

## “Blaise” of Glory

### Dale W. Blaise of Murphysboro is 2006 IAFP Family Physician of the year

Members, friends honored at IAFP Annual meeting



DALE BLAISE

THOMAS CORNWELL

MARGARET KIRKEGAARD

JUDITH GRAHAM

CATHERINE COUNARD

MORRIS KUGLER

The Illinois Academy of Family Physicians honored some of its finest family physicians at a special luncheon July 15 as part of the 2006 Annual Meeting.

*Family Physician of the Year*

Dale W. Blaise, MD of Murphysboro

*Distinguished Service Award*

Thomas Cornwell, MD of Wheaton

*Family Medicine Teacher of the Year*

Margaret Kirkegaard, MD, MPH of Downers Grove

*Media Award*

Judith Graham, Chicago Tribune

*President's Award (2)*

Catherine Counard, MD, MPH and Statewide Medical Alliance for the Survival of Healthcare (S\*M\*A\*S\*H)

**DALE W. BLAISE, M.D.**

Dr. Blaise has been caring for his hometown of Murphysboro in southern Illinois for 22 years and has a special interest in geriatric care. But

his personal family medicine style wins him fans from the very young to the very old. He is the coordinator and instructor for sex education in the Murphysboro school district and also medical director of Jackson County Nursing Home, as well as the Roosevelt Square facility for developmentally disabled. He has served in many leadership capacities at St. Joseph's Memorial Hospital and Jackson County Medical Society.

He received his medical degree from the University of Illinois College of Medicine in Peoria in 1981. He then completed family medicine residency training at St. John's Mercy Medical Center in St. Louis before returning to Illinois.

“Family physicians are part of the fabric of their communities – for some patients, they are practically a member of the family,” said IAFP president Fredric D. Leary, MD, who presented the award. “Dr. Blaise enjoys a special relationship to many as a physician and friend to those in his care.”

*continued on page 12*

## IAFP Annual Meeting Highlights

The Annual Meeting was held July 15th at the Holiday Inn Select in Naperville. The All-member Assembly convened after the morning's committee meetings and awards luncheon. IAFP continues the process of assigning, compiling, and developing tasks that began during the Annual Meeting. Many suggestions from members resulted in action items for consideration by the board of directors. Listed here are just a few brief highlights of what transpired in Academy business during the Annual Meeting:

**MEMBER SERVICES:** The Board endorsed further investigation of a group health insurance plan for all IAFP members, their staff and families. Look for a members survey on the topic and stay tuned for further developments!

**QUALITY AND SCOPE OF PRACTICE:** Kathleen Miller, M.D., IAFP's newly installed president, will write a letter to the Chicago Patient Safety Forum (CPSF) to encourage innovations in medication safety in ambulatory care.

**GOVERNMENT RELATIONS:** The Government Relations Committee recommended submitting IAFP as a nominee for the AAFP Leadership in State Governmental Advocacy

*continued on page 10*

### IN THIS ISSUE

President's Message	2
Paper Charts to Electronic Health System	4
7 Traits that make up the ideal doctor	4
Letter from the President	6
Tar Wars News	6
2006 IAFP Fall Family Medicine Forum	8
Want to Tell Washington What You Really Think? Now is Your Chance!	9
Advocate Health Partners	10
Precepting medical students	11
Your Healthcare Plus begins for children, disabled adults	14

## PRESIDENT'S MESSAGE *By Katie Miller, M.D.*



# Why cows are better than milk alone

Thank you for the honor of serving as your next president. Actually, I find it hard to believe that

I'm here at all. Although I always wanted to, I never really expected to become a doctor, let alone an officer in an organization such as the Illinois Academy of Family Physicians.

### My Past

I lived my first few years on a farm in Ohio. From the day I was born until the day I left Ohio at the age of 18, I was cared for by Dr. Novak. Dr. Novak had his office in a little house just off the main street in my hometown. We never made appointments with Dr. Novak. We just walked in to his waiting room, looked around to see who was there when we got there, and had a seat.

Mabel would come to the door of the waiting room and say, "Next", and someone would get up and go in. After those who were there before us had gone through that door, then it was our turn. Mabel would call, "Next!" and we would go through the door into a small room. Now that was open access.

Dr. Novak wasn't our Family Doctor. He wasn't our Primary Care Physician. He wasn't our General Practitioner. He was our doctor--the only doctor I knew.

While I was in graduate school, I had a woman doctor. Dr. Hass had started an Internal Medicine residency, but she got pregnant and was kicked out of residency, so she never specialized. By default, she became a general practitioner. She shared an office with her husband, an OB/Gyn who didn't get kicked out of his residency when he became a father. I still didn't really get it about specialties. She wasn't my general practitioner. She was just my doctor.

After working for several years, I decided to take pre-med courses and try to go to medical school. I couldn't believe that at the age of 31, on the first day of medical school, I found myself taking a cadaver out of a body bag. The first time a real patient let me examine her was amazing. I've never forgotten the feeling.

By the time I finished medical school, it was clear to me that there was really only one choice of specialty for me, a specialty which

by then was called Family Practice, now Family Medicine. And I love the specialty—it was the right decision for me. Some days I still can hardly believe that people are sharing their deepest emotions or greatest fears with this naïve farm girl.

### Service

Throughout my life, I was influenced by the involvement of my family in charities and service organizations. One of these organizations was started by Dan West, a man my family knew in Southwest Ohio.

In the early 1930's, he was distributing powdered milk to refugee children after the Spanish Civil War. When the milk ran out, some of the children died. Later, back in my home town, he got my grandfather and his friends and church to help him send cows instead of milk. This was the beginning of what is now called Heifer International.

So my church gave heifers and my grandfather, who was a cowboy, cared for the cows in the hold of a ship on their way to Europe after World War II. People who got those cows gave the calves to other families. Now all kinds of animals are shipped all over the world. With these gifts, recipients become self sufficient; they have hope. They have a future.

For over fifteen years, both of my parents have volunteered almost weekly for Habitat For Humanity. People who work and have a family, but would never qualify for a mortgage, can have a new home of their own. In order to qualify, they must invest some "sweat equity," time spent working for the organization, on their own home or someone else's. It's not free; they have to make small payments. And they can be proud that they earned their own home.

Why bring up my favorite service organizations? Well, I think Family Medicine has a lot in common with Heifer International and Habitat For Humanity. I believe that family physicians are focused on helping people help themselves so they can take pride in their lives. And I'm proud to be part of a group like that. It is true that I sometimes cut something out or sew something up, but I can't re-inflate a person's low self esteem or fix a broken heart. I can prescribe pills, but I can't control a person's diabetes. They have to do that themselves. They pay me to advise and prescribe.

But only they can adopt a healthy lifestyle and take the medicine. So I'm there to encourage and cheer them on. We all know the pride patients have when they quit smoking, start an exercise program, or get their blood sugars under control. They are proud because they know they've done something important for themselves.

### IAFP as a self-help organization

So what does all this have to do with the Illinois Academy of Family Physicians?

IAFP is our own self-help organization. Our dues enable our volunteer leadership and our staff to improve our lives as family physicians and the lives of our patients. But the Academy can't do anything for family physicians if we don't put some effort into it.

When the governor announced his All Kids insurance program without detailing how the program would work, Drs. Rick Leary, Sharon Hull, and Carolyn Lopez, along with our executive vice president, Vince Keenan, started attending the stakeholders meetings.

Whether or not each of you choose to participate is up to you, but thousands of children will enroll. And for the sake of these children, we hope that this program succeeds.

No matter how or why the program started, you should know that IAFP made every effort to provide meaningful input and make this program as FP friendly - and fair - as possible.

