



Family Physician

Published by the Illinois Academy of Family Physicians

Volume 56, Number 6, December 2004/January 2005

All-Member Congress makes decision to discontinue formal proceedings

In an unprecedented special session of the IAFP All Member Congress, members made the decision to discontinue formal Congress proceedings at future meetings in favor of an All Member Assembly at each business meeting of the IAFP. The idea is to get more members involved and their ideas flowing at a less cumbersome meeting.

“The formal Congress proceedings had outlived its usefulness,” says Steve Stabile, M.D., chair of the Task Force on All Member Congress. “It seemed to keep members from speaking their opinions and offering ideas, when what we really want is to encourage members to come forward.”

The Congress decided:

- Rename to All Member Assembly
- The Assembly can meet at each business meeting of the IAFP
- Bylaws changes be introduced at the next meeting to state such
- Form a Task Force on Electronic Voting to study and report how IAFP members can vote on policy and for candidates for office via electronic means, the effect of electronic voting on eligibility criteria for officers and whether or not proxies can be used in voting.

In other Congress business, Arvind Goyal, M.D., North Barrington, introduced a late resolution on advocating for a secure, national vaccine policy. The resolution speaks to the need for AAFP to work with other medical professional organizations to support the U.S. government to assume responsibility for production, quality assurance and timely distribution, at cost, vaccines recommended by the Centers for Disease Control (CDC) to U.S. population at risk.

A late resolution of commendation was passed unanimously with a standing ovation honoring Carolyn Lopez, M.D. for all of her years of service to the IAFP and, most recently her five years on the board of directors of the AAFP.

Living Wills policy statement

A new policy statement on Living Wills has been filed for IAFP. It calls for education of physicians and other health care providers concerning advance directives and agents for health care decision making. This education must include instruction on the existence, identification and implementation of these directives. IAFP further suggests the creation of a state registry and access system. This information gives health care providers valuable direction about the type of care to be provided to patients.

Committee of the Whole

Nine committees met on Saturday morning and discussed a wide range of issues affecting family medicine. A few of the ideas discussed include:

- requesting health plans, residency programs and hospital departments to change their name to family medicine
- asking members for feedback and collect data on current and future legislative and non-legislative options to address liability, including the efforts of hospitals to lower coverage limits and asset protection efforts

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Simply to say “Thank You”



Carolyn Lopez, M.D., Chicago, led the AAFP Congress of Delegates as Speaker

When someone receives a gift, it is appropriate to say thank you. For the last five years, I have received a very special gift from the IAFP—the gift of your support for my service with the American Academy of Family Physicians. Gifts of an experience are more than special. They are often life changing. When the experience is an opportunity to serve our specialty, then it brings with it an obligation to remember how and why we are there, on the Board, and most importantly, who it was who sent us.

During the past five years, the AAFP has done some very important work. We’ve stepped forward and not only recognized the importance of electronic records, but have proposed strategies that will help practicing family physicians take this important step forward.

This is no small task, because the EHR state of the art is still too limited and the cost of the technology still too great for easy implementation. There clearly remains much to be done. We’re further along now, however, than we might have been without the leadership of the AAFP. Most importantly, family physicians are now viewed as a group that must be recognized and consulted on matters relating to EHR. This is an area that will become increasingly important as more and more people recognize the value that an EHR can bring. Because of the work we’ve done, family physicians will not only be at the table, we’ll be at the head of the table.

Our work in the area of reimbursement is just as important, if not more so. At times it’s felt like all we could do just to stay afloat on this topic. The flawed Medicare formula once again threatens us and will continue to threaten our reimbursement from Medicare until it is completely overhauled. Keep in mind, however, that this is a bit like fixing a leak in a boat. It’s absolutely essential to keep from sinking, but in and of itself, it doesn’t get the boat to sit any higher in the water. Getting paid for chronic care management would not only benefit family physicians, but would also result in a net savings in the overall cost of health care. I strongly encourage you to read “The New Model of Primary Care—Knowledge Bought Dearly” if you have not already done so. This publication produced by the Robert Graham Policy Center makes the economic case for this and other reimbursement enhancements. For more information, visit www.aafp.org/PreBuilt/caremanagementpolicy.pdf.

These are just two of the major accomplishments of the last five years. There is still much more to be done, however. Although the Future of Family Medicine project gave us an outline for the transformation of the practice of family medicine, that work is just beginning. We still have to “seal the deal” on the changes in the Medicare formula and achieving practice fee enhancements. We cannot rest on the EHR until every family physician has an EHR that is reliable, affordable and compatible with other systems in their offices and hospitals so information is smoothly moved when needed.

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We’re better than ever...

Your IAFP office is back up and running!

The IAFP office in Lisle underwent some major renovations through the summer and fall, started by the discovery of mold in some of

the individual offices. All IAFP staff moved their offices to their homes to keep the work of the Academy going until the office was deemed “clean” to return.

Unfortunately, the IAFP was forced to turn over its phones to voicemail throughout this process and many of you were unable to reach a live human being to help you. We are sorry for your inconvenience and thank you for your patience. All phone calls made between 7:30 a.m. to 4 p.m. are again being answered by staffpeople who are ready to help you. The IAFP office officially reopened and staff moved back in on Nov. 29th.

Please feel free to call us at 800-826-7944 or 630-435-0257—we’re live human beings and we’re ready to help you!

