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Illinois Academy of Family Physicians****Testimony before the Illinois Health Care Reform Implementation Task Force
November 16, 2010 - Springfield, Illinois**

Good afternoon and thank you for the opportunity to provide comments to the task force about the challenges and opportunities we face as a state in this new future of health care reform.

I am Dr. Janet Albers, program director for SIU-Springfield Family Medicine Residency program. I am also a member of the Illinois Academy of Family Physicians Board of Directors.

However, first and foremost, I am a family physician who cares for patients from prenatal care to delivery to pediatrics to geriatrics - inpatient to nursing home to home care and end of life care. It is my privilege to specialize in "the patient" and family within the context of their community. I also train residents in family medicine 65% of which stay in Illinois and 37% practice in underserved areas. Within our residency, we see a spectrum of patients including 61% Medicare, Medicaid and uninsured. On top of that, we are primary providers for Tricare in the region.

I was asked to provide insight on these topics:

1. What are the implications of the upcoming significant expansion for the Medicaid Program? Within the bounds of the State's fiscal condition, what changes would improve the Medicaid Program?
2. How should we ensure continuity of health care -- in benefit coverage and in provider networks as patients move between public and private insurance?
3. How should the State incorporate the integration of medical services into Medicaid?
4. What changes should be made in Illinois' long term care services system (both institutional and community-based) to improve the quality of care and achieve the most cost-effective delivery of appropriate care to achieve the best outcomes for these complex cases?

Because family physicians provide care to Medicaid patients of all ages in all parts of the state, we are the state's greatest resource in caring for these patients. No other specialty has a broader scope of expertise.

1. Managing the Medicaid expansion

Illinois is on the right track with Medicaid's medical homes, built through the Illinois Health Connect program. Along with the disease management program, Your Healthcare Plus, these two programs have demonstrated results in providing better care and lowering overall health care costs by preventing unnecessary emergency room visits and hospitalizations.

As you may know, Illinois Health Connect has 1.8 million patients assigned to over 5,700 participating Primary Care Providers. In total, those 5,700 providers have a total capacity for 5.4 million Illinois Health Connect patients. So there is plenty of room in the system for the additional 700,000 newly eligible under federal reform.

So we don't need to radically change the way take care of our public program patients here. Let's stick with what's working. These programs need to be protected, fully-funded and expanded.

Your Health Care Plus has provided improved clinical outcomes and cost-savings with better disease management for chronically ill patients who typically have high ER and hospital costs. Illinois Health Connect has excellent patient satisfaction survey results and provider satisfaction survey results. Both of these programs are powered by primary care physicians and provide patients with a medical home, a first point of care and a physician who knows them.

I am personally involved in some of the provider committees for these programs, to represent the view of family medicine and the concerns of our Springfield area community as well. Providers do benefit from participating in this program, and so do our patients when they have a medical home.

Illinois Health Connect also pays a higher rate for primary care office visits than Medicaid did before. The rates are closer to Medicare rates – though not equal to them. The federal reform bill (Accountable Care Act) also requires state Medicaid programs to match Medicare payment rates for physician services in 2013 and 2014. The federal government will provide the funds for states to make those increased payments. However there is no federal money for those increased Medicaid rates after 2014. It's critical that Illinois continue those higher rates for the providers who care for the millions of Medicaid patients in our state.

2. Continuity of Care

Should these patients somehow transition into private coverage through the state's health care insurance exchange, they will have updated information to take with them. Obviously wider adoption of electronic health records and the upcoming Illinois Health Information Exchange will greatly facilitate these transitions.

The IAFP is also committed to helping family physicians who qualify to apply for and achieve Medicaid Meaningful Use standards and capture those incentive payments, while also improving their ability to care for all of their patients across the health care system. Tomorrow's physicians are getting their medical education using electronic health records. SIU medical students as are our residents in family medicine as we have been on the EHR for 3 ½ years now. As an Academy, we are committed to helping all practicing family physicians make the necessary transition to EHR with the support of the state's regional extension centers.

3. Medicaid will not be better with Managed Care

The Illinois Academy of Family Physicians strongly opposes proposals to shift Medicaid patients into a managed care system. Illinois is already realizing cost savings and better health outcomes through the Illinois Health Connect and Your Healthcare Plus programs. Both programs have the support and engagement of the health care provider community. In fact, the primary care physician societies such as IAFP, the Illinois Chapter of the American Academy of Pediatrics, and the Illinois Osteopathic Medical Society have contributed significantly in developing both programs and encouraging physician participation.

Reverting to managed care would be a step back for Illinois. The solution to our state's health care problems, both physician and fiscal, is in the primary care medical home built on the physician-patient relationship and supported by an interdisciplinary team approach.

4. Changes in Long-term Care

Clearly there are challenges in the state's long-term care and nursing home facilities. Our program is medical director of two nursing homes and cares for patients from multiple group homes. There are challenges inherent in caring for these patients. Continuity and a team-based approach are crucial elements and need to be reimbursed.

Primary care services can be effectively delivered in patient's homes, when possible. In fact, the quality of care and the patient's satisfaction can be much higher, while the end of life costs can be much lower when patients are cared for at home.

The federal Independence at Home Act provides for a three-year demonstration program in Medicare beginning in 2012. Patients with two or more chronic illnesses will receive home visits from their physicians. Providers who generate at least five percent savings to Medicare will share in those additional savings beyond the five percent. We have several members with Home Care practices that have been serving some areas of our state for years and are now leaders in home care. These practices have been featured in media reports for the comprehensive, compassionate and thorough care they can provide at home, without additional time and costs of transportation to offices and hospitals.

We have made a lot of progress in many areas of health care in Illinois. IAFP and family physicians are ready to move ahead in health care reform. We ask that the state follow these recommendations to support today's family physicians in our common mission to recruit and train more high-quality family physicians, providing the best possible care to all patients... of all ages... in every part of the state.

I thank you again for the opportunity to speak and welcome any questions you have.

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