



Testimony in support of the 2010 Illinois State Health Improvement Plan (SHIP) May 13, 2010

The Illinois Academy of Family Physicians (IAFP), representing nearly 4,000 family physicians, family medicine residents and medical students, supports the goals and strategies of the 2010 State Health Improvement Plan. Three IAFP members who serve on the State Board of Health were directly involved in the development of this plan; it addresses the same priorities and applies similar principles that family physicians believe are vital in improving the health status of our state. With the national health care reform, *Patient Protection and Affordable Care Act*, the motivation, momentum and some funding is in place to make significant progress in many of the SHIP priority systems and health concerns.

Many elements included in the Illinois SHIP are the basis of the Patient Centered Medical Home (PCMH), which we feel is the future of the primary health care system. The PCMH is a model of health care delivery that is based on an ongoing personal relationship with a physician. The personal physician is responsible for providing for all the patient's health care needs and for managing care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end-of-life care. Many aspects of the PCMH are based on the family medicine philosophy and approach to patient care.

IAFP supports the medical home model so strongly we are hosting a two-day conference in June to educate our members, pediatricians, internists and osteopathic primary care physicians on the various components of the PCMH to help them transform their practices into efficient and effective medical homes.

Family physicians are highly -trained to care for patients of all ages and a wide spectrum of conditions. They deliver preventive care, manage chronic conditions, diagnose and treat acute illnesses and manage mental health needs. They also coordinate their patients' care across the system, helping them navigate a complex and often confusing system.

SHIP Public Health System Priorities

1) Improve Access to Health Services

The IAFP believes that the *Patient Protection and Affordable Care Act*, signed in to law by President Barack Obama on March 23, 2010, is an important step forward in improving health care in this country.

Specifically, the *Patient Protection and Affordable Care Act* will:

- guarantee coverage and expand access to public and private health care coverage;
- help shift the United States toward a health care delivery system based on primary care;
- advance the principles of the patient-centered medical home, and
- eliminate many of the worst practices of the health insurance industry, such as dropping patients when they get sick and denying coverage because of pre-existing conditions.

We are fortunate that Illinois is well positioned to implement many of the insurance reforms quickly at the state level, including creating a state-based exchange with a standard application.

2) Enhance Data and Health Information Technology

Health Information Exchange (HIE) enables all qualified providers to use electronic health records in a private, secure, interoperable environment. Electronic Health Records provide a more comprehensive understanding of a patient's full medical history, which helps providers deliver better care. A state

exchange will ensure that vital, comprehensive information is securely shared between providers and care sites, reducing duplication and maximizing safety.

IAFP supports the adoption of electronic health records among health care providers in Illinois, and building the Exchange as essential to the State's plan to improve the quality and cost-effectiveness of health care. Illinois must maximize the use of the state's Office of Health Information Exchange and the Regional Extension Centers. IAFP is committed to mobilizing family physicians to shape and participate in this important process. Our staff and our leaders who are early adopters of electronic health records are ready to engage the primary care physician community.

3) Address Health Disparities and Social Determinants of Health

We are particularly encouraged by the recommendation to promote system initiatives across traditional and non-traditional sectors as well as increasing the cultural and linguistic diversity of the public health workforce. The development and training of community based health workers will be valuable in assisting disparate populations in navigating the health care system and improve care and outcomes.

One recent initiative, reported in the April 28th *Chicago Sun-Times*, describes a Rush University pilot-project aimed at reducing the explosive rate of diabetes among Puerto Ricans in Chicago's Humboldt Park neighborhood through community efforts. The project is led by family physician Steven K. Rothschild, MD and a good example of efforts to address at-risk minority populations in the community setting.

4) Measure, Manage, Improve and Sustain the Public Health System

Primary care physicians play integral roles in providing better health at better costs, as the state's Illinois Health Connect and Your Healthcare Plus programs have clearly demonstrated in the past two years. Recently, the state announced that these programs saved the Illinois Medicaid program \$300 million in fiscal year 2009.

Illinois Health Connect (IHC) is the closest Illinois Medical Home model. IHC created a primary care provider (PCP) network of over 5,600 primary care physicians, clinics and other providers who provide a medical home for 1.8 million clients from Medicaid and All Kids. IHC has reduced both inpatient hospitalizations and emergency room visits and resulted in significant savings for the state. Your Healthcare Plus (YHP) is the disease management program for Medicaid patients with costly chronic illnesses. IHC and YHP have thrived under the direction of family physicians, with on-going input from committees comprised of family physicians and other primary care providers. These results are a clear demonstration of the value of a strong primary care system. Every patient, regardless of who provides the insurance coverage, deserves this level of team-based care.