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PRESIDENT'S MESSAGE

By Ellen Brull, M.D.



Greetings! I am writing this message having just returned from Orlando, home of the 2004 AAFP Congress of Delegates. You need to know how proud I am of the Illinois Academy of Family Physicians and the AAFP.

First of all, you should know that our state chapter is very active in helping to shape the American Academy's national policy. We were able to pass six resolutions this year, which is an all-time record for our state chapter. We were definitely one of the leading chapters in numbers of resolutions this year, which is the way the Congress of Delegates formulates new policy for the American Academy of Family Physicians. Our resolutions spanned many vital areas. The following are some of the highlights of our resolutions that passed, to give you a sense of what we do at the AAFP Congress of Delegates.

Reimbursement

The AAFP is very interested in helping us all improve our reimbursement. Our Illinois chapter successfully passed two resolutions in this regard.

1. Establishing a chronic care management fee structure. These fees would pay additional monies to primary care physicians for the overall management of complex chronic diseases. This fee would help pay for all our time spent outside of the office visit in managing our patients, that is currently not paid.
2. Promoting physician-directed disease management to the Centers for Medicare and Medicaid (CMS) services. Currently CMS is looking at spending lots of dollars in chronic disease management. At this time there are many private companies who will be bidding for these contracts. We believe that physicians, and especially family physicians, are the best at chronic care management because we are already doing it everyday. We want these dollars to flow to us, so we can be paid for the work we have been doing all along.

Other resolutions included:

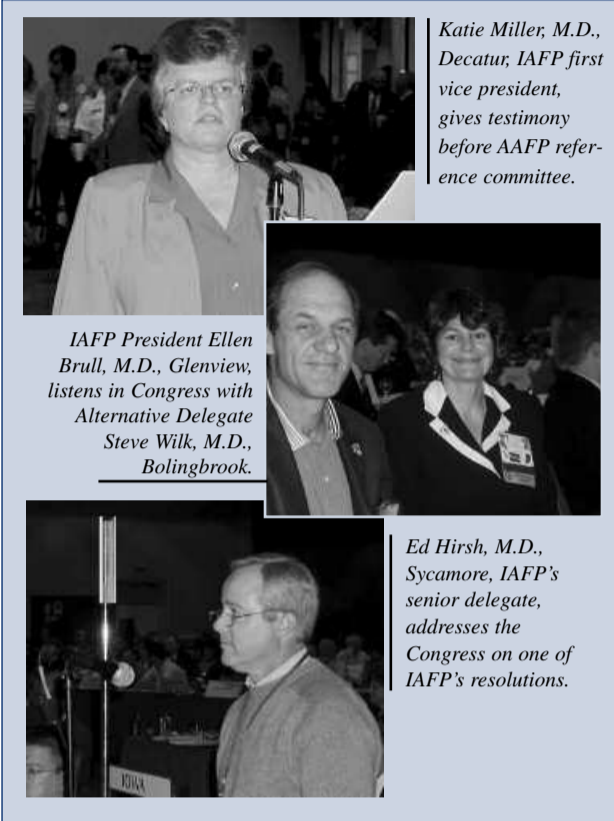
- advocating for reimbursement for clinical and administrative services (i.e. paper work)
- reimbursement for all the prescriptions we have to rewrite due to formulary changes
- payment for coordination and management of complex hospital care
- being adequately paid for preventative and problem-focused care at the same time.

Scope of practice

One resolution was passed to help family physicians learn colonoscopies, a new procedure for many family physicians. Currently, gastroenterologists cannot keep up with the demand and are teaching physician assistants to do the procedures. We believe family physicians who want to learn should also be able to provide this service.

Malpractice liability

As you would expect, medical malpractice was a hot topic in Orlando. As promised in my first message, I will keep you updated on this front. Our Illinois chapter introduced a resolution, which passed, establishing help in the form of peer support and CME when a member is sued. A lawsuit creates a very stressful situation for the physician and can be very isolating. This resolution should offer help to physicians who need it.



Katie Miller, M.D., Decatur, IAFP first vice president, gives testimony before AAFP reference committee.

IAFP President Ellen Brull, M.D., Glenview, listens in Congress with Alternative Delegate Steve Wilk, M.D., Bolingbrook.

Ed Hirsh, M.D., Sycamore, IAFP's senior delegate, addresses the Congress on one of IAFP's resolutions.

Another area of support for family physicians that passed through Congress was help in disclosing errors to our patients. Proper disclosure can reduce the number of lawsuits. Lots of testimony was heard about the potential for lawsuits in trying to allocate the inadequate amount of flu vaccine this year. Doctors need to make tough choices, and these decisions may anger some of our patients. A resolution was passed asking AAFP to work with Congress to create a short term liability shield from suits related to the flu vaccine shortage.

Potentially the most intriguing malpractice resolution passed called for the AAFP to use its influence to control the maximum percentage of the award given to plaintiffs' attorneys in medical malpractice settlements and judgments. In other words, there would be a cap on the fees collected by the plaintiffs' attorneys to a fixed, known amount. This would allow more money to flow to the injured party.