When the residents in my SIU-Decatur program complain about a change in curriculum or policy, my boss is fond of saying, "None of us got the career we thought we were buying." I don't practice like Dr. Novak did, or like Dr. Hass. When I started teaching in a residency, there was no physical presence supervision requirement and no duty hours rules. Life isn't going to stand still.

Illinois will be one of three states to host AAFP's "Practice Enhancement Forum." This Forum offers 12 practices the opportunity to come together for two days of intensive team training to improve patient satisfaction, patient outcomes and career satisfaction across the board. National speakers and local mentors will work with each practice's team of physicians and office staff in a hands-on educational experience. The Forum will help improve

*continued on page 9*



**MALPRACTICE  
LAWSUITS**

**MANAGING RISK**

## Guard against killer malpractice claims.

Frivolous lawsuits are ambushing Illinois physicians in every corner of the state. Fight back! Take control of your practice with Managing Risk, a revolutionary risk management program designed by ISMIE Mutual. Every time you successfully complete a risk management component, you'll earn valuable premium discounts. Act now and save up to 15% on your liability insurance. And remember, all discounts you earn in calendar year 2006 will be applied to policy renewals beginning in July 2007. **To find out more, call 1-800-782-4767, ext.1627 or visit [www.ismie.com](http://www.ismie.com).**

**ISMIE MUTUAL. YOUR PARTNER. YOUR PROTECTION.**

©2006 ISMIE Mutual

**managing risk**

**ISMIE**  
*Mutual Insurance Company*  
The Physician-First Service Insurer

# Our private practice walk from paper charts to an Electronic Medical Health System

Kristin A. Mock, MD, Sycamore

I walked out of a residency using all electronic medical records... and into a practice where there were no chart dividers and everything was handwritten. That was five years ago. Even when I started at my practice, the physicians had complained many times about the problems that paper charts create including being unable to locate charts, documents being filed in the wrong chart, data being out of order, or unusable, and not having reminders for services. Had it really been five years since the patient's last pneumonia vaccine?

The idea had been brewing here for years. The real fix for these problems was an electronic medical record. That would give us a system to remind the physician of those things and would keep everything organized in the patient's record.

## Not a quick fix

The process has been slow. First we had to get all the doctors on board, some of whom had never even owned a personal computer! That proved to be the first and largest hurdle. Every quarter, 3-5 records were pulled from everyone and were reviewed for coding and documentation. This new review process convinced those physicians that we all needed an EMR--there were charts with no history and physical documented! Not a completely unusual problem, I'm sure. The doctor had spoken to the patient, and provided care, but then lost track of the chart before it could be documented. They did the work, but just didn't write it down due to the chaos of everyday life with paper charts.

We found that our doctors were undercoding in nearly every aspect. Some of my colleagues managed hypertension and dyslipidemia coding at a level 2 visit, because that was the way it was always coded. Instantly we provided instruction, training, and evaluation of the bottom dollar. We all realized it is really hard to update the social and family history with every visit. It is also hard to work through an algorithm to figure out how to code for a visit. The whispers of the need for software to help us began to crescendo into a chorus of wailing voices.

## Then the work began.

We assigned physicians in our group to communicate with the hospital information system technology department to learn about the technology available. We created a working clinical group to keep the Electronic Medical Record (EMR) progressing. We looked at demos of many EMR systems. We looked at the length of time they had been used. We looked at cost. We also visited seven or eight sites using different programs. We asked questions and more questions! We took a road trip to Iowa to see how an EMR worked in a residency program and traveled throughout Illinois to see different EMRs in various practices.

## Making a choice

We knew that we wanted a complete record, not just bits and pieces. We wanted a record that would be user friendly. We needed a fully integrated record with practice management and the health record capabilities combined. We wanted to run reports and mine the data.

We were hoping that some of our hesitant doctors could see it as just another kind of paper chart.

We narrowed down our choices to three. One involved keeping our old practice management software (medical manager) and tagging on their medical record. The other two choices were complete EMR's with practice management modules. Over two years we participated in multiple demonstrations of each module. Each demonstration took two to three hours, but when you are investing that much money into one product, you want the right one! We played with each system and finally chose one we felt was best for us.

Many factors contributed to our deciding on Logician, now Centricity. One factor was the acquisition by a large company, GE, which allayed fears of losing the product in bankruptcy. Our physicians had familiarity with the program. Because the system encompasses practice management, automatic billing and the EMR, we found the complete package we wanted. We liked the coding module, which evaluates our coding. We found the cost to be mostly equivalent to other systems of the same power. We noted the widespread use of the record in family medicine, which we saw as a good sign it would meet our needs.

I look forward to the improved efficiency and accuracy that will come with our move to EMR. Now our chorus of voices will all be singing from the same page!

## 7 traits that make up the ideal doctor

Researchers from the Mayo Clinic studied 200 patients treated at the Mayo Clinics in Arizona and Minnesota from 2001 to 2002. In phone interviews with people who had no ties with the Mayo Clinic, the patients described their best and worst experiences with their Mayo Clinic doctors, with confidentiality guaranteed. The doctors seen by the patients came from 14 medical specialties. The researchers came up with seven traits patients favored in their doctors from the transcripts of those interviews.. The following are the seven traits listed by the patients, in no particular order, along with the patients' definitions of those traits:

**Confident:** "The doctor's confidence gives me confidence."

**Empathetic:** "The doctor tries to understand what I am feeling and experiencing, physically and emotionally, and communicates that understanding to me."

**Humane:** "The doctor is caring, compassionate, and kind."

**Personal:** "The doctor is interested in me more than just as a patient, interacts with me, and remembers me as an individual."

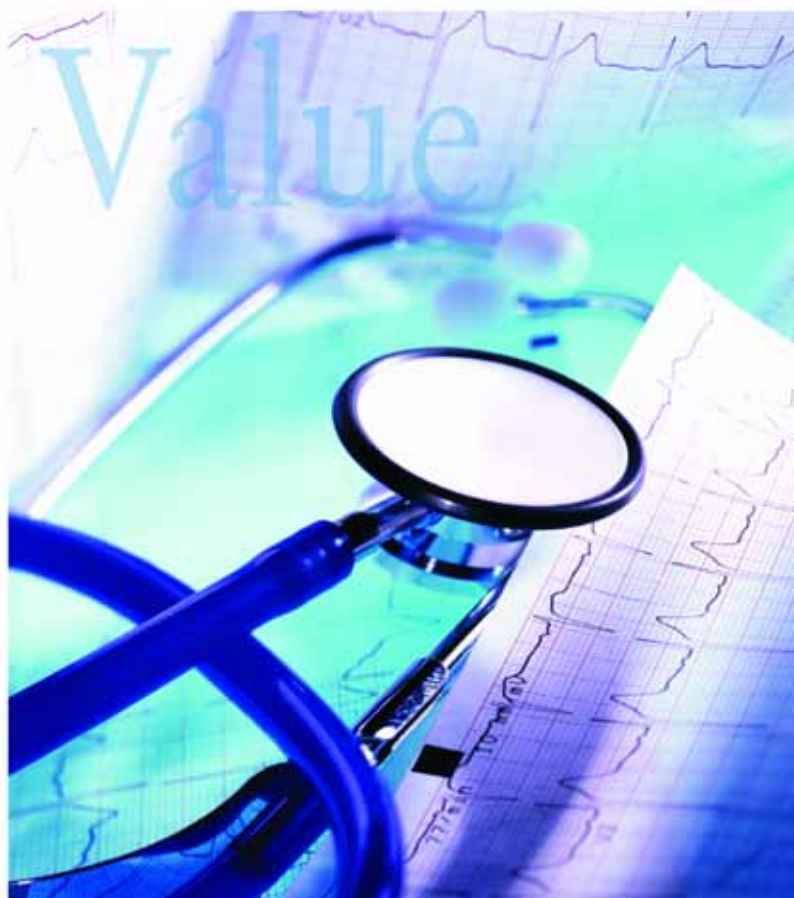
**Forthright:** "The doctor tells me what I need to know in plain language and in a forthright manner."