Leading national studies from Johns Hopkins and Dartmouth have found that a strong primary care workforce leads to better health outcomes for that population

- Patients who have a PCP have lower health care costs
- Communities with higher ratios of primary care physicians per person have lower hospitalization rates.

5) Assure a Sufficient Workforce and Human Resources

The PPAC Act provides new incentives to attract more future primary care physicians. However, those reforms alone must be supplemented by state efforts to ensure newly trained primary care physicians choose Illinois to practice and fill the gaps in our Health Professional Shortage Areas (HPSA).

States with higher ratios of Primary Care Physicians to population have significantly better health outcomes, including:

- a. Lower rates of All-cause mortality
- b. Lower rates of Heart Disease mortality

- c. Lower rates of Cancer Disease mortality
- d. Lower rates of Stroke mortality
- e. Lower rates of Infant mortality
- f. Lower rates of Low Birth Weight infants
- g. Better Self-Reported Health
- h. Longer Life Span

- A 2006 report from the American Academy of Family Physicians (AAFP) reveals that the US will need 39 percent more family physicians by the year 2020.
- Illinois is projected to need an additional 1,000 (28%) family physicians to meet the demand in 2020.
- In 2010, only eight percent of Illinois medical school graduates chose family medicine.
- The recommended mix is about 40-50 percent primary care physicians. Currently, the US has about 32 percent primary care physician workforce.

To provide quality health care for all, we must first develop a well-trained primary care workforce to serve as the foundation for Illinois improved health care system.

To help attract Illinois medical students to family medicine, the IAFP Foundation created its **Summer Externship Program** in 1990. This program immerses first- year medical students in a family medicine practice and the lifestyle of a family physician. We have found that early exposure to community family medicine creates a better perception of primary care than the academic setting, while also fostering interest in caring for underserved communities.

The IAFP Summer Externship Program is a documented success story in our state. We tracked externs into practice to gauge if the program affected their choice of specialty and practice location and found proven results: 32 percent of former externs are family physicians, 63 percent are primary care physicians. In fact, many former externs have served as preceptors for our program because the Summer Externship Program influenced their career path so significantly.

IAFP was previously able to place 35-50 students per year with a family medicine experience. But in FY 2010, critical funding from the Illinois Dept. of Public Health was eliminated from the state's budget. As a result, the Summer Externship program is a shell of its former self, able to fund only six externships this year. For our program to continue its mission and address this workforce priority, the State must restore program funding in the amount of \$100,000 annually.

Priority Health Concerns

The IAFP agrees with the eight determined Priority Health Concerns. Additionally, we would like to provide more specific comments on the following priorities from the SHIP.

- **Alcohol and Tobacco;**

A significant portion of the population is affected by alcoholism. The AAFP strongly urges its members to be involved in the diagnosis, treatment and prevention of **alcoholism** as well as diseases related to the use of alcohol. Detoxification is only the beginning of treatment and must be followed by adequate rehabilitation under expert guidance. Education in the treatment of all aspects of this complex disease should be a defined part of medical school and family medicine residency curricula.

The Academy recommends that hospitals not discriminate against the admission and treatment of patients with alcohol-related illness or injury. The Academy encourages its members to document alcohol abuse in the medical record. It should also be recorded on the death certificates when implicated as a contributing cause of illness, injury or death.

Family physicians continue to see far too many people still struggling with **tobacco use**. We must use every proven strategy available to us to address tobacco use. Examples include higher tobacco taxes,

cessation pharmaceutical and behavioral therapy, public education and media campaigns that effectively discourage tobacco use, compelling smokers to quit, and keep youth from tobacco use. We are fortunate that Illinois has benefitted from smoke-free workplaces since January 1, 2008, protecting employees and patrons throughout the state from the deadly and costly effects of secondhand smoke

Illinois is still way behind in the battle to end the toll of tobacco.