Maintenance of Certification

As I am sure most of you have heard, there are new rules required of us to maintain our Family Medicine certification. The first part of the new rules involves Self Assessment Modules (SAM), which are questions required to be answered about a certain topic, such as diabetes or hypertension, over the

Internet. SAMs have been established to help us continue active learning and guide us in computer based learning. Although most members are not against the concept, many members have problems with the way the tests were designed and communicated to the Board diplomats. This topic was hotly debated on the Committee level. The Congress passed a resolution that has the AAFP urge the American Board of Family Medicine (ABFM) to suspend the SAM tests until technical and clinical content testing are resolved, and to develop alternative mechanisms to those members who have unreliable access to the Internet.

Advocacy

Patient and family physician advocacy has always been one of the Academy's strong points, and this year's meeting continued this theme. Many public health resolutions were passed, from more healthy food and less soda pop for children at school to global warming. Our Illinois delegation again led the way with a resolution to have the AAFP and constituent chapters continue advocating for 100 percent of the tobacco settlement funds be used for health in states without a legislative mandate, such as Illinois. In addition, we want the AAFP to contact states' attorney generals to prohibit promotion of tobacco and tobacco products to teenagers. You should be aware that the IAFP has been working with Lisa Madigan, our state's attorney general, on this very issue. As a result of her lawsuit, R.J. Reynolds tobacco had to discontinue their "Kool Mixx" campaign, which promoted Kool-brand cigarettes to African American youth via hip hop dances and promotional products.

Another interesting resolution passed promotes the listing of the average wholesale price of a pharmaceutical in direct-to-consumer advertising. Patients should be made aware of cost before requesting a prescription.

AAFP PAC

Possibly the most intriguing resolution passed this year is for the AAFP to establish a Political Action Campaign (PAC). It is still in the formulation stage, but should allow the AAFP the clout needed to get our messages across to Senators and Congress-men. The PAC will only work if we all contribute, so look out for this campaign in the future. By pooling our resources we can better get our voices heard.

Future of Family Medicine

Hopefully you have all heard of the Future of Family Medicine project by now, or go online and read it at www.aafp.org. As one would expect, there was a lot of discussion about how to implement this project. The AAFP is working on helping us obtain electronic health records for our offices, which is just one phase of implementing the changes. There are ten separate initiatives, each with a different group working on them. In Illinois, we have set up our own task force, which just met at our Fall meeting in November. I will be looking forward to informing you of our progress in a future message.

Overall, it was an inspiring meeting in Orlando, and one we should be proud of in Illinois, as we truly helped to shape the policy of the AAFP. Again, please do not hesitate to contact me with any questions or comments. You can write to me anytime at iafp@iafp.com—I would love to hear from you!

Winter and depression can go hand-in-hand

The clocks have been turned back and the darkness of winter has arrived. Wintertime means vastly different things to different people, but for many, it is a time of depression.

The following tips are from Dr. Frederic Flach, psychiatrist and author of *The Secret Strength of Depression*, offers these tips for those who feel lonely, sad or stressed-out during the holiday season:

Accept Your Feelings

Acknowledge that the season can be sad and stressful at times, and that it's okay to feel that way.

Be Generous

Concentrate on making someone else happy.

Forgive

If you have to spend time with some people you'd rather not be with, consider it an opportunity for you to develop courage and kindness. Discover in yourself the tremendous healing power of forgiveness.

Avoid Excess Alcohol Use

Alcohol is a depressant and its effects can linger for days afterwards.

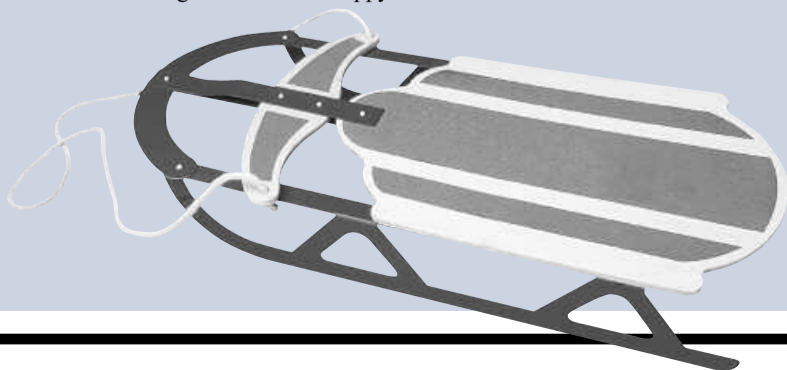
Nurture Your Soul

Try not to get caught up in the materialistic crush by keeping in mind that these holidays are a very important spiritual event, too!

Seek Out Light

Many people with seasonal depression can be significantly helped with light therapy. Regular exposure for anywhere from 2-6 hours a day to 2500 lux of full spectrum light seems to induce improvement within a few days.

Remember: If these strategies fail, don't be afraid to seek professional help. Depression is not a weakness—it is a perfectly normal reaction to all kinds of stress. But if depression lingers for weeks or months, or if at any point you feel suicidal, get help. Call your family physician for the help you need.





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IAFP 2005 Spring Into Action Meeting

**March 1st – 2nd at the
Crowne Plaza in Springfield.**

Have you ever wondered what politicians do all day?

Or, have you wanted to talk to your legislators about what they're doing and how it affects you, but weren't sure how to go about it?

Well, IAFP has some answers for you! Spring into Action with IAFP and come to Springfield. There are many issues bouncing around in Springfield that will directly affect your practice and your patients—you need to be there! If you've never tried contacting your state legislators to discuss policy - now is the time! And if you have, this is the perfect opportunity to do so again en masse. Spring into Action is perfect for anyone from the beginner to the seasoned veteran.

