



# Family Medicine impacts health care with...

- **Expert family physician leaders who are shaping the future of our health care system**
- **Full representation and advocacy at all levels of government**

## Quadruple Aim



## POLICY DRIVEN BY THE QUADRUPLE-AIM

**Serving the under-served:** IAFP members are the foundation of our nation's primary care clinics to the underserved, the FQHCs. Our members train there, work there, and teach there. Their dedication leads to changes and innovations to improve the health of our most vulnerable. They care for the sickest of the sick, the depressed, the addicted, the homeless, the victims of violence, the uneducated, the tough cases.

**Tobacco Cessation:** Work to pass sound tobacco legislation, increase awareness of cessation services and provide practical resources to primary care physicians, health professionals and patients to reduce tobacco use in all categories across the age spectrum

**Opioid Prescribing and Pain Management:** Pain is one of the oldest challenges for medicine. Family physicians find themselves at the crux of the issue, balancing care of people who have chronic pain with the challenges of managing opioid misuse and abuse. Effective pain management and care of patients with substance use disorders require patient centeredness and compassion, which are hallmarks of family medicine. Link to AAFP position paper <http://www.aafp.org/about/policies/all/pain-management-opioid.html>

**IAFP's Safe Prescriber program** provides physicians with the latest clinical resources on pain management & controlled substances and practice workflows to reduce addiction and overdose – saving lives.

**Medical home provides team-based care in one place:** Family medicine practices are innovators in sharing medical and behavioral health under the same roof with a team-based care model. Primary care practices can play an increasingly important role in helping patients address their mental health issues by integrating mental and behavioral health care. Using this approach, primary care teams and behavioral health specialists work side-by-side, sharing patient medical records, treatment plans and overall care management.

## Expert Physician Leaders that are Shaping Our Healthcare System:

We are leaders on primary care issues with our partner organizations in primary care: Illinois Chapter, American Academy of Pediatrics (ICAAP), Illinois Osteopathic Medical Society (IOMS), Illinois Psychiatric Society (IPS), Illinois State Medical Society (ISMS), American College of Physicians (ACP), and the Illinois Primary Health Care Association (IPHCA).



# ABOUT IAFP

The Illinois Academy of Family Physicians (IAFP) is a professional medical society dedicated to maintaining high standards of family medicine representing over 4,900 family physicians, residents and medical students. IAFP provides continuing medical education (CME) programming, advocacy through all levels of government and opportunities for member engagement and interaction. We are a constituent chapter of the American Academy of Family Physicians (AAFP), representing over 129,000 members nationwide around the world through the Uniformed Services Chapter.

## ABOUT FAMILY MEDICINE

Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. Unlike other specialties that are limited to a particular organ or disease, family medicine integrates care for patients of both genders and every age, and advocates for the patient in a complex health care system. Family physicians provide pre-natal care through end of life care and often treat generations of members of the same family.

## ABOUT THE FAMILY PHYSICIAN

Family physicians are truly the foundation of our health care system. As our nation's population grows and ages, no other specialty is better prepared to meet these needs. Over 90 percent of U.S. family physicians treat Medicare patients, providing their ongoing primary care and coordinating needed specialty care.

Today, family physicians provide the majority of care for America's underserved rural and urban populations. In fact, family physicians are distributed more proportionally to the U.S. population than any other physician specialty. Without family physicians, rural and underserved populations in particular, would lack access to primary care.

Because of their extensive training, family physicians are the only specialists qualified to treat most ailments and provide comprehensive health care for people of all ages - from newborns to seniors. Additionally, family physicians complete a rigorous re-certification process every seven years. AAFP members are required to complete 150 hours of continuing medical education every three years to maintain their membership. These measures ensure that family physicians are current and comprehensive in caring for patients throughout the life spectrum.



