



ILLINOIS FAMILY PHYSICIAN

VOLUME 62, ISSUE 4

July/August 2010

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Published by the Illinois Academy of Family Physicians
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Primary Care is Front and Center: Now What?

Family physicians gathered in Washington, DC at the AAFP's annual Family Medicine Congressional Conference on May 11-12 to discuss the new era of health care reform and its effect on almost every citizen and our entire health care delivery system. But more importantly, they met to roll up their sleeves and begin the task of implementing change and transforming a system that will ultimately have primary care at its epicenter.

Sponsored by the AAFP and the Council of Academic Family Medicine, the conference educated participants on family medicine's legislative priority issues and allowed participants to put these skills to use with federal legislators and their staff. More than 175 physicians attended the meeting. IAFP participants met with members of the Illinois delegation and called for legislation that would permanently fix the SGR to maintain access to care for elderly and disabled Americans. They also urged their representatives

to address the primary care physician shortage by supporting primary care medical education as well as medical school scholarship and loan repayment programs.

Let's look at how family medicine advocates for each priority:

Primary Care Payment: The Centers for Medicare and Medicaid Services (CMS) eliminated consultation codes and updated practice expense data, which modestly increased the value of 'evaluation and management' codes that are among the codes most used by family physicians. FMCC participants urged Congress to support primary care payments and allow these needed changes to stand and not overrule the CMS regulation.

And of course, family physicians urged Congress to support the recommendation of the Medicare Payment Advisory Commission (MedPAC) to repeal the SGR formula

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The Illinois AFP members with Illinois Congresswoman Jan Schackowsky (D-9th).

President's Message

Patrick Tranmer, MD

A Letter to Residents

Dear graduating resident members,

As you embark upon your family medicine careers, I want to thank you for choosing Illinois for your residency training. We have some of the best faculty, facilities and training opportunities in family medicine throughout the state. I know you are ready for the monumental task of caring for the diversity of patients you have learned to help, as well as their families and communities.

Wherever your career takes you next, I want to encourage you to maintain your membership and move to "active" membership status within our academy. But don't just be active on the database; get active with your chapter! Stay informed! At IAFP we try to streamline our electronic communications to members with three main avenues of electronic communication (this newsletter, **IAFP e-News** every two weeks and **CME Connections** once a month). We know your inbox is bulging, so we want to keep it simple and provide avenues to more information when you want it!

Membership means access to AAFP's outstanding online and print journal resources such as **FPM Toolbox**, which is a great resource that can take some of the stress out of preparing for your post-residency career, and give you hands-on tools you can use when you're growing your practice.

IAFP produces top-notch live and online CME programs. Spend some time at www.iafp.com/education and www.yhp.com. You will spend the rest of your career learning, and IAFP CME should be your first stop for education most relevant to your practice needs.



Support the Family Health Foundation of Illinois. Perhaps the Summer Externship program provided the turning point in your decision to be a family physician. Be a preceptor or donate to support the Summer Externship program.

If you still need to find a job, look no further than the FP Jobs Online resource at <http://www.iafp.com/JobListings/>. You can post your resume and search for jobs here in Illinois, or any state that you wish to consider!

Advocacy abounds - be relevant. The fast-changing future of health care in the U.S. and the realization of primary care's integral role in caring for the nation has drawn attention: at the White House, in Congress, and from the press. Your Academy is working for you – and we need you to work with us!

Leadership opportunities in your future: Many organizations and entities ask IAFP for recommendations for leadership positions in public health, technology, access to care and any topic where family medicine is poised to lead. Being an active leader in your Academy is a road to leadership in other avenues of health care.

Long after you leave residency, you'll still have questions. AAFP and IAFP staffs are here, ready to help.

Welcome to our newest resident members! If you have entered an Illinois family medicine residency program after medical school in another

state or another country, welcome! We want you to know that membership in your Academy brings opportunities specifically for residents at this pivotal time in your career.