The sessions will provide the background you need to understand the legislative process and how IAFP government relations efforts work for you year round. The CME-accredited sessions will deal with specific political issues important to family physicians and patients. Attendees will also learn about the many ways to be involved in the political process and how to stay informed of legislation that affects them. The meeting concludes with face-to-face meetings with state legislators and key staff members to deliver the family medicine message. You will truly Spring into Action!

By bringing family physicians to the Capitol for proactive meetings on a variety of health topics, IAFP demonstrates that we are team players dedicated to improving health care for all of Illinois. We need you to be the face of family medicine.

For more information, please contact Ginnie Flynn at the IAFP office, 800-826-7944, ext. 118. Use the sign up sheet below to register.

Tentative Schedule of Events

March 1st

11 a.m. – 1 p.m.	Finance Committee
1 p.m. – 5:30 p.m.	Government Relations CME Program (3.0 credits) Preparing for Action and All-Member Assembly
5:30 p.m. – 7 p.m.	Foundation Board Meeting
7:30 p.m.	Off-Site CME Dinner

March 2nd

7:30 – 8:30 a.m.	Breakfast Briefing and Orientation
9 a.m. – 12 noon	Spring into Action! Visits with Legislators at the Capitol
12 – 1 p.m.	Lunch and Debriefing at Cook Witter, Inc.
1 – 6 p.m.	Board of Directors Meeting

For room reservations, contact the Crowne Plaza directly at 217-529-7777. You must make your reservations by February 9th to receive the special meeting room rate of \$112 single/double.

Please contact the IAFP office with any questions or to register at 630-435-0257; toll-free at 800-826-7944; or e-mail iafp@iafp.com.

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All-Member Congress discontinues formal proceedings

- encouraging hospitals to offer their own insurance programs to compete with high insurance company medical malpractice rates
- suggests IAFP send a letter to Attorney General Lisa Madigan informing her that tobacco companies are now disguising cigarettes with candy flavors, packaging in plain tins and promoting "Cigarettes," which are tobacco in pill form
- promoting a listserv for family physicians who perform higher risk procedures
- developing a report card for medical schools and residency programs utilizing unified language for tracking of students and residents in their career choice.
- Submit suggestions for AAFP PAC regarding contributions to IL federal legislators. Use the GR Committee to educate IAFP members about the criteria developed for deciding who receives contributions from the AAFP PAC.

Any IAFP member is welcome to sit in on a committee of their choice, or attend the Committee of the Whole/ Assembly to bring their ideas to the group. The next meeting of the All Member Assembly will be held during Spring into Action, March 1-2,

2005 at the Crowne Plaza in Springfield. This event is different from the other two meetings held each year. The committees do not meet at this time due to the compacted schedule in the middle of the week, in order to maximize meeting time with legislators at the Statehouse.

Friday CME success

The EHR workshop and exhibits featured on Friday were a big hit with attendees and exhibitors alike. Over 70 family physicians and staff took part in the afternoon workshop. The program was so successful, attendees suggested offering the program at least two more times. What else should be said about this? A CME dinner was offered on Stress Urinary Incontinence, featuring one of our own, Michael Temporal, M.D. of Belleville, as speaker.



Medical student participation

With an eye toward the future, the Fall Family Medicine Forum offered hands-on workshops and a residency fair to over 150 medical students. The students enjoyed the day learning activities from suturing to IUD insertion as well as having the opportunity to talk with residency programs and residents from across the Midwest. "These students are focused on primary care—many already fairly committed to family medicine," said one exhibitor from Colorado. "We travel to a lot of these types of fairs and this is one of the best."



Students participated in a day experiencing the joy of family medicine.

REGISTRATION FORM IAFP Spring Into Action • Crowne Plaza Hotel, Springfield, Illinois • March 1 – 2, 2005

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Fax: _____

E-mail address: _____

Please check the events you plan to attend
(there is no charge to attend Spring Into Action):

Tuesday, March 1st

- Finance Committee Meeting (11:00 a.m. – 1:00 p.m.)
 Government Relations CME Program (1:00 p.m. – 5:30 p.m.)
 Foundation Board Meeting (5:30 p.m. – 7:00 p.m.)
 Optional CME Dinner (7:30 p.m.)

Wednesday, March 2nd

- Breakfast Briefing (beginning at 7:30 a.m.)
 Legislative Visits at the Capitol (Beginning at 9:00 a.m.)
 Board of Directors Meeting (1:00 – 5:00 p.m.)

- Yes, I would like to meet with my SENATOR or REPRESENTATIVE! (Please return this form by Feb. 11th so we can make an appointment!)

My Senator and Representative are:

(To find your legislators, visit www.legis.state.il.us)

Please explain any special dietary or access needs you may have:

Please return this form to the IAFP office:

IAFP, 4756 Main Street, Lisle, IL 60532

630-435-0257/800-826-7944

FAX: 630-435-0433

E-mail: iafp@iafp.com

Should you require hotel reservations, contact the Crowne Plaza Hotel directly at 217-529-7777. Reservations must be made by February 9th in order to secure the special room rate of \$112 single/double.

Illinois Academy of Family Physicians

4756 Main Street • Lisle, Illinois 60532

630-435-0257 • FAX: 630-435-0433

Ever wanted to go back to high school?