**Respectful:** "The doctor takes my input seriously and works with me."

**Thorough:** "The doctor is conscientious and persistent."

*The study was funded by the Mayo Foundation.*

## Doctors Know... The Value of Uncompromised Standards



As a dedicated physician, you know nothing is more important than providing superior patient care. American Physicians takes the same uncompromising approach to covering your practice.

When you choose American Physicians . . . you gain a medical liability insurance partner that is committed to providing the superior coverage, support, and claims services you need to practice with confidence for years to come. And that's a value that will never be compromised.

- Insuring Only The Best Physicians
- Unparalleled Claims Service
- Innovative Risk Management
- Highly Rated by A.M. Best
- Midwest & New Mexico Expertise
- Founded By Physicians
- Endorsed By Medical Societies

To learn more about American Physicians, visit [www.apassurance.com](http://www.apassurance.com). To discuss coverage for your practice, call 1-800-748-0465.



**American**   
**Physicians**<sup>SM</sup>  
ASSURANCE CORPORATION

*Practices That Set The Standard*

*This letter was e-mailed to all members, notifying you of retail health clinics entering the Illinois marketplace.*

July 20, 2006

Dear IAFP Members,

As you may know, retail health care clinics operate in many markets around the country. Recently, establishments have opened in southern Illinois and others are planned for the St. Louis area. New clinics are scheduled to open in the fall in the Chicago area.

While IAFP has a neutral position on the entry of retail health care clinics in Illinois, IAFP does not want to remain silent. It is important for these clinics to serve the needs of patients, while preserving and protecting the existing physician-patient relationships. Retail health care clinics must have the same goal of high quality care and patient safety as family physicians' practices. IAFP is committed to investigating and discussing family medicine concerns with any retail health business that plans to operate in Illinois.

AAFP has published a set of recommendations, or "desired attributes" (attached below) by which any retail health operation should abide. Likewise, the AMA has followed the AAFP lead and recently released a set of guidelines for retail health care clinics which you can view at <http://www.ama-assn.org/ama/pub/category/print/16463.html>.

In fall 2006, Take Care Health will open retail health care centers in Walgreens pharmacies in the Chicago area. Advocate Health Partners will coordinate physician agreements for Take Care Nurse Practitioners who will staff the new clinics in the Chicago area. The partnership with Advocate Health Partners is representative of Take Care Health's commitment to working in cooperation with the greater health care community toward a shared goal of providing accessible, patient-focused, quality health care in Chicago. The Advocate Health Partners physician network will serve as a key source of referrals for TCNPs when a patient's condition falls outside of Take Care Health's scope of practice. In addition to the strong relationship with Advocate Health Partners, Take Care Health will also work with other primary care physicians and specialists in the Chicago region to foster a strong referral network for patients to get the care they need, when they need it. Take Care Health encourages that all patients have a medical home.

Take Care Health and Advocate agreed to keep IAFP apprised of their announcement and we wanted you to hear about this from us first.

The concept of retail health care clinics has met with mixed reaction from the medical community. The business model is succeeding in some areas of the country, and their continued spread seems inevitable for at least the next two years. Whether these new clinics will succeed to become a permanent part of the health care delivery system is unknown.

As the clinics open in the coming months, IAFP wants to hear from you. How is the communication between the clinic and your office? Do you get timely and adequate information if the clinic treats one of your patients? Will you refer any of your patients to a retail clinic for needs that arise outside of your office schedule? Please share your questions and stories.

Sincerely,

Kathleen Miller, MD  
President

#### **AAFP Desired Attributes of Retail Health Clinics**

In accordance with the principles of the Future of Family Medicine report and the evolving model of care by family physicians, the AAFP has identified the following attributes that are important to the patient care offered by retail health clinics. It is the individual physician's choice whether or not to work cooperatively with a retail clinic operation, using the following attributes as a guide in decision-making.

1. Scope of Service -- Retail clinics must have a well-defined and limited scope of clinical services.
2. Evidence-based Medicine -- Clinical services and treatment must be evidence based and quality improvement-oriented.
3. Team-based Approach -- The clinic should have a formal connection with physician practices in the local community, preferably with family physicians, to provide continuity of care. Other health professionals, such as nurse practitioners, should only operate in accordance with state and local regulations, as part of a "team-based" approach to health care as prescribed by the Future of Family Medicine report and under responsible supervision of a practicing licensed physician.
4. Referrals -- The clinic must have a referral system to physician practices or to other entities appropriate to the patient's symptoms beyond the clinic's scope of work. The clinic should encourage all patients to have a "medical home."
5. Electronic Health Records -- The clinic should include an EHR system sufficient to gather and communicate the patient's information with the family physician's office, preferably one that is compatible with the Continuity of Care Record supported by AAFP and others.

## Tar Wars News

Tar Wars Illinois poster contest winner Dylan Bridges and his mother enjoyed four days in the nation's capital for the 2006 Tar Wars National Poster Contest. Alabama fifth-grader Mitchell Nolte took the grand prize, but Dylan received a savings bond and "special recognition" honors at the Tar Wars banquet on July 18th in Washington, D.C. Dylan and his mother visited with their U.S. representative, Congressman John Shimkus and got a personal tour of the Capitol building from his staff.

The IAFP Foundation funded the trip for Dylan and his mother as the grand prize for our Illinois state poster contest.

You can see the national poster contest entrants at [www.tarwars.org](http://www.tarwars.org).

#### **Tar Wars Night at the Sox game is a smashing success!!**



Thanks to the many IAFP members who stepped up to the plate and purchased tickets to support Tar Wars. A total of 267 IAFP fans and their friends cheered for the Chicago White Sox on July 6. This fundraising campaign raised nearly \$2,000 for Tar Wars. With perfect weather and a sellout crowd, fans were treated to a fabulous game. The Sox held on to beat the

Orioles 11-8 – including a grand slam by Jim Thome!

Our thanks go to the Chicago White Sox for providing the IAFP Foundation with this fundraising opportunity.

Are you ready to spend a day with your local school? Take Tar Wars to the fourth or fifth graders in your community. You can contact your local school, or a church group, Boys and Girls Club, Scouts, sports teams, any organization with a healthy attitude and fourth or fifth grade participants.

#### **How do you get started?**

Sign up as a presenter by either contacting Ginnie Flynn at the IAFP office or log on and you'll find a sign-up form at <http://www.iafp.com/tarwars/corporate/presentersignup.htm>.


#### **What do you have to do?**

- Download the free program guide at [www.tarwars.org](http://www.tarwars.org) (which will be updated by early September).
- Schedule your presentation with your designated school or youth group
- Spend a fun-filled hour presenting the program to a class or group
- Encourage your kids to participate in a school poster contest.

Don't have time? Be a Tar Wars donor! Contact Ginnie Flynn at [gflynn@iafp.com](mailto:gflynn@iafp.com) or visit the Tar Wars Illinois web site at [www.iafp.com/tarwars](http://www.iafp.com/tarwars).