-We hold an annual program with sessions for resident members and recruiting opportunities at our annual residency fair and learning seminar. This year's Fall Festival event is October 16th in Oak Brook and includes a session on debt management and loan repayment!

-Join a committee, task force or interest group. Learn about the world you will be working in, make connections with family doctors who share your interest and passion, and develop leadership skills.

-Attend an event. IAFP conferences and annual meeting registration fees are waived for resident members!

-Teach Tar Wars (www.tarwars.org) or take on AIM to Change (www.aafp.org search AIM to Change), Learn and use Ask and Act (www.askandact.org).

Remember that our voice for change is strongest when we work together for common goals. We need your energy and vitality to carry our specialty into the forefront of medicine. We need to stay together to enhance our practices and advocate for adequate reimbursement and compensation. You are the future of our specialty. You are needed to build, sustain and motivate future family physicians like you. Please join us in moving our nation to a brighter health care future.

Manage your membership via AAFP's web site at <http://www.aafp.org/online/en/home/membership.html?navid=members>



Oops! The May/June issue forgot to include a proper credit for this photo.
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pro·tec·tion prə tek´ shən

To cover or shield from exposure, injury, damage, or destruction : guard; defend. To maintain the status or integrity of esp. through financial or legal guarantees: as a: to save from contingent financial loss.



We've been protecting Illinois physicians for over 30 years.

When out-of-control jury awards were forcing physicians to make decisions to cut back services, leave the state or take early retirement, ISMIE was working to keep medicine alive in Illinois. Unlike other medical liability insurance companies which come and go from this state, for over 30 years, ISMIE has remained true to our promise to protect our policyholder physicians from frivolous liability claims. At ISMIE we go beyond providing superior liability insurance. We stand shoulder to shoulder with our policyholder physicians, supporting them every step of the way, whether it's a medical liability claim or working for medical liability reform. **That's quality protection. For more information on how ISMIE protects the practice of medicine in Illinois, call 1-800-782-4767 or visit www.ismie.com.**

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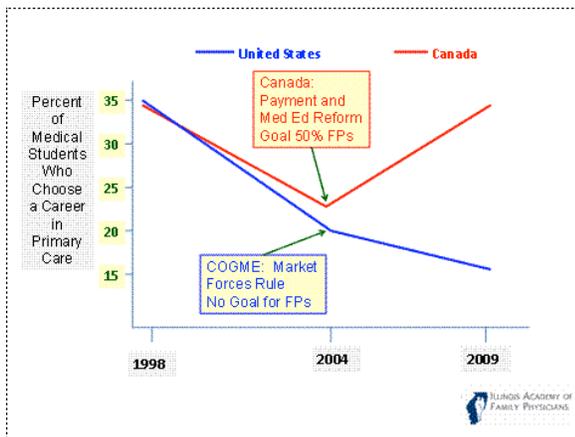
(Cover story, continued from page 1)

and base the conversion factor on a stable, predictable index commensurate with the cost of delivering health care services. At press time, Congress had enacted a 2.2 percent update effective only until November 30.

Substantial evidence indicates that primary care-based health care adds overall value through increased efficiency and better health outcomes. However, our nation's system fosters fragmentation, rewards volume and undervalues primary care. **Over two decades, this fragmentation resulted in a nearly 100-percent compensation gap between primary care and subspecialty medicine and drove medical students away from primary care.** Conference participants were able to thank Congressional members who took the first steps in recognizing the value of primary care by increasing payment for those services in some cases.

Primary Care Workforce: The Robert Graham Center continues to report that the nation's physician training pipeline is steadily producing fewer primary care physicians. A 2006 report from the American Academy of Family Physicians (AAFP) reveals that the U.S. will need 39% more family physicians by the year 2020 with Illinois projected to need 1,000 (28%) family physicians to meet the demand in 2020. Less than 8% of Illinois medical school graduates chose family medicine this year in the Match.