Promote Family Medicine to the next generation!

We all talk about the need to promote family medicine as a career path for the next generation. Why wait until they get to medical school? You can plant the seeds of family medicine in your community. Get back to high school! Many high schools hold annual career fairs to expose students to a wide array of potential occupations. You can be an ambassador for family medicine by sharing your enthusiasm and passion for what you do. At the same time, you can answer the questions that young people might have about careers in family medicine.

The Awards and Promotions Committee recommended that all family physician members get out the word at high school career fairs and the IAFP board of directors agreed.

How do I get involved?

We can help!

IAFP has a one page fact sheet that you can take as a hand out to share with interested students. The sheet also has a link to the section of AAFP's web site that offers lots of information. You can find the fact sheet at www.iafp.com under Public Relations or contact Ginnie Flynn at gflynn@iafp.com for assistance.

Illinois HIV Prevention Act

Governor Rod J. Blagojevich signed The Illinois Perinatal HIV Prevention Act into law, requiring all pregnant women receive HIV counseling and be offered HIV testing as early in the pregnancy as possible. The law also requires that all women who present in labor and delivery without a recorded HIV status must receive HIV counseling and offered HIV testing. As a final precaution to prevent transmission, the law requires that where the mother's status is still not known at the time of birth, then the newborn must be tested unless the mother or legally authorized guardian refuses that test in writing.

The idea behind the new law is that prevention remains the key to eradicating HIV disease. By screening for HIV in pregnancy, HIV-infected women can be identified and greatly decrease the risk of perinatal HIV transmission while improving maternal health. In addition, HIV testing in pregnancy provides the opportunity to counsel HIV-negative women about reducing their risk of HIV acquisition.

Testing all women in prenatal care is vital. Research indicates that when pregnant women are counseled regarding the need for HIV testing, 98% agree to be tested. The pregnant woman will need to be made aware that, if she refuses to be tested, the Newborn will be tested, unless there is a written refusal to do so in the woman's record.

The Illinois Department of Public Health has contracted with a group to provide information and training on rapid counseling and testing in all Illinois birthing hospitals. For information on the rapid counseling and testing implementation process contact Yolanda Olszewski at 312-560-1451 and verify if your hospital has been scheduled for staff training.

While working to eliminate perinatal HIV transmission, it is crucial that necessary policies be developed, within each hospital, physician office, family case management clinic, and others points on the health care continuum where pregnant women intersect, to ensure compliance with this initiative. If you have any questions or desire technical assistance with policy development: contact Azella C. Collins, MSN, RN at 312-814-4846.

A full text of the law can be obtained at:
www.legis.state.il.us/093-0566

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Simply to say "Thank You"

We need to begin an initiative on improving funding for medical education with the same fervor and zeal as we had for improving practice reimbursement. We have been talking about tort reform for decades—it's time to cut the rhetoric and craft a solution. We must continue to work on the public health problems that plague us, especially obesity. We must continue to advocate for health care for all and be a voice for changes in Medicaid that will help patients and doctors and not just add more people to the number of uninsured. I haven't even mentioned Maintenance of Certification. In the interest of brevity, I will save that discussion for another time. Suffice it to say, that much work has been done, but it has only highlighted the amount of work left to do on this topic.

I was privileged to be a part of it, the successes and the struggles. I was proud to be a voice for all family physicians and the patients that we serve. I was blessed to draw on my experiences in Illinois and the experiences of all of you, my Illinois family. In a different way now I will continue to work on your behalf and on the behalf of the patients we serve. I especially look forward to working with our future leaders—the Karole Lakotas, the Tina Brueschkes, and others yet to come. You gave me an extraordinary gift—the gift to serve—and I will forever be grateful to you all.

Contact your local high school to ask if they have a career fair and offer to participate.

IAFP is working with the Illinois State Board of Education to get information from high schools about dates and times for career fairs. Contact Ginnie Flynn for help in finding a career fair near you!

ProAssurance/
ProNational Ad
Here (film) at Newcomb
pickup from February

A doctor, a sick boy, a scared mother, and no insurance

A family doctor writes about his practice in a new online column

By Dr. Benjamin Brewer

With the nearest emergency room 20 miles away and the nearest pediatric asthma specialist 60 miles away, I wasn't overly surprised when a mother and son arrived early and unannounced at my office on a Monday morning.

Dalton's breathing was heavy, coming in short, ragged bursts and punctuated by a hacking cough. I'd seen him like this before. Over the last few years, this seven-year-old has endured several asthma attacks. Asthma is a chronic lung disease that can be life threatening when poorly controlled.

I checked Dalton's oxygen level and listened to the wheezing in his chest as his mother began to explain.

"He's been like this since the weekend, and his nebulizer isn't stopping it this time," she said, referring to the small machine that delivers his medication. "We've been up pretty much all night."

"Is he taking his medication?" I asked.

I brought my nebulizer machine from its cabinet and quickly loaded it with medicine kept in the refrigerator for just such an occasion. My assistant Dawn put things together. Dawn is officially the bookkeeper, but since my office nurse left the bedside for a desk job, I've come to rely on my jack-of-all-trades bookkeeper for other duties.