MED  
MAL  
TIP #9

## Know their approach to protecting physicians.

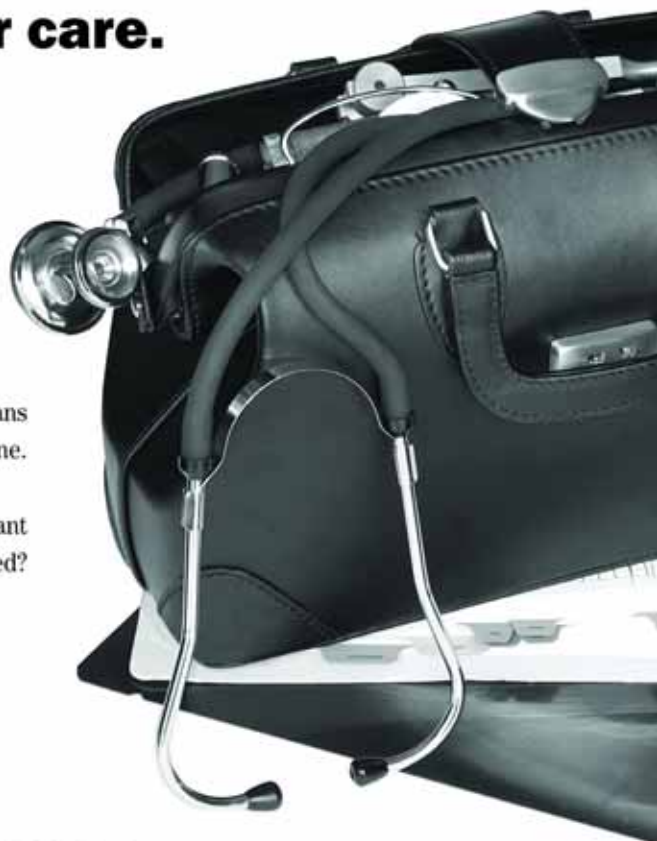


There is a big difference in operating philosophy among medical malpractice carriers. With some, defense against claims may be half-hearted at best. Many good physicians have been hurt by frivolous lawsuits when their good work went undefended in favor of quick-fix settlements. Clearly, this does not serve you or the profession well.

## Get proper care.

ProAssurance Group has led in defense of physicians for over a quarter of a century. Our strong record of personalized service and number of cases tried to verdict are testaments to our long-term commitment: to help good physicians keep practicing good medicine.

What level of attention do *you* want if defense is needed?



ProAssurance



ProNational  
INSURANCE COMPANY

EVER VIGILANT

# 2006 IAFP FALL FAMILY MEDICINE FORUM

Join IAFP, family medicine residencies and Illinois medical students for our biggest meeting of the year. Your board and volunteer leaders have been working hard on a new strategic plan for IAFP. This is also your best opportunity to meet, encourage and interact with today's medical students.

The Illinois health care landscape is embarking on major changes and new dialogue on many fronts. Come listen, learn and share your experiences with us.

The Fall Family Medicine Forum combines a residency fair, student workshops and panel discussions with active member CME – so there is something for everyone all in one place.

Learn more online at [www.iafp.com](http://www.iafp.com).

## CME Information

Attendees can earn a total of 3.0 credits for attending all sessions

### CME session #1- Identifying Postpartum Maternal Depression during the Well Child Visit; Resources For referral and Treatment

Presented by Tamarah Duperval, MD, MPH  
Medical Director & Assistant Professor of Clinical Family Medicine,  
UIC - Mile Square Health Center

### CME session #2 - Rewards and Challenges of Family Medicine – a Panel Distussion

Moderated by Matthew Brown, MD  
Program Director, Advocate Christ Medical Center  
Family Medicine Residency Program

### CME session #3 - New Paths to Recovery for Opioid Dependence

Presented by Martin C. Doot, MD, FAAFP,  
FASAM Assistant Professor of Family Practice,  
College of Medicine at  
Chicago University of Illinois  
& Medical director, Illinois  
Professionals Health Program,  
Advocate Lutheran General  
Hospital/ Advocate Medical  
Group

## Learning Objectives

- Acquire new information on clinical practices and treatments in order to improve patient care.
- Review current practice approaches in family medicine.



These activities have been supported by educational grants from Illinois Children's Healthcare Foundation, the Michael Reese Health Trust, and the W. Clement and Jessie V. Stone Foundation and by the American Society of Addiction Medicine.

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

## Hotel Information

Marriott Oak Brook  
1401 W 22nd St  
Oak Brook, IL 60523  
630-573-8555

Room rate: \$109 single/double – cut off date is Friday, Oct. 13th

## TENTATIVE SCHEDULE

### Saturday, October 28th

7 – 8 a.m. Exhibitor Registration and Set Up

8:30 – 9:30 a.m. Student Workshops

9 – 10 a.m. CME

9:30 – 10 a.m. Student Break

10 – 10:15 a.m. CME BREAK

10 – 11 a.m. Student Workshops

10 – 11 a.m. Residents Meeting

10:15 – 11:15 a.m. CME

11 – 11:30 a.m. Student Break

11 a.m. – 12:30 p.m. Foundation Board Meeting

11:15 – 11:30 a.m. CME BREAK

11:30 a.m. – 12:30 p.m. Student Workshops

11:30 a.m. – 12:30 p.m. CME

12:30 – 1:30 p.m. LUNCHEON AND  
SPEAKER FOR ALL

1:30 – 3:30 p.m. Committee Meetings

3:30 – 4:30 p.m. All Member Assembly

4:30 – 6 p.m. Finance Committee

### Sunday, October 29th

8 a.m. – 12 noon Board Meeting

## REGISTRATION FORM IAFP 2006 FALL FAMILY MEDICINE FORUM

Name: \_\_\_\_\_ M.D./D.O. \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

There is a \$30 Fee to attend this meeting, which helps to offset the cost of food, beverages and the CME program. Please check the events you plan to attend:

### Saturday, October 28

- CME
- Resident Meeting
- Foundation Board of Directors Meeting
- Luncheon
- Committee/Task Force Meetings (List which):
- All Member Assembly
- Finance Committee

### Sunday, October 29

- Board of Directors Meeting

Total Amount Enclosed: \_\_\_\_\_ (make checks payable to IAFP)

Please charge my credit card (AMERICAN EXPRESS, VISA or MASTERCARD only):

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Please return this form to the IAFP office at: IAFP, 4756 Main Street, Lisle, IL 60532 – 630-435-0257/800-826-7944 – FAX: 630-435-0433 – E-mail: [iafp@iafp.com](mailto:iafp@iafp.com)**

## Want to Tell Washington What You Really Think? Now is Your Chance!

For generations, millions of Americans have relied on family physicians for their health care needs. Whether they're facing a minor illness or a potentially life-threatening diagnosis, they turn to their trusted family physician first.

But if our nation's leaders don't act soon, many Americans may not have a family physician. The nation's health care system is reaching a breaking point, and it is affecting the ability of many Americans to get the care they need. More and more Americans cannot see their doctor because they don't have health insurance, or because skyrocketing medical malpractice claims and low Medicare payments are driving their doctors away.

The 2006 AAFP Scientific Assembly will be held in Washington, D.C., Sept. 27-Oct. 1, giving AAFP members a major presence in the nation's capital for the first time in 15 years. Family physicians will have a unique opportunity to command attention from the nation's leaders, and to urge them to put policies in place that will safeguard family medicine for future generations.

### Join your Illinois colleagues and speak up for our state!

On Wednesday, September 27, thousands of your colleagues will gather for AAFP's first-ever Capitol Hill Rally – Vote for America's Health. Family physicians, residents, and medical students representing all 50 states, the Uniformed Services, the District of Columbia, Puerto Rico, the Virgin Islands and Guam (and their family members) will gather by chapter on the U.S. Capitol's West Lawn, wearing white coats provided on site. A good turnout will create a 'sea of white coats' that cannot be ignored by the nation's political leaders.

Together, family physicians will call on our government to make a commitment to fixing America's troubled health care system, and they'll share their ideas about possible solutions. By attending the Vote for America's Health rally, you can help demand that this next Congress be the health care Congress. Don't miss out on this one-of-a-kind opportunity to make a difference! Visit [www.aafp.org/assembly](http://www.aafp.org/assembly) for more information. Please register to let AAFP know you plan to attend.