As part of the FMCC agenda, participants educated their Congressional members on the purpose of Title VII funding and the great need for increased appropriations. At the federal level, Title VII is intended to increase the quality, quantity, and diversity of the primary care workforce, with special emphasis on increasing capacity to care for the underserved. It supports the development of innovative primary care curricula and programming at the medical school, residency, fellowship, and departmental levels. Access to primary care is in jeopardy. The nation needs renewed or enhanced investment in programs like Title VII that support the production of primary care physicians and their placement in underserved areas.



One successful example of reversing this trend is Canada. According to SIU School of Medicine chair of family medicine, Jerry Kruse, MD, who presented on the workforce shortage issue at the conference, Canada and the US have been moving in opposite directions developing primary care physicians. In 2004, Canada made a commitment to primary care in their reform bill, while the U.S. relied on market forces. Canada saw resurgence in medical students choosing primary care, up to 35 percent in 2009. Meanwhile the US saw the numbers of new primary care physicians continue on a downward slide.

Currently, about 30 percent of the physician workforce is in primary care. Over time, the U.S. should have a physician workforce that is at least 45 percent primary care and uniquely trained to meet the needs of current and future patients.

Turning the tide - Modernizing GME: A major segment of the conference agenda addressed the need to modernize primary care graduate medical education. The AAFP and the Canadian Academy of Family Medicine (CAFAM) proposed legislation to implement a budget-neutral pilot project to test new models of the use of Medicare Graduate Medical Education Funding (GME) for the training of primary care physicians.

This project would revise the way GME payments are made to support production of a robust primary care workforce. FMCC participants brought the legislative idea to members of Congress and many in the Illinois delegation were intrigued by the concept.

Patient-Centered Medical Home: FMCC participants urged Congress to incorporate into Medicare and other federal programs like the Federal Employees

Health Benefits Program, the patient-centered medical home so that the physician practice selected by the patient to serve as the patient's medical home would receive a care-management fee in addition to fee-for-service payments. These initiatives are currently being formulated with input from family physicians and other primary care physicians.

A promising compensation option for the medical home is to use a blended model of payment that combines a fee-for-service system with a care management fee. This care coordination fee would be paid directly to each patient's designated medical home that has achieved recognition by an independent third party (e.g., the National Committee for Quality Assurance). The purpose is to encourage and enable family physicians to completely transform their practices to a model better able to deliver high quality preventive and chronic care with better outcomes for all beneficiaries.

Summary: If we believe that more primary care physicians = lower cost and higher quality, Congress has taken some vital steps toward addressing primary care payment and workforce. These components can move forward through innovations like the GME pilot and increased funding to Title VII.

Family physicians must continue to be leaders and guide this transformation of the health care system.

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Send your nominations for IAFP Board of Directors Contested elections begin in 2010

The Illinois Academy of Family Physicians seeks members interested in serving on its board of directors. The IAFP Leadership Development Committee (LDC), chaired by Steven Knight, MD of Harrisburg, will review all nominations and prepare a ballot for voting. The ballot will include up to five candidates for the three 2013 Board of Director positions (three-year term), and there will be up to two candidates for each of the following positions: New Physician (two-year term), 2nd Vice President (1-year term) and 1st Vice President (1-year term). If more candidates are received than the allotted number allowed, the LDC will make decisions for the final ballot. No write-in candidates will be allowed on the ballot, so nominate yourself or colleagues for a position before the August 20, 2010 deadline.

Non-contested positions that will appear on the ballot will be slated by the Leadership Development Committee are President-Elect and the two-year positions of AAFP Delegate and Alternate Delegate.

Nominations will be accepted starting July 5 and running until August 20. Only active members of the IAFP/AAFP in good standing may run for a board position. Please send your nomination and CV to Vince Keenan by e-mail vkeenan@iafp.com. Questions about board positions may also be directed to Vince.