On the web: [www.iafp.com](http://www.iafp.com) and Twitter @IllinoisAFP. Find us on Facebook

Phone: 800-826-7944

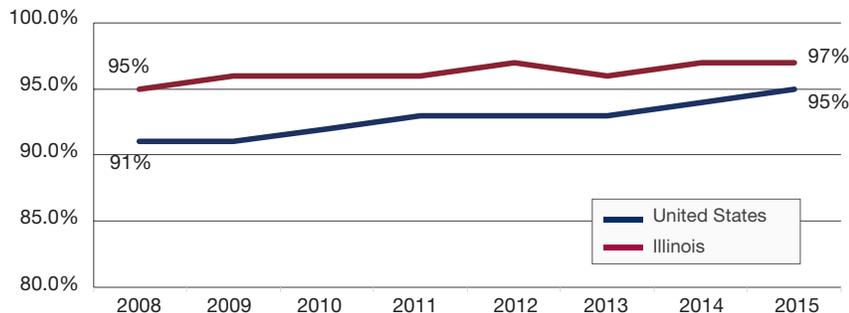
Email [iafp@iafp.com](mailto:iafp@iafp.com).

# ILLINOIS

## Snapshot of Children's Coverage

How Medicaid, CHIP, and the ACA Cover Children

Children's health insurance coverage has reached historic levels in the U.S., thanks to Medicaid, CHIP, and the ACA.



**1.4 million**

children in Illinois rely on Medicaid and ALL Kids (CHIP) to access the care they need to be healthy

**31,000**

children in Illinois were enrolled in Marketplace plans at the end of the 2016 open enrollment period



### Medicaid and ALL Kids (CHIP) serve Illinois's most vulnerable children.

A large share of at-risk children rely on public coverage, as reflected by the percentage of Illinois children in each group below that depend on Medicaid and ALL Kids (CHIP) for health care they need to thrive:

**84%** Children living in or near poverty.

**45%** Infants, toddlers, and pre-schoolers during the early years that are key to their healthy development and school readiness.

**42%** Children with disabilities or other special health care needs such as juvenile diabetes, congenital heart conditions, or asthma.

**100%** Children in foster care who face poverty, family dysfunction, neglect, and abuse that result in high rates of chronic health, emotional, and developmental problems.

**50%** Newborns in low-income families to assure a healthy delivery and strong start during their critical first year of life.

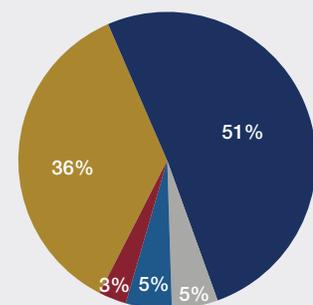
### How Kids Are Covered

**Medicaid** is a primary source of coverage for children. Each state has the flexibility to design its program within federal guidelines and receives federal matching funds. For children, Medicaid provides guaranteed coverage, pediatrician-recommended services, and cost-sharing protections.

**The Children's Health Insurance Program (CHIP)**, known as ALL Kids in Illinois, builds on the foundation of Medicaid to cover children in working families who are not eligible for Medicaid and lack access to affordable private coverage. Each state designs its program within federal parameters but all CHIP programs provide affordable coverage with pediatric-appropriate benefits and networks. Nearly half (24) of all states provide Medicaid benefits to all children enrolled in CHIP.

**The Affordable Care Act (ACA)** established marketplaces where families can purchase health insurance and receive financial assistance. Marketplace plans provide essential health benefits, including pediatric services like dental and vision care.

### Sources of Children's Coverage in Illinois

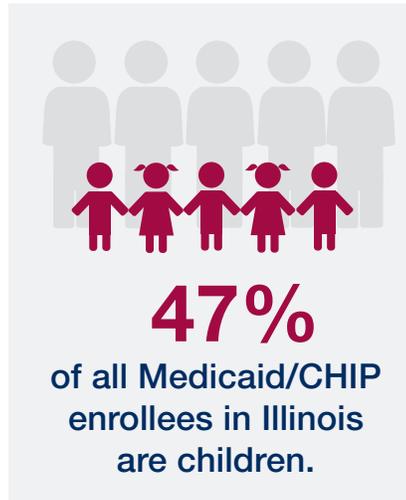


- Medicaid and ALL Kids (CHIP)
- Employer-Sponsored Insurance
- Purchased directly from an Insurer, including Marketplace plans
- Other including Medicare, Tricare, VA
- Uninsured



## Medicaid and CHIP are critical to children's healthy development and success in life.

Medicaid covers preventive services including well-child check-ups, immunizations, and dental care. Through the program's definitive standard of care for children—known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT)—Medicaid provides children with access to the care they need at a cost their parents can afford. EPSDT covers a comprehensive array of services for children, including developmental, vision and hearing screenings, so that health problems and developmental delays can be diagnosed and treated as early as possible, or averted altogether.