### Vote for America's Health Rally

Wednesday, September 27

U.S. Capitol's West Lawn

10:00 - 11:00 a.m.

Buses will depart for the Rally from the Washington Convention Center starting at 8:30 a.m.

## Why cows are better than milk alone *continued from page 2*

practice efficiency, develop a team culture for optimal patient care, and prepare the practice for the future. This is a terrific opportunity to revitalize your practice and DO instead of TALK. The Illinois Practice Enhancement Forum will be held in October in Oak Brook.

The future for all medicine includes Electronic Health Records. Electronic health records promise to change the way our offices, residencies, and hospitals run. Tomorrow's medical students and residents will already be plugged in when they enter the work force.

Remember how difficult it was to use a computer once upon a time? Remember when the thought of a cell phone was the thing of fantasy? What would we do without them now? EHR is much the same. Eventually we'll wonder how we ever lived without them.

Our residency has undertaken a project that we call "WOW". WOW involves the initiation of an EHR. But more than that, we are evaluating all of our processes, looking for ways to be efficient in our use of physician time and staff time. We are looking for ways to improve our service to patients by improving our communication, using telephone and e-mail. We are looking for ways to be more effective in managing chronic disease and providing preventive services. We are looking for ways to enjoy what we do, satisfy our patients, and produce an adequate income. We are looking for ways to take family medicine into the future.

The real "Future of Family Medicine" lies in the students and residents. This year, 7.8 percent of the students graduating from Illinois medical schools went into family medicine residencies. That is up from 6.7 percent last year, but it's not enough. The family medicine residencies in Illinois matched 86.7% this year, which is better than last year, better than the average for our region, and better than the national average! Things are getting better! But until we get back up near 100 percent, we must continue to make changes and push for policies that will make family medicine attractive to medical students.

New research has shown that people are healthier and medical care is less expensive when people have family doctors. In the simplest terms – communities are healthier when

40 to 50 percent of the physicians are family physicians, internists and pediatricians. In other words,

Family Physicians = healthier + less expensive

That's an equation everyone can get behind. So why don't we have that ratio? It's our job to make sure the public knows this equation; that the government knows it, kids in school know it, and our sub-specialist colleagues know it!

Each of us can encourage medical students, pre-med students, high school students, junior high, or even kindergarteners to consider family medicine. Many of us can be preceptors, showing medical students the rewards we experience in our offices every day.

### Providing cows instead of simply milk

In order for the Illinois Academy of Family Physicians to best serve our members, the organization has to remain nimble and able to respond to the ever-changing environment. More than that, we must lead the charge, so our patients will be best served in the future.

However, an organization that moves in all directions at once loses focus and has difficulty achieving anything. In order to truly serve our membership, we must have priorities and not deviate from those priorities unless it's absolutely necessary.

We are striving to be even better stewards of our finances—saving in good times to carry us during the lean ones—and using our resources only on the issues and items that forward our goals and strategic plan. I challenge every one of you to get involved in the process. Join a committee or a task force or an interest group and weigh in on the issues that matter most to you.

I don't see family medicine fading away—I see family medicine as a force to lead health care into the future. I challenge you to be a part of this active movement. By helping ourselves, we can better help our patients every day. We, as family physicians, serve not only individual patients, but communities throughout the state. I challenge you to be like my grandfather—be a cowboy—or a cow girl—provide the entire cow, so that no one has to beg for milk again.

# Advocate Health Partners finds success with Pay for Performance

By Carrie E. Nelson, MD, Wheaton

Dr. Stephen Sproul has been an active participant in both the creation and outcome of a significant pay for performance (P4P) initiative. Advocate Health Partners (AHP) is a group composed of 11 physician-hospital organizations (PHO), of which Dr. Sproul's Mount Prospect-based medical group is a member. In place for three years now, AHP's story is a valuable one to share as other family physicians prepare their practices for P4P.

## Money to be made

At the end of its third year of implementation, Advocate Health Partners received \$12 million compensation specifically for success with quality metrics. This amounted to approximately four to five thousand dollars per primary care physician. In addition to monies realized through this effort, the P4P program is a valuable marketing tool and is used for this purpose toward payers and employers.

What is especially unique to the AHP program is that providers, not payers, designed it. This provider-led process has resulted in P4P incen-

tives being built into their 7-8 PPO contracts. The program is structured so that the performance incentive maximum is four to eight percent over allowable billing charges. As of year three, 24 measures were incorporated, some of which were hospital-oriented and others physician practice-oriented. The types of measures are familiar ones by now—HAIc and LDL targets, publicly reported hospital metrics like B-blocker after MI, etc. Initially, the metrics were more process-focused, i.e. LDL within one year. At this time the program is evolving to a more outcome-focused group of metrics such as LDL < 130.

## Not popular, but can be rewarding

Feedback on the quality data is presented at both the hospital and individual physician level. The project has been successful in spite of the fact that few of the physicians in the network have an electronic health record. As a result, identifying patients is rather difficult. Dr. Sproul identifies this as a relative weakness in the program as patients are therefore identified based upon whether they've been hospital-

ized. Consequently, the number of patients upon which the incentives are based is comparatively small and the population is by nature adversely selected. Nonetheless, the physicians have successfully achieved the incentive rewards.

When the payout is computed, 70 percent is split amongst the physicians based on their individual billings for the PPO. The other 30 percent is based upon the PHO overall score compared to the other 10 PHOs in Advocate Health Partners.

What is the physician reaction to this? According to Dr. Sproul, it's similar to what we hear in our hospital and office corridors: doctors don't care for the concept of being measured on their clinical quality. Each physician receives quarterly "progress reports" and the reaction is not generally one of excitement. However, P4P is here, growing, and as the example of Advocate Health Partners shows, can reap rewards.

## UPCOMING EVENTS

### SEPTEMBER 6

Social Emotional Development and Screening Teleconference @ noon

### SEPTEMBER 13

Perinatal Maternal Depression Screening & Referral Teleconference @ noon

### SEPTEMBER 27

Rally on the Hill: Prescription for Change U.S. Capitol, West Lawn 10-11:30 a.m., Buses depart from Convention Center starting at 8:30 a.m.

### SEPTEMBER 28

Breakfast meeting with Illinois Senators Richard Durbin and Barack Obama in Washington, D.C.

### SEPTEMBER 29

Bipolar Disorder in Family Medicine, Common, Unrecognized but Treatable CME Satellite breakfast Embassy Suites Hotel Convention Center Washington, DC 5:45 – 7:45 a.m.

### OCTOBER 4-5

PriMed Update, Drury Lane, Oak Brook

### OCTOBER 20-21

AAFP Practice Enhancement Forum, Double Tree Suites, Oak Brook

### OCTOBER 28

2006 IAFP Fall Family Medicine Forum Marriott Hotel, Oak Brook

## IAFP Annual Meeting Highlights *continued on page 12*

Award. Likewise, at the national level, IAFP will submit a resolution to AAFP to support the US Physician Shortage Elimination Act of 2006 to send to the AAFP Congress of Delegates.

At the state level, IAFP will continue to pursue appropriate channels to create a line item in the 2008 state budget for the Summer Externship Program. Expediting Medicaid payments and increasing reimbursement for services also remains a high priority.

**PUBLIC HEALTH:** IAFP will contact the Illinois Hospital Association (IHA) or Chicago Metropolitan Health Care Council (CMHC) for hospitals to work with local health departments to contact staff physicians in the case of a pandemic or bioterrorism.

At the national level, IAFP will ask AAFP to develop with the state chapters a recommendation that best coordinates required school physical exams and required school immunizations.