As the miniature air compressor whirred to life and vaporized the liquid medicine into the clear plastic mask on Dalton's face, his mother confessed that he hadn't been getting the two maintenance medications that could help keep these attacks away. The medications cost \$356 per month.

The tears of guilt and fear that Dalton's mother fought back as she spoke showed a sense of desperation I'd never seen from her in the five years I'd cared for Dalton, his parents and his grandparents. Several trips to the emergency room last year for Dalton's asthma attacks, along with his father's evaluation for chest pain, had set the family back several thousand dollars in hospital bills, she said.

They'd had a high-deductible health-insurance policy through her husband's employer, but they lost that coverage due to unaffordable premiums, Dalton's mother said. She'd been looking for work that offers insurance coverage but hadn't found anything yet. She confided that the family was in danger of losing the house.

Dalton seemed to be responding to a second round of medication. He was wheezing less and talking more. With his oxygen level coming up, I was hopeful we could keep him out of the hospital for the time being. The key was getting needed steroid medication in his system.

Steroids can be given by mouth, but I wasn't certain his mother would be able to afford the \$8 prescription or the gas for the 24-mile round trip from her home to the nearest pharmacy. I settled on a shot to make sure he got at least the first dose.

Once Dalton stabilized, it was time to figure out the medications I'd send him off with. If Dalton were on Medicaid, the government plan for the indigent, his medications would be covered. But his father was making too much. If he had insurance coverage, he'd stand a better chance of getting the prescription filled.

Dalton doesn't have jack, so I had to scramble. I turned to my sample cabinet and began to root and peer.

The sample cabinet is a mixed blessing for a doctor, as you often feel internally conflicted about the highly marketed products inside. Some are a real breakthrough; some are the same old thing in a new formulation with a higher price. They all arrive courtesy of nattily dressed sales folks with glossy brochures and well-rehearsed pitches.

The cupboard was a bit bare that day, but some useful treasures lay within, and for the moment I was a whole lot less conflicted.

A handful of packets of Singulair asthma-control tablets, hermetically sealed in their voluminous casing, were like solid gold — each representing a four-day supply (and a tremendous waste of packaging). Empty boxes covered the countertop as I shucked out about a month's worth of the pills.

Next I found a free-sample Pulmicort Inhaler. It looks like a salt shaker and contains enough for three months. The price for both medications at the pharmacy would be about \$125 per month. I've read that up to half of the prescriptions written nationally get taken incorrectly or never filled. Little wonder.

I reviewed instructions for the medications with Dalton and his mother. I hoped this young patient could get the hang of the inhaler, since it's the least complicated thing I had on hand. Though only seven, Dalton's a sharp kid. I told him so.

Next I wrote prescriptions for the stuff that couldn't be scrounged. Steroid pills hidden in peanut butter to hide the taste (\$8) and more Albuterol, the liquid for the nebulizer (\$18). These medications are the most important and, thankfully, the cheapest.

The charge for the day's office visit was \$70. The charge at the emergency room would likely have been over \$500. I don't expect I'll collect much of my bill. The family owes the practice a fair amount over the last several years. Dawn the bookkeeper knows that it's currently about \$1900.

If Dalton were a Buick, Dawn would have repossessed him by now. Fortunately for all concerned, the doctor has his own seven-year-old boy at home.

It isn't Dalton's fault that he was born poor and has an expensive, inconvenient disease. It isn't his fault that despite working two jobs, his father couldn't afford health insurance but made just enough to keep him off Medicaid.

As the poorly insured and uninsured population grows, the uncompensated costs for caring for these patients are shifting more and more onto the doctor.

A country doctor's practice is in the path of an economic tornado on the flat, Illinois prairie. You're invited to come in and ride it out with me. If you're wheezing badly, you don't even need an appointment.

Editor's Note: The Doctor's Office is a new online column about the issues, challenges and rewards facing physicians today. It's written by Dr. Benjamin Brewer, 36, a solo family physician in Forrest, Ill. You can reach Benjamin Brewer at thedoctoroffice@wsj.com.

IAFP Accolades Program

Below are those Illinois Residency Programs who participated in AAFP/IAFP sponsored programs in 2003-04. We salute all of them for their continued support!

ADVOCATE LUTHERN GENERAL FPR

Director, *Judith Gravdal, M.D.*

- *IAFP Director breakfast meeting in KC
- *National Conference
- *Fall Forum

Jackson Park FPR

Director, *Lakshmi Dodda, M.D.*

- *IAFP Directors breakfast in KC
- *Resident Research Symposium held at Swedish Covenant

MCGAW MEDICAL CENTER OF NW UNIV. FPR

Director, *Mitchell King, M.D.*

- *Summer Externship Program
- *National Conference
- *Fall Forum
- *Presented talks on behalf of IAFP & Pri-med as well as the associate Monographs.