## Medicaid provides affordable access to the care children need.

Administrative costs in Medicaid at the national level are half the rate typical in private insurance. In 2015, children accounted for 41 percent of individuals enrolled in Medicaid nationwide but represented only 19 percent of Medicaid spending, with an average annual expenditure per child of \$3,389.

## Medicaid helps children grow up to reach their full potential. Children enrolled in Medicaid:



Miss fewer school days due to illness or injury



Do better in school



Are more likely to graduate high school and attend college



Grow up to be healthier as adults



Earn higher wages



Pay more in taxes

## What's at Stake?

### Protect the ACA

The ACA enacted critical protections that also benefit children and young adults covered by private insurance:

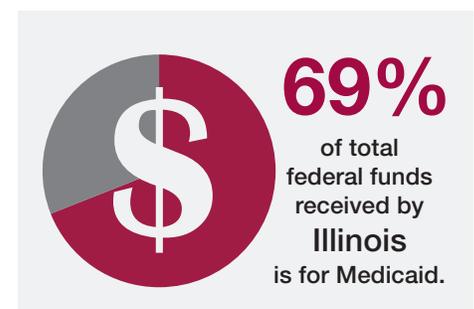
- Young adults between the ages of 19 and 26, an age group with the highest uninsured rates before the ACA, are able to stay on their parents' health plan.
- Children with asthma, cancer, or disabilities cannot be excluded from coverage due to their pre-existing condition.
- Insurance companies cannot impose annual or lifetime benefit limits, which would be especially hard on families with children who have special health care needs.

### Keep Medicaid Strong

Medicaid is a federal-state partnership that guarantees coverage for the most vulnerable children, and covers 35 million children in the U.S. Restructuring Medicaid with reduced federal funding will force states to pit children's needs against other vulnerable groups, including individuals with disabilities and the elderly. Currently federal matching funds to states expand or shrink as the number of individuals enrolled or the cost of providing services changes based on need. Proposals like block grants or per capita caps that set limits on federal Medicaid funding—which accounts for 69 percent of all federal funding received by Illinois—will shift financial risk to the state to fill the gaps.

### Support CHIP Funding

CHIP funding expires at the end of fiscal year 2017. CHIP works because it stands on the shoulders of Medicaid. CHIP funding must be extended to provide certainty and stability for families who depend on it.



This fact sheet was created by the Georgetown University Center for Children and Families and the American Academy of Pediatrics.

For data sources used, see <http://ccf.georgetown.edu/2017/02/06/snapshot-sources/>.

For more information on Medicaid, CHIP, and the ACA, visit our websites at:

[www.georgetown.ccf.edu](http://www.georgetown.ccf.edu)

[www.aap.org](http://www.aap.org)



## Opioid Crisis in Illinois

### *What has happened since the Heroin Crisis Act passed?*

The Heroin Crisis Act<sup>1</sup>, enacted in September 2015, has helped Illinois address the heroin and opioid crisis issues with a strong foundation. Successful results include:

- Illinois is the state with the seventh *lowest* opioid prescriptions per population in the United States<sup>2</sup>; lower than any contiguous state.
- Nationally, and in Illinois, the rate of opioid prescriptions dropped 15% between 2012 and 2015.
- Illinois Prescription Monitoring Program (IL PMP), through grants from the federal government<sup>3</sup>, made direct connect access (in less than 1 second) possible for any hospital system or medical group with all Electronic Health Records vendors;
- IL PMP participates in multi-state pact so Illinois prescribers can check if their patients were prescribed opioids in other states; and pharmacies must enter prescription fulfillment information into the IL PMP the *next* business day, ensuring the IL PMP data is current and helpful.
- Over 600 pharmacists have been trained through the Illinois Pharmacists Association<sup>4</sup> to dispense Naloxone, the drug that stops an opioid overdose immediately. Walgreens has trained its pharmacists and other chain drug stores are doing the same. Medicaid has dropped any prior authorizations for Naloxone, buprenorphine or any similar Opioid Use Disorder medications.
- Any prescriber with a controlled substance license (known as DEA license) will be automatically enrolled in the IL PMP when they receive or renew their DEA license (every three years). Currently there are more than 30,000 prescribers in the IL PMP database. It could grow to about 100,000 with renewal of medical licenses and DEA licenses in July 2017.
- Prescribers and pharmacists are notified when a patient goes to three or more prescribers and/or three or more pharmacies in a 30-day period. The IL PMP peer review committee, consisting of prescribers and pharmacists, reviews those whose patterns are abnormal. Those prescribers and pharmacists are contacted and must respond within 30 days.

### ***What more can be done?***

- Support task forces forming at the city, county and regional level to address the opioid/heroin crisis. Here are just a few examples:
  - West Side Heroin Task Force<sup>5</sup> held a town hall meeting, April 18, featuring Elizabeth Salisbury-Afshar, MD, MPH, family physician and medical director of behavioral health, Chicago Department of Public Health.
  - Lake County Opioid Initiative<sup>6</sup>, develops, implements, evaluates and sustains a multi-strategy county-wide effort to prevent opioid abuse, addiction, overdose, and death.
  - 28 counties in southern Illinois have held meetings to address the opioid/heroin crisis<sup>7</sup> with support from Southern Illinois University.
  - Chicago's collar counties have formed the Chicago Area Opioid Task Force<sup>8</sup> with workgroups: First Responders; Primary Prevention, Education and Awareness;



Communications, Data Collection and Evaluation; Treatment, Recovery, Harm Reduction and Family Services; Policy, Legislative, & Legal Issues; and Health Professionals.

- The Illinois Opioid Crisis Response Advisory Council made up of seven state agencies, many organizations and advocates statewide, is collecting information on all the developments, sharing best practices and proposing next steps. These efforts helped Illinois secure a \$16 million grant to address the opioid crisis.<sup>9</sup>
- Consult with local, county and regional task forces; professional organizations and experts working on the opioid/heroin crisis; and advocates to determine how to best address the opioid crisis.
  - For example, Illinois Academy of Family Physicians has formed a workgroup, Opioid Safety, consisting of family physicians who are
    - experts in Opioid Use Disorder treatment
    - on the IL PMP Advisory Committee and Peer Review Committee
    - leading their medical group and health system in developing guidelines.

Resources:

<sup>1</sup><http://www.ilga.gov/legislation/publicacts/99/099-0480.htm>

<sup>2</sup> <https://www.cdc.gov/vitalsigns/opioid-prescribing/infographic.html#map> accessed April 26, 2017

<sup>3</sup> <http://www.chicagotribune.com/business/ct-overdose-grant-0911-biz-20150910-story.html>

<sup>4</sup> <http://www.ipha.org/isoatp-registration>

<sup>5</sup> <http://www.nbcchicago.com/news/local/West-Side-Heroin-Task-Force-Hosts-Town-Hall-Meeting-419748584.html>

<sup>6</sup> <https://opioidinitiative.org/>

<sup>7</sup> <http://crhssd.siu.edu/projects/opioid-prescription-drug-abuse-and-heroin-addiction/>

<sup>8</sup> <https://www.facebook.com/CAOTF2/>

<sup>9</sup> [https://www.iml.org/cms/files/pages/DHS\\_2017-04-25.pdf](https://www.iml.org/cms/files/pages/DHS_2017-04-25.pdf)



