal health and for rising health care costs." These efforts "emphasize the positive effects of exercise, nutrition, highway safety, and the detriments of drug and substance abuse, obesity, and smoking." In short, improving health and simultaneously reducing health costs have always been central to the work of family medicine.

### Address the Need for Primary Care Physicians

- Explore a shift in the paradigm for funding graduate medical education
- Develop and support programs and incentives that encourage student career choice of family medicine



In order for Illinois to fulfill the nationally coined "Triple Aim" of controlling costs, reducing health disparities and delivering high-quality care, the primary care workforce must be strengthened and deployed in a manner consistent with the health needs of the population. To that end, we continue our efforts to attract more of our medical students into family medicine. The need has been well established and documented in ["Illinois' Workforce Projections"](#). The demand for primary care services will grow due to population growth and aging coupled with the new access to coverage under the Affordable Care Act. To maintain current rates of utilization, Illinois will need an additional 1,063 primary care physicians (PCP) by 2030, a 12% increase compared to the state's current (as of 2010) 8,832 PCP workforce. Separately, physician assistants (PAs) and nurse practitioners (NPs) are often proposed as solutions to the looming shortage of primary care physicians. However, a large and growing number of PAs and NPs now work outside of primary care, which suggests that innovative policy solutions to increase access to primary care are still needed.

["Aligning Resources, Increasing Accountability, and Delivering a Primary Care Physician Workforce"](#) is our national organization's proposal to reform graduate medical education (GME). GME funding should be prioritized to accelerate physician workforce alignment with population and health delivery needs. Family medicine is the only medical specialty devoted solely to primary care, best trained to meet the broadest need.

Finally, from the Journal of Graduate Medical Education, December 2014 issue, ["States Can Transform Their Health Care Workforce"](#) addresses the simultaneous challenges of improving health care access and balancing the specialty and geographic distribution of physicians. A 2014 Institute of Medicine report recommended significant changes in Medicare graduate medical education (GME) funding, to incentivize innovation and increase accountability for meeting physician workforce needs. Annually, nearly \$4 billion of Medicaid funds support GME, with limited accountability for outcomes. Directing these funds toward states' greatest health care workforce needs could address health care access and make the funding for resident education more accountable. Under the proposed approach, states would use Medicaid funds, in conjunction with Medicare GME funds, to expand existing GME programs and establish new primary care and specialty programs that focus on their population's unmet health care needs.

**Concluding Remarks:** Please consider these credible resources as well as our offer to work with Governor-elect Rauner and his team to improve healthcare in order to better serve our population. For additional details or any further information, please contact:

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