RESURRECTION FPR

Director, *Timothy McCurry, M.D.*

- *Fall Forum
- *Preparing for Residency
- *National Conference
- *IAFP Directors breakfast meeting in KC

RUSH-COPLEY FPR

Director, *Diane Homan, M.D.*

- *Summer Externship Program
- *Fall Forum

ST. ELIZABETH FPR

Director, *Michael Friedman, M.D.*

- *Fall Forum
- *Program Directors breakfast meeting in KC

St. MARY OF NAZERETH FPR

Director, *Adolph Llano, M.D.*

- *Resident Research Symposium held at Swedish Covenant Hospital

SIU-SPRINGFIELD FPR

Director, *Janet Albers, M.D.*

- *Fall Forum
- *Summer Externship Program
- *National Conference
- *Faculty on the IAFP board of directors

UIC/ILLINOIS MASONIC FPR

Director, *Margaret Wiedmann, M.D.*

- *National Conference
- *Program Directors breakfast meeting in KC
- *Fall Forum

U OF I COLLEGE OF MEDICINE AT PEORIA FPR

Director, *Thomas Golemon, M.D.*

- *Summer Externship Program
- *Preparing for Residency
- *National Conference
- *Fall Forum

U OF I AT ROCKFORD FPR

Director, *Farion William, M.D.*

- *Fall Forum
- *Preparing for Residency
- *National Conference
- *Program Directors breakfast meeting in KC
- *Program Director is the Chair of the IAFP Student and Resident Committee

WEST SUBURBAN RESIDENCY PROGRAM

Director, *Katherine Walsh, M.D.*

- *Summer Externship Program
- *Fall Forum
- *Preparing for Residency
- *National Conference

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membernews

Congratulations to six new Illinois AAFP Fellows!

The AAFP Degree of Fellow recognizes family physicians who have distinguished themselves through service to family medicine and ongoing professional development. Criteria consists of a minimum of six years of membership in AAFP, extensive CME, participation in public service programs outside their medical practice, conducting original research and serving as a teacher in family medicine.

George Brodsky, M.D., Northbrook
Thomas Allen Cornwell, M.D., Wheaton
Kate K. Gunnell, M.D., MPH, Hinsdale
Vivek S. Kantayya, M.D., Rockford
Corinne E. Kohler, M.D., Dewey
Michael Loiacono, M.D., Elmwood Park

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Classified Advertising Rates

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50 words or less	\$70	\$60	\$50
50 - 100 words	\$95	\$80	\$65
100 - 150 words	\$135	\$120	\$105

Ad space is available to IAFP members at a 20 percent discount.

Check it out!

The IAFP website,

www.iafp.com

now lists openings for family physicians in Illinois.

CLASSIFIED AD

ILLINOIS: Searching for the perfect practice? Progressive, physician-led Emergency Medicine specialty group practice with 15 years experience seeks full-time and part-time candidates for several low to moderate volume facilities. Attractive opportunities are now available in the communities of Morrison, Galena, Robinson, Flora, Benton, Salem, Fairfield, Carlville and Vandalia. Primary care or emergency-trained physician candidates enjoy competitive compensation, plus group malpractice coverage and a quality lifestyle. Please contact a Recruitment Specialist at 800.729.7813 or visit our Web site at www.acutecare.com.

MORGAN PARK AREA: Medical Suites Available. Large and spacious medical building in near South West Chicago has available medical suites of varying sizes for lease. Great building in a highly visible location comes with huge parking lot for customers. These suites are ideal for medical doctors, chiropractors, podiatrists, dentists, optometrists and physical therapists. If interested call 773-264-1400.

GRAND FORKS, NORTH DAKOTA.

Interested in Rural Health? PBL curricular format? Practice-based research? Women's Health? Collegiate athletics and Sports Medicine? Openings for full-time family physician faculty members. Rank and salary commensurate with experience. University of North Dakota School of Medicine and Health Sciences is a community based medical school with statewide educational programs for medical students and residents. The DFM is developing a research emphasis, administers the UND Center of Excellence in Women's Health Demonstration Project and works closely with the UND Center for Rural Health. Send letter of interest with CV to Elizabeth A. Burns, MD, MA, Chair, Department of Family Medicine, UNDSM&HS, P. O. Box 9037, Grand Forks, ND 58202-9037, e-mail, eburns@medicine.nodak.edu. UND is an equal opportunity affirmative action employer.



IAFP's Medicine for Today Program Spring 2005

Coordinated Lectures on topics by family physicians, for family physicians. Average of 30 CME credits per site.

Core Topics

- Adolescent Health /Pediatrics
- Alcoholism and Substance Abuse
- Allergy and Immunology\
- Cardiovascular Medicine
- Care of Older Adults/Geriatrics
- Conditions of the Eye
- Conditions of the Musculoskeletal System
- Conditions of the Nervous System
- Conditions of the Skin/Dermatology
- Endocrinology
- HIV Infections/AIDS
- Human Behavior and Mental Health
- Infectious Disease, Managed Care
- Medical Ethics
- Nutrition
- Obstetrics and Gynecology/ Women's Health
- Occupational Medicine
- Office Laboratory Medicine
- Patient Education/Health Promotion
- Practice Management
- Prevention Medicine: Disease Prevention
- Risk Management and Medical Liability
- Rheumatology
- Sports and Recreational Medicine
- Urgent and Emergent Care

Medicine for Today is a postgraduate lecture series on current trends in diagnostic, therapeutic and patient management techniques. Perfect preparation for ABFP Certification and AAFP Re-election!

Accreditation

"Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending."

The credit amounts vary from site to site but in the past have always averaged 30 Prescribed credits of continuing medical education by the American Academy of Family Physicians for each site per year. AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA category 1 for the AMA Physician Recognition Award.