**RURAL HEALTH:** IAFP will write a letter in support of the National Center for Rural Health Professions (NCRHP) report on the rural health care workforce.

Overall, the meeting reinforced the positive strides IAFP is making on behalf of its members. The Board completed its work on Sunday morning with a retreat to introduce Knowledge-Based

Decision Making as a tool for future Board meetings. Also, the Board began the process of reviewing the Academy's Strategic Plan. Online discussion will continue by topic area throughout the summer and fall, culminating in a new Strategic Plan that will be considered at the Board meeting on October 28th during IAFP's Fall Forum. Plan now to attend! (See page 8)

### The 2006/07 IAFP Board of Directors

President, Kathleen J. Miller, M.D.  
President-Elect, Steven D. Knight, M.D.  
Chair of the Board, Fredric D. Leary, M.D.  
Treasurer, Michael P. Temporal, M.D.  
First vice president, Javette C. Orgain, M.D.  
Second vice president, Patrick A. Tranmer, M.D.

### Board of Directors, Class of 2009

Deborah L. Edberg, M.D.  
Michael E. McGarry, M.D.  
Carrie E. Nelson, M.D.

New Physician, Tina M. Brueschke M.D.  
Resident, Allison Rittmann, M.D.  
Student, Aaron Traeger

### AAFP Delegates

Kelly Carroll, M.D.  
Christine A. Petty, M.D.

### AAFP Alternate Delegates

Ellen S. Brull, M.D.  
Tim J. Vega, M.D.

## Precepting medical students—it doesn't have to be painful

By Deborah Edberg, M.D.



I arrived at clinic five minutes ahead of my first scheduled patient. As I entered the office, I immediately felt myself becoming tense. Standing just inside the door to my office was my new medical student, Marissa\*. She was looking fresh and hopeful in her short white coat and her new stiff stethoscope slung awkwardly around her neck. I had forgotten that she would be here and today was already proving to be a busy day. I took a deep breath, counted to ten, and extended my hand to introduce myself.

Marissa was a third year medical student from the local medical school. I had agreed to begin accepting students intermittently to shadow and work with me in the hopes of encouraging them to become family doctors. In theory, the idea had sounded like a great way to educate about the field I loved, but I was concerned that in practice I was taking on too much. I knew that students could slow down an already busy day and it could be frustrating waiting for a student to conduct an interview. How would I have time to do an appropriate level of teaching while still doing all that was necessary to care for my patients?

That first day, along with the few days following, did prove to be a bit challenging as I took some time to show Marissa around the office and orient her to the charts and our system. She was an eager learner, however, and quickly adapted herself to our clinic. Most days I found she had already begun interviewing patients before I even arrived. When I was falling behind she took it upon herself to look up test results and attach them to charts before I had a chance to review the chart. She befriended the staff and would spend time in the lab or with the nurses learning how to give vaccines or check urines when my schedule had gaps. She was a compassionate listener and had the time to spend with my patients who needed someone to listen to them more than they needed the quick prescriptions that I had only enough time to write for them. I found myself reviewing basic medicine and rediscovering the joys of diagnosing illnesses through explaining to her how to evaluate patients and how I arrived at treatment plans. I certainly had days when I stayed at the office

longer than I would have had Marissa not come to work with me, but I found that time did not bother me. It was refreshing to remember how I had felt when I was on the brink of choosing a career and what had made me finally decide on family medicine.

Marissa was an exceptional student and really was a pleasure to have in clinic. Not all students will be as proactive as she was. Here are some tips to help make having a student join you in clinic more enjoyable and productive for you both.

- 1) Share the student. I work with two other family docs in my clinic. Even with a student as bright and eager as Marissa, it was helpful to have days when one of my partners would work with her so I could catch up on paperwork and see patients at a quicker pace. On days when I needed to get out on time I had one of my partners work with Marissa.
- 2) Use two or three rooms to see patients. If you have the space, it is helpful to have an extra room for the student to conduct interviews. I would often steer Marissa to a patient who I knew enjoyed or needed to talk and would let Marissa spend as much time as the patient needed. By the time they were ready for me, the patient had generally exhausted his or her need to talk and we could go straight to a treatment plan which helped expedite my day.
- 3) Save questions for the end of the day. We saw a great many complicated cases during Marissa's rotation and it could be very time-consuming to try to discuss them throughout the day. I told Marissa to write down questions she had and at the end of each day we took a few minutes to go over her questions. I often would have her do research on her own, with some initial guidance, to answer her own questions.
- 4) Take the time to conduct a thorough orientation at the beginning of the rotation. I took the time at the beginning of Marissa's rotation to give her a thorough orientation to our clinic and my expectations of her. Students are generally very attentive, especially at the beginning, and eager to please. This helped give her the freedom to exercise her own independence to help me with lab results and initial work up plans throughout the rest of her rotation.
- 5) Utilize your other resources. Marissa had never worked in a doctor's office before and

therefore found all aspects of it new and exciting. When my schedule was particularly packed and I found myself running too far behind, I had Marissa spend half days working in the lab or with the nurses. It is important and interesting for students to learn the responsibilities of all people involved in an office setting. She learned how to take vital signs, give shots, test urine samples, triage patients, etc. Check with your CLIA rules in your office lab regarding whether or not your student is able to draw blood or run lab tests.

- 6) Train your student in patient education. Many of my patients have similar medical problems. I taught Marissa the basics of these illnesses regarding patient education and was able to leave her with patients at the end of a visit to take the time to do the diet and lifestyle education that I often did not have time to do. She was able to answer questions and photocopy hand outs in addition to the basic education.
- 7) Teach your student all aspects of what it means to be a family doc. I told Marissa about my family life and how it fit into my professional life. I took her to the hospital for rounds and deliveries. I told her the reasons why I chose family medicine. Remember why you love what you do and be sure to share that with your student.

If you still find that having a student in your clinic would be too stressful, try to think of other ways to make yourself available to students in your area. I volunteer one half day a week teaching a Patient Centered Medicine course to first year medical students. It is a class that requires very little preparation and basically gives first year students exposure to clinical medicine and history taking skills. I also volunteered for a week long "medical mission" trip with medical students to help them deliver care to underserved people in the third world. Other family docs often volunteer to give lectures or workshops at their local medical schools. You can volunteer to precept at community or homeless clinics that are staffed by medical students. Students tend to pick specialties of people they know and admire. Give them the chance to get to know you and the specialty that you love. You'll be glad you did.

*\*Note: Marissa is actually a compilation of several students that have worked with me in the past.*

## “Blaise” of Glory *continued from page 1*

When asked about his award, Dr. Blaise said, “To me, what I do on a day to day basis is because I really, sincerely care about people. Knowing that my patients care and my peers recognize that the type of care I provide is somewhat different or unique is quite an honor.”

Dr. Blaise and his wife Kelli are the proud parents of four and grandparents to almost two-year old Ryan. Dr. Blaise is very active with his church and also coaches 11-year-old Kailyn’s softball team.

The Illinois Academy of Family Physicians received many letters of support from Dr. Blaise’s patients. Marcia Weber, a patient and his former high school teacher wrote: “I have referred many people to Dr. Blaise because I have complete faith in his ability. Many of those referrals have told me, ‘Dale Blaise saved my life.’ Whether it’s physical, emotional or a combination of both, Dr. Blaise will do whatever he can to provide the best possible outcome for each patient.”

During his acceptance speech, Dr. Blaise remarked how touched he was that so many patients wanted to write letters of support for him. “In medicine you so rarely get positive feedback,” he said. “Their letters mean so much to me, to know that they value what I do for them and that I am doing something right.” He also remarked how many congratulatory calls and letters he received from fellow physicians in southern Illinois.