## **Illinoisans with Diabetes – What are we doing? What more can we do?**

- 1 in 8 adults in Illinois have type 2 diabetes; but one-fourth of them don't know they have it!
- More than 1 in 3 additional adults have pre-diabetes with blood glucose (sugar) levels higher than normal but not yet high enough to be diagnosed as diabetes.
- Every year an estimated 66,000 people in Illinois are diagnosed with type 2 diabetes.<sup>1</sup>

### ***What are we doing to address this problem?***

While certain lifestyle changes are key to [managing diabetes](#), whether you can actually turn back time and completely reverse type 2 [diabetes](#) is a different matter.<sup>2</sup>

Many innovations in type 2 diabetes care are made by family physicians that improve access, provide better quality and lower costs (the Triple Aim).

One example is group visits for patients with type 2 diabetes. Janet Albers, MD, chair of the department of family and community medicine at Southern Illinois University, is a pioneer in piloting and implementing group visits. Dr. Albers taught many other physicians and clinical teams<sup>3</sup>, spreading the innovation throughout Illinois.

Another example is Tony Hampton, MD, MB Advocate Medical Group family physician. Dr. Hampton, through his work with patients over the years, has just published *Fix Your Diet, Fix Your Diabetes*<sup>4</sup>. His premise is that if patients understand how type 2 diabetes occurs, they can change how their diabetes is managed. The focus changes from symptom management (high glucose values) to focus on the actual cause of the disease (insulin resistance).

### ***What more can we do?***

The Illinois Department of Public Health received a grant from ASTHO<sup>5</sup> to develop a 2018-2020 Diabetes Action Plan for the State. The three areas of focus are: clinical linkages, data and health IT, and finance and reimbursement. Here's some highlights of what Illinois can do:

- Improve prevention and early diagnosis, through support of educating adolescents about food choices and cooking, and getting those at-risk for type 2 diabetes to find out if they have pre-diabetes. Kate Kirley, MD, MS, family physician at American Medical Association is leading the development and distribution of an online screening.<sup>6</sup>
- Improve access to and payment for Diabetes Self-Management Education (only 7% of persons with diabetes have it); improve referral to and payment for team-based care for persons with diabetes (for example including dietitians)
- Watch for the release of the Illinois 2018-2020 Diabetes Action Plan in late summer 2017.

*\*See reverse for references*



- <sup>1</sup> <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/illinois.pdf> Accessed April 26, 2017
- <sup>2</sup> <http://www.webmd.com/diabetes/type-2-diabetes-guide/reversing-type-2-diabetes#1> Accessed April 26, 2017
- <sup>3</sup> <http://old.cme.iafp.com/education/course-info.asp?course=61> Accessed April 26, 2017
- <sup>4</sup> <http://drtonyhampton.com/book-summary-fix-diet-fix-diabetes/> Accessed April 26, 2017
- <sup>5</sup> <https://govappsqa.illinois.gov/gata/csfa/Program.aspx?csfa=1525> Accessed April 26, 2017
- <sup>6</sup> <https://preventdiabetesstat.org/> Accessed April 26, 2017



# Supporting Family Medicine Residency Programs

*The following statement from the IAFP Family Medicine Educators committee and Government Relations committee can be used in all opportunities to support family medicine training programs in any reform to the U.S. health care system. To speak with an Illinois Academy leader on this issue, contact [Ginnie Flynn](#) or call 630-427-8004.*

## **Health Care Reform and Graduate Medical Education: February 13, 2017**

Family medicine residencies are essential to training the primary care workforce we need, while providing comprehensive care to communities and piloting innovations in patient-centered, cost-effective care that produces better health outcomes. Graduating residents enter the workforce with the latest in clinical and population management advances, and often settle in or near the communities where they train. See the [Robert Graham Center resource page](#) that shows the distribution of graduates from Illinois family medicine residency programs. Therefore, supporting family medicine education programs widely distributed across the nation is essential to meet our growing need for primary care. Immediate support for primary care is needed to avert a looming workforce shortage caused by a system that rewards specialty care and undervalues primary care.