- Each year, more than 16,500 Illinois residents die from smoking-related diseases.
- Twenty percent of Illinoisans smoke cigarettes—including high-school students.
- Almost nine percent of Illinois' middle school children smoke.
- Tobacco-related illnesses drain four billion dollars annually from our state's economy.
- Illinois ranks a dismal 42nd in the amount of funds invested in tobacco prevention and control, investing only \$9.7 million in FY 2010, while the CDC recommends \$157 million.

Because our state lacks in funding, Illinois AFP's Tar Wars program receives no state support and is unable to fund the program. Tar Wars is a tobacco-prevention program targeted to 4th and 5th graders (www.tarwars.org). Several Illinois county health departments use Tar Wars in their local efforts, which reach thousands of Illinois children with a tobacco-free message. However, we are unable to coordinate a statewide effort without proper funding.

Likewise, other worthwhile community organizations' programs and opportunities are not realized. Also, our state's quit-line 1-866-QUIT-YES is underfunded and underutilized.

- **Use of Illegal Drugs/Misuse of Legal Drugs**

Addiction to substances is recognized as a chronic relapsing disease. The treatment and prevention of some addictive diseases are cost-effective as confirmed by a number of scientific studies.

To better care for patients with such disorders and to effectively collaborate with substance abuse and addiction treatment professionals in the prevention, early recognition, and treatment of substance abuse and addiction, physicians should:

1. recognize the gravity, extent, and broad-based nature of substance abuse and addiction in our society;
2. include substance abuse prevention in patient education;
3. diagnose substance abuse and addiction in the earliest stage possible, and treat or refer for treatment;
4. be aware of the criteria for outpatient, intensive outpatient, partial hospitalization, and in-patient treatment in order to recommend the appropriate level of treatment for each patient;
5. recognize the effects of addiction on family members, especially children, offer support and treatment for family members, and include them in treatment for the addicted member whenever possible; and
6. partner with community resources in prevention, education and treatment of substance abuse and addiction;
7. Illinois needs to increase the funding of treatment programs for patients in the underserved areas;
8. develop and implement improved prescribing practices and safe disposal of prescription and non-prescription medications, in close coordination with pharmacies and health care facilities.

- **Mental Health**

While psychiatric professionals are an essential element of the total health care continuum, the majority of patients with mental health issues will continue to access the health care system through primary care physicians. The desire of patients to receive treatment from their primary care physicians, or at least to have their primary care physicians more involved in their care has been repeatedly documented. Improving mental health treatment requires enhancing the ability of the primary care physician to treat

and be appropriately paid for that care. Payment mechanisms should recognize the importance of the primary care physician in the treatment of mental illness as well as the significant issues of co morbidity that require non-psychiatric care.

- **Obesity: Nutrition and Physical Activity**

Family physicians see the impact of obesity firsthand as they help their obese patients face a lifetime of chronic conditions – including diabetes and high blood pressure. For the first time in our nation's history, U.S. children are at risk of dying at an earlier age than their parents. Many of these premature deaths will be tied to obesity and its complications. Fortunately, we can turn around the obesity trend.

Obesity prevention is multi-faceted and should include healthy eating and nutrition at home and in schools, physical fitness, and patient education in a medical practice. Physicians should document patient height, weight, BMI (body mass index) and lifestyle factors, and then counsel all patients on nutrition, physical activity, and behavioral strategies to prevent excessive weight gain and treat the already obese.

Before state and national attention focused on obesity, family physicians recognized the risks and complications of obesity and created several programs to combat the disease. **Americans in Motion - Healthy Interventions (AIM-HI)** promotes fitness — physical activity, nutrition and emotional well-being — as the treatment of choice to prevent and manage many chronic conditions. This approach creates physician/patient relationships that lead to behavior change and results in better health.

- **Violence.**

IAFP distributed to all its active members the most recent IDPH violence prevention resources to our members in February 2010. Those provider education publications addressed elder abuse and sexual violence. We also have a history of supporting responsible firearms safety laws, such as requiring trigger locks. The IAFP is also on record for restricting youth access to M-rated violent video games and better explanations of the video game ratings to better educate parents and guardians in their children's gaming activity.

Conclusion:

IAFP recognizes the momentum and opportunities outlined in the 2010 SHIP must also be balanced against the 2010 fiscal realities of our state. Therefore we urge responsible use of taxpayer funding, maximizing all federal stimulus funding and matching funds available through the PPAC Act. Full implementation will require all hands on deck and we are encouraged by the collaborative approaches proposed in this plan, which will help unite all stakeholders under the common goals.

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