The Family Physician of the Year is chosen from candidates nominated directly by patients and colleagues, who send letters to IAFP describing their family physician. The Award is presented annually to an outstanding family physician that best illustrates the values and vision of the family doctor. He or she is a role model for the community and sets the standard for health care delivery.

### THOMAS CORNWELL, MD

Dr. Cornwell has taken a passion for the elderly and disabled and created an entire practice dedicated to home visits. Not only has he served the Chicago metro area, he has helped others nationwide duplicate his model to serve their communities.

Dr. Cornwell combines modern medical technology with good old-fashioned family medicine to bring a much needed avenue of care. His practice, HomeCare Physicians, is entirely home visits to elderly and disabled patients who often cannot get to a physician’s office on their

own without great difficulty. His system relies on a good set of wheels, a wireless laptop, portable equipment and a very organized support staff.

He is working on behalf of home-based care nationally, serving on the Home-based Primary Care Quality Initiative, with the goal of creating quality indicators for house call medicine. He’s been doing home visits for over twelve years and has personally done over 19,000 home visits, caring for more than 3,000 homebound patients. He’s been honored as a National House Call Doctor of the Year and with the AMA’s Pride in the Profession Award.

But it wasn’t easy building this mission from the ground up. “There was a time in 1996 when I was making no money and being supported by my wife,” recalls Dr. Cornwell. “I am thankful He [God] led me to Central DuPage Health who agreed to support a house call program. It has been exciting to see it grow and become a national leader in house calls.”

Dr. Cornwell graduated from University of Illinois College of Medicine at Chicago in 1986. During his fourth year of medical he fell in love with family medicine during a rotation in the family medicine department at Lutheran General Hospital in Park Ridge. As a result, he completed his residency training at Lutheran General. While working at Central DuPage Hospital’s Convenient Care Centers, he first discovered his desire to help the elderly and home-bound through his community service while volunteering at a Christian health center on Chicago’s west side.

Dr. Cornwell and his wife, Leslie are the proud parents of two children, Nathan and Angie, who attended the banquet, along with Dr. Cornwell’s parents, staff, and representatives of Central DuPage Hospital. Dr. Cornwell provides home care services to former ABC 7 news anchor John Drury, who has Lou Gehrig’s disease – his wife Ann also attended the banquet.

The Distinguished Service Award is given at the discretion of the IAFP Awards and Promotions Committee to honor an IAFP member with outstanding service to patients over a career. “Family physicians are extremely dedicated physicians by their very nature,” said committee member Dr. John Sage, who presented the award. “But when you learn about a physician who takes the mission of serving some of our most fragile patients and provides such unmatched care, that doctor should be honored and celebrated.” The award was last presented

in 2005 to James Lang, MD of Chicago.

### MARGARET KIRKEGAARD, MD

Dr. Kirkegaard is the predoctoral director of the family medicine department at Midwestern University–Chicago College of Osteopathic Medicine in Downers Grove. She’s the course director for the 12 week core Family Medicine/Community Health clerkship and the elective course “Serving the Underserved” and also is on the cultural competence faculty.

She was honored nationally in 2005 with an AMSA Golden Apple Teaching Excellence Award. Dr. Kirkegaard also volunteers at several free clinics and coordinates student volunteers. She is a former member of the IAFP board of directors.

“Along with being a tremendous clinical and cultural instructor, she also teaches her students the value of physician advocacy,” said Dr. Leary. “By inviting IAFP’s staff to her class for a day of government action education each semester, she is helping us train and inspire tomorrow’s family medicine advocates.”

Dr. Kirkegaard earned her medical degree from the University of Minnesota and completed family medicine residency training at Hinsdale Family Medicine Residency program in 1992. She earned her Masters in Public Health from Benedictine University in Lisle in 2002.

In accepting her award, Dr. Kirkegaard referred to the old adage “what goes around comes around.” She concluded her speech with the hope that someday someone will be accepting that same award who will think of her the way she thinks of her own teachers and mentors.

The Family Medicine Teacher of the Year Award recognizes a family physician faculty who plays a pivotal role in the recruiting and developing the best in family medicine. The recipient can teach in the medical school, residency or community preceptor setting.

President’s Award – The IAFP President’s Award is given at the discretion of the president to honor an individual or organization that has been instrumental in furthering the missions of the Illinois Academy of Family Physicians.

Catherine Counard, MD, MPH is the Assistant Medical Director for Communicable Disease Control with the Cook County Department of Public Health (CCDPH). She was co-founder of the Evanston Citizens for Clean Indoor Air, a multidisciplinary coalition of Evanston citizens

*continued on page 14*

## Classified Ads

**CHAMPAIGN, IL**--Christie Clinic is a multi-specialty group of 85 physicians that is recruiting for a Family Practitioner for our Champaign office. Call will be 1/8. Very busy practice. The clinic is looking for a highly motivated FP who wants to work hard and be rewarded for it. The ideal candidate will be B/C and have two years of experience. Starting salary could be \$170K, with bonus potential. No OB. Metro population of 140,000. Extremely livable area. Home of the University of Illinois, with comfortable college town lifestyle. 2.5 hours south of Chicago. Send CV to Christopher Kashnig, Christie Clinic, 101 W. University, Champaign, IL 61820. Phone 217-366-5374. Fax 217-373-6872. E-mail address: ckashnig@christieclinic.com

**Luther Midelfort** – Mayo Health System in Eau Claire, Wisconsin, seeks a BC/BE Family Practice physician - Women's Health. OB is

optional, no inpatient duties, 4 1/2-day work week. Share call with other family practitioners for phone call of 1:18. A busy practice may be expected quickly.

Luther Midelfort is a 150-bed Level II Trauma Center. Complete benefits package includes comprehensive retirement plan, health & dental, malpractice, six weeks of vacation/CME and moving allowance. Located 90 minutes east of Twin Cities in safe University town. Contact Christine Rodman, 800-573-2580; e-mail rodman.christine@mayo.edu.

Check it out!  
The IAFP Web site,  
<http://www.iafp.com>

now lists openings for  
family physicians in Illinois.

### Classified Advertising Rates

IAFP will include classified advertising in our bi-monthly *Family Physician* and also our bi-weekly all member electronic newsletter, IAFP E-News. Classified ads are limited to 100 words and can include hot links to your web site or email address in the text of your ad. Classified ads in their IAFP E-News are \$100 per issue.

IAFP members receive a 20 percent discount




  
**ACUTE CARE, INC.**

**HEALTHCARE SOLUTIONS**  
*for Your Community*

Having problems finding consistent coverage in your Emergency Department? **ACUTE CARE, INC.** is one of the largest Emergency Medicine physician specialty group practices in the Midwest. We specialize in recruiting Board Certified physicians to non-urban facilities. If you're looking for a core group in your ED, **ACUTE CARE, INC.** has healthcare solutions for your community.

P.O. Box 4130  
Des Moines, Iowa 50333  
Toll-free 1.800.729.7813  
Phone 515.964.2772  
Fax 515.964.2777

[www.acutecare.com](http://www.acutecare.com)



*It's Your Career...  
Take Charge!*


Are you tired of increasing malpractice and office overhead costs? Seeking more time with your family and a more flexible work schedule?

Midwest Emergency Department Services is looking for Board Certified/Residency Trained Family Practice Physicians to join our growing family.

We currently manage and provide physician staffing for twelve Emergency Departments throughout Central and Southern Illinois as well as Central Missouri. We've been providing our services for more than twenty two years and can state proudly that we have never lost a contract!