According to the American Academy of Medical Colleges Workforce report, 62 percent of current Illinois physicians completed residency training in Illinois. Nearly half of 2014 graduates remained in Illinois to practice. With 28 percent of Illinois over age 60, it's crucial that we accelerate our efforts to train and retain family physicians to care for our state.

Teaching Health Centers, including [Northwestern-McGaw Family Medicine Residency in Chicago](#), were created through the Affordable Care Act. The pilot project received a short-term extension through the Medicare Access and Children's Health Insurance Program Reauthorization Act (MACRA). With the repeal of the ACA that established the THC training model and a lack of a permanent funding source, this proven source of community based primary care providers is in jeopardy. Any overhaul to our federal health care system must preserve, expand and solidify the Teaching Health Centers program. Illinois' Teaching Health Center in Humboldt Park provides comprehensive health care services to some of Chicago's most vulnerable populations. Residents graduate from these programs prepared and dedicated to serve the specific needs of underserved populations. According to the American Association of Teaching Health Centers, 76 percent of THC graduates practice in underserved areas, and 40 percent work in a community health center.

All 27 Illinois family medicine residency programs operate with a similar philosophy of comprehensive, patient-centered primary care. They are located throughout the state and are essential to ensuring a physician workforce in meeting our state's needs; both in numbers and in the expertise needed to effectively and efficiently care for all of Illinois.

It is essential that the new Administration and Congress work together to support and expand family medicine education to ensure a physician workforce strong in numbers with the skills and team-based support to meet our nation's needs. You can see the [projected shortage of primary care physicians here](#). We call on them to put family medicine and primary care as their priority in graduate medical education funding, while expanding and fully funding the Teaching Health Center model of health provider training to other programs in Illinois and around the nation.



February 28, 2017

The Honorable Bruce Rauner  
Governor, State of Illinois  
207 State House  
Springfield, IL 62706

**RE: Ensuring vaccinations for low-income children in Illinois**

Dear Governor Rauner,

As leaders of our community, we are concerned about changes announced by the Illinois Department of Public Health (IDPH) last August pertaining to the Vaccines for Children (VFC) program. As of October 1, 2016, the VFC program stopped funding vaccines for 1 in 10 children who are covered under the Children's Health Insurance Program (CHIP), and Managed Care Organizations (MCO's) are failing to reimburse providers for the Title XXI vaccinations they provide.

This has caused an immediate challenge for our healthcare providers, as it reversed policies and clinical/billing practices that had been in place for 20 years. The uncoupling of administration, eligibility and billing systems for Medicaid children's required immunization coverage has created an additional and unnecessary challenge to safety net providers that serve low-income children. In DuPage County alone, nearly 9,000 low-income children are impacted by this change, while we estimate that the statewide total is closer to 180,000 low-income children.

Unless MCO's are required to provide reimbursements to health care providers for these vaccinations, we are concerned about the following short-term and long-term consequences:

- Low-income families already struggling to meet the needs of their children will experience additional barriers to receiving required medical services;
- Public health threats of lowered immunization coverage levels will result in additional costs;
- Medical/healthcare providers will reevaluate their commitment to Illinois' Medicaid system due to the complex eligibility, billing and administrative functions.

We urge your administration to enact the following changes to ensure that necessary vaccinations are available to this vulnerable population of children:

- The Illinois Department of Healthcare and Family Services (IDHFS) should provide a temporary remedy by reimbursing providers directly for immunizations provided to this population of low-income children;

- Require that private MCO's doing business with the State, under any/all of the publicly funded insurance plans, must provide immediate, consistent and routine reimbursement for all covered lives in their portfolio;
- Establish timely, significant consequences/penalties to minimize the time-consuming administration and unnecessary processes for Medicaid providers to receive reimbursement.

We greatly appreciate your attention to the issues we have outlined and request a meeting with you and the leaders of the IDPH and IDHFS so we may work towards a permanent resolution.

Sincerely,



**Daniel J. Cronin**  
Chairman  
DuPage County



**Karen Ayala**  
Executive Director  
DuPage County Health Department



**Dr. Edward Pont**  
Chairman, Govt. Affairs Committee  
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