Registration Fee:

\$150 per semester for members
 Medical students and residents are free
 \$200 per semester for non-members

Questions:

Call Rosa Harris at 630-435-0257 or e-mail her at rharris@iafp.com

Spring 2005 Medicine for Today Program Sites

Belleville—15 hours

(2.5 hour sessions)
 St. Elizabeth's Hospital
 211 S. Third Street • Belleville, IL 62222
 618-234-2120

Speaker Coordinator:

Michele Neblock, M.D.
 Contact info: 618-632-3565
 Registrar: Harold Harsin, M.D.
 618-476-9967
 Day & Time: Thursdays, 9:30 a.m.
 SPRING: March 3, 10, 17, 24, 31; April 7

Edwardsville/Maryville—15 hours

(5-hour sessions)
 Anderson Hospital
 6800 State Rt 162 • Maryville, IL 62062
 618-288-5711

Speaker Coordinator:

Patrick Zimmermann, MD
 618-344-0090
 Registrar: Patrick Zimmermann, MD
 Day & Time: Wednesdays, noon
 SPRING: Feb. 16, March 2 & 16

Evergreen Park—15 hrs

(2.5-hr sessions)
 Little Company of Mary Hospital
 2800 W. 95th Street
 Evergreen Park, IL 60805
 708-422-6200

Speaker Coordinator:

D. Lulinski-Dybalski, MD
 708-354-5743
 Registrar: John Hurley, MD
 Day & Time: Wednesdays, 9 a.m.
 SPRING: Feb 9, 16, 23; March 2, 9 & 16

Naperville—15 hours

(5-hour sessions)
 Edward Hospital Education Center
 801 South Washington • Naperville, IL 60540
 630-527-3000

Speaker Coordinator:

Carol Krashen
 630-369-2399
 Patty Keenan: 630-357-4274 (fax)
 Registrar: Patty Keenan & Carol Krashen
 Day & Time: Wednesdays, 7:30 a.m.
 SPRING: Feb. 9, 23; March 9

Peoria—15 hours

(4-hour sessions)
 St. Francis Medical Center
 530 N.E. Glen Oak Avenue • Peoria, IL 61637
 309-655-2003

Speaker Coordinator:

Cathy Allen
 Registrar: Henry Gross, MD (OSF)
 309-655-2003
 Day & Time: Thursdays, 8:30 a.m.
 SPRING: March 10, 24;
 April 14, 28 (3 hour)

Silvis-16 hours

(4-hour sessions)
 Illini Larson Center
 855 Classroom Road - Classrooms B & C
 Silvis, IL 61282-2907
 309-792-9363

Speaker Coordinator:

Jody K. Johnston
 563-421-1284
 Registrars: Kelly Carroll, MD/
 Michael Cottone, MD
 309-792-7064/309-792-7061
 Day & Time: Thursdays, Noon (lunch)
 12:30 start
 SPRING: Jan. 12, Feb. 17, March 24, April 21

Springfield—18 hours

(6-hour sessions)
 St. John's Hospital
 800 E. Carpenter Street • Springfield, IL 62769
 217-544-6464

Speaker Coordinator:

Doug Byers, MD
 217-532-6911
 Registrar: Michael Brewer, MD
 217-787-0727
 Day & Time: Thursday, 9 am
 SPRING: Feb 10, March 10; April 14

Medicine for Today 2005

_____, M.D./D.O.
 Print your name as you would like it to appear on your diploma

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Non-member \$200 ___ Spring 2005

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IAFP MISSION STATEMENT

To promote excellence in the health and well-being of the people of Illinois through support and education of family physicians and the families and communities they serve.

Three easy things you can do to limit the spread of respiratory infections:

Clean your hands – Rub hands vigorously with soap and warm water for at least 15 seconds after using the bathroom, taking out the trash, changing a diaper, or before handling food. Use of alcohol-based hand sanitizers is an acceptable alternative. Americans should also not hesitate to ask their doctors, nurses, dentists or other caregivers whether they have cleaned their hands before rendering care. It is also important that your hands be clean when caring for a sick friend or family member at home.

Cover your mouth and nose – To stop the spread of infectious diseases through sneezes and coughs, cover your mouth and nose with a tissue, your hands, or the crook of your elbow. Then, remember to wash your hands.

Avoid close contact – A fever or symptoms of a contagious illness are clear signs to you or your child to stay at home and away from other people, either at work or at school. If you are sick and go to work or school, you place others at risk for getting sick as well.

The basic "Speak Up" framework from JCAHO urges patients to:

- Speak up if you have questions or concerns, and if you don't understand, ask again. It's your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professionals.
- Don't assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common health care errors
- Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on-site evaluation against established state-of-the-art quality and safety standards, such as that provided by the Joint Commission.
- Participate in all decisions about your treatment.
- You are the center of the health care team.

Brochures are available through the Joint Commission. The "Speak Up" brochure provides specific guidance to prevent the spread of infection. These brochures may be downloaded from the Joint Commission website, www.jcaho.org. The brochure may also be obtained by calling Joint Commission Resources Customer Service at 877.223.6866, 8 a.m. to 8 p.m. CT, Monday through Friday. "Speak Up" brochures on preventing errors in care, avoiding wrong site surgery, and preparing to become a living organ donor also are available.

Don't forget to make a donation to the IAFP Foundation--in your name or that of a family member or friend!

dec

January 12, 2005
Pertussis Teleconference
at 7:00 PM

jan

February 17, 2005
Egyptian member group
CME dinner
Herrin, IL

feb