Electronic voting will be used again in 2010 IAFP elections

Last year IAFP tested its first use of the electronic voting format. This year the Academy will conduct elections via electronic voting and offer contested positions for the first time. IAFP will send notices to all active and life members who have provided us with an e-mail address. A postcard will be mailed via the U.S. postal service to voting members for whom the Academy does not have a valid e-mail address. This postcard will announce the voting and offer the web site address members may use to vote. While several e-mail reminders will be sent, only one postcard will be mailed to each voting member.

As electronic processes become more commonplace, IAFP leaders and staff want to ensure our members are connected to their Academy and empowered to voice their vote.

This would be a great time to update your preferred and correct e-mail address to the Academy office at iafp@iafp.com. Our aim is to make it as easy as possible for members to contact IAFP, while keeping costs down and being environmentally responsible by reducing our reliance on paper materials.

IAFP staff has contracted with the same company as last year, IVS Associates, to provide the electronic voting services and tabulation. This option will assure members that all voting is done fairly and equitably by an outside entity. Voting will begin in late September. **IAFP does not share member e-mail addresses with any outside entity. Your e-mail address will be protected by IVS Associates.**

Results will be announced at the All Member Assembly on December 4, 2010 in St. Louis and the new officers and board members will be sworn in then.

IAFP
News

Meet your new Resident and Student Board Members



Lareina Pedriquez, MD is the new Resident President. She is co-chief resident at NorthShore University Family Medicine Residency Program at Glenbrook Hospital in Glenview. She has been a fixture for her program at various IAFP events recruiting students to the program. Lareina has participated in the last two **Spring into**

Action events at the Statehouse and personally brought several of her fellow residents with her in April of this year. Lareina attended the April 2010 IAFP Board meeting in Kansas City and also the AAFP Annual Leadership Forum. She is a member of the IAFP Public Health Committee and is looking forward to visiting with other Illinois programs.



Bethany Cohen is the new Student President and a rising M4 at Loyola University-Stritch School of Medicine. She served as Loyola's FMIG president in 2008-09 and spearheaded the growth and popularity of their group. Bethany has been active in many of the IAFP student events and at the 2009 IAFP annual meeting. She attended IAFP board meetings as a substitute for the previous student board member and will also be joining the IAFP Public Health Committee. Bethany was a summer externship student with Leslie Sleuwen, MD and the Adventist Hinsdale Family Medicine Residency Program in 2008.

IAFP helps Dept. of Insurance find fairness for patients

The Illinois Department of Insurance (DOI) and the Illinois Academy of Family Physicians (IAFP) have joined efforts to help the thousands of Illinois families who face medical-related disputes with their health insurance companies every year. IAFP members will review insurance company rescissions currently awaiting DOI action to determine if the insurance company was justified in their actions.

IAFP's volunteer physicians will provide expert review to enhance the Department's ability to serve Illinois consumers and provide consult as the Department implements the health insurance reforms of the federal Patient Protection and Affordable Care Act.

"This innovative partnership between the Department of Insurance and the Illinois Academy of Family Physicians will help residents throughout Illinois to confront unfair denials of medical claims," said Governor Pat Quinn. "I salute the Illinois Academy of Family Physicians and its dedicated doctors for participating in this groundbreaking public-private partnership."

"The Department's first priority is consumer protection," said Illinois Department of Insurance Director Michael T. McRaith. "Illinois families and businesses paying hard-earned premium dollars continue to suffer from claim denials and coverage revocations, especially when health care treatment is most needed. The insights of the Illinois Academy of Family Physicians will provide Department regulators with an additional tool to ensure that Illinois families receive the health care benefits for which premiums were paid." "With their extensive training and experience caring for families and patients of all ages and both sexes, family physicians are the ideal experts to review these cases," said Vincent D. Keenan, IAFP executive vice president.

"This partnership demonstrates our ability to work as a team toward the



IAFP President Patrick Tranmer, MD with Gov. Pat Quinn