We have some really great full and part time positions available. For more information:

Call Ken Wellerritter, 888-577-6337  
or fax your CV to 618-624-3387  
or E-mail to: [kenw@er-meds.com](mailto:kenw@er-meds.com)

  
Meds  
MIDWEST EMERGENCY DEPARTMENT SERVICES

Visit Our  
Web Site at:  
[www.er-meds.com](http://www.er-meds.com)

## Your Healthcare Plus begins for children, disabled adults

On July 1, 2006, the Illinois Department of Healthcare and Family Services and McKesson Health Solutions launched Your Healthcare Plus, a statewide program designed to help about 168,000 children and disabled adults with chronic illnesses. Beneficiaries receive help managing chronic illnesses such as asthma, coronary artery disease, heart failure, chronic obstructive pulmonary disease, diabetes and other chronic conditions that patients have.

McKesson Health Solutions provides care management services to government entities, including 10 Medicaid agencies nationwide and the Centers for Medicare and Medicaid Services through the Medicare Health Support program in Mississippi.

The Your Healthcare Plus will reach approximately 113,000 disabled adults with ongoing or complex health issues, 48,000 children and adults with asthma, and more than 14,000 high frequency emergency department users.

Eligible beneficiaries are assessed and stratified by risk level using historical claims data and state-of-the-art predictive modeling tools. Interventions are tailored to a beneficiary's risk level and social, language and cognitive needs. Higher risk beneficiaries may receive nurse education and counseling, either by phone or community-based contact. All beneficiaries and medical providers are offered written educa-

tional materials and can access additional information and assistance via the Web.

Through beneficiary education and counseling Your Healthcare Plus is designed to help all participants:

- Find and use a medical home;
- Receive education and coaching to help understanding of and adherence to their doctor's plan of care;
- Get appropriate medical care, including the right setting and timeframe, to reduce health risks;
- Improve their health and wellness; and
- Adhere to drug regimens that are cost-and clinically-effective.

Specific goals for those with asthma include:

- Use of appropriate medications;
- Presence/knowledge of symptom-based action plan;
- Smoking cessation; and
- Annual influenza vaccine.

Your Healthcare Plus staff lives and works in the communities that they serve. McKesson Health Solutions has more than 170 healthcare employees in Illinois as well as a Wheeling call center staffed by registered nurses.

These health professionals are organized into community-based multidisciplinary teams serv-

ing specific areas and promote holistic care plans for beneficiaries. They work closely with physician practices, hospitals, long-term care institutions and clinics:

- A local medical advisor is the primary contact for groups and professional organizations.
- Registered nurses and lay educators work with physicians to provide disease-specific educational information, care coordination and additional support for complex, challenging patients.
- Community- and hospital-based case managers work with physicians, and clinical and office staff to provide intensive care coordination, condition management and care optimization.
- Social workers, behavioral health specialists and pharmacists provide additional support.

The teams also work to increase the number of beneficiaries who receive care consistent with evidence-based practice guidelines promoted by the participant's physician; provide technology and office support for better communication across all team members; and reduce costs.

For more information, please Dr. Maureen Mangotich, Chief Medical Officer, at [maureen.mangotich@mckesson.com](mailto:maureen.mangotich@mckesson.com) or call the Provider Hotline toll-free at 1-800-973-6792.

## “Blaise” of Glory *continued from page 12*

and organizations advocating for smoke-free Evanston workplaces. After a partial victory in 2004 making some workplaces smoke-free, the Evanston coalition went back to the Council in 2006 and got the 100 percent smoke-free city that they wanted. As of July 1, all Evanston workplaces, including restaurants and bars, are smoke-free.

“As committed partners in the fight against tobacco, the IAFP is proud to recognize Dr. Counard's outstanding commitment to her community's protection from secondhand smoke,” said Dr. Leary.

Ever the team player and good leader, Dr. Counard offered praise to many other IAFP leaders in attendance that have contributed so much to other local clean indoor air campaigns in her acceptance remarks.

S\*M\*A\*S\*H – Statewide Medical Alliance for the Survival of Healthcare – S\*M\*A\*S\*H is a

grassroots political coalition of health care providers throughout Illinois who worked tirelessly to advance medical liability reform in the Illinois General Assembly. With constant political and media activity, S\*M\*A\*S\*H was able to garner the support of their legislators to vote for reforms that would stop the skyrocketing increases in liability premiums and provide a system that would ensure fairness to providers and patients. In May 2005 the General Assembly passed reform legislation and Gov. Rod Blagojevich signed the bill into law in August 2005. Morris Kugler, MD, the Headquarters Surgeon of S\*M\*A\*S\*H accepted this President's Award from Dr. Leary.

### 2006-2007 Committees

*(will meet about once every two months and report information to a common list serve)*

Continuing Medical Education  
Finance  
Government Relations  
Public Health

Quality and Safety in Practice

### 2006-2007 Task Forces

*(will meet as needed to accomplish tasks)*

AAFP Resolutions  
Annual Meeting  
Awards and Promotion  
Fall Forum Meeting  
Leadership Development  
Membership and Member Services

### 2006-2007 Interest Groups

*(will meet as they choose with ideas reported to All Member Assembly)*

Family Medicine Educators  
Residents  
Rural health  
Students  
Urban health

To find out about these volunteer opportunities go to [www.iafp.com/about/committees\\_charges.htm](http://www.iafp.com/about/committees_charges.htm)



# IAFP

**Illinois Academy of Family Physicians**  
4756 Main Street  
Lisle, Illinois 60532

## Address Service Requested

*Family Physician* is published bimonthly by the Illinois Academy of Family Physicians (IAFP). Views and opinions published in *Family Physician* are not necessarily endorsed by the IAFP. *Family Physician* is a registered trademark of the IAFP.

### Illinois Academy of Family Physicians

4756 Main Street  
Lisle, IL 60532  
800-826-7944 or 630-435-0257  
FAX: 630-435-0433  
E-mail address: [iafp@iafp.com](mailto:iafp@iafp.com)  
Web site: <http://www.iafp.com>

### Editor

Christine Holz Emerson  
E-mail address: [cemerson@iafp.com](mailto:cemerson@iafp.com)

### IAFP Board of Directors:

#### President

Kathleen J. Miller, M.D.

#### President-elect

Steven D. Knight, M.D.

#### Chair of the Board

Fredric D. Leary, M.D.

#### Treasurer

Michael P. Temporal, M.D.

#### First Vice President

Javette C. Orgain, M.D.

#### Second Vice President

Patrick A. Tranmer, M.D.

#### Immediate Past President

Fredric D. Leary, M.D.

### Board of Directors:

#### 2007

Karole Lakota, M.D.

Manoj Matthew, M.D.

Anna Mies-Richie, M.D.

#### 2008

James G. Cunnar, M.D.

Ashwani Garg, M.D.

Michael P. Temporal, M.D.

#### 2009

Deborah L. Edberg, M.D.

Michael E. McGarry, M.D.

Carrie E. Nelson, M.D.

#### New Physician

Tina M. Brueschke, M.D.

#### Resident Director

Allison Rittmann, M.D.

#### Student Director

Aaron Traeger

#### Delegates to the American

Academy of Family Physicians (AAFP)

Kelly Carroll, Jr., M.D.

Christine A. Petty, M.D.

#### Alternate Delegates to the AAFP

Ellen S. Brull, M.D.

Tim J. Vega, M.D.

### IAFP Staff:

#### Executive Vice President

#### Vice President of Education

Vincent D. Keenan, C.A.E.

#### Deputy Executive Vice President

Jennifer O'Leary

#### Vice President of Government Relations

Gordana Krkic, C.A.E.

#### Vice President of Communications

Christine Holz Emerson

#### Director of Meetings

Crishelle O'Rourke

#### Director of Public Relations

Ginnie Flynn

#### Office Manager

Diana Garcia

#### Education Manager

Kate Valentine



## 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.



## IAFP FOUNDATION MISSION STATEMENT

Assuring access to Family Physicians and the quality care they provide to all citizens of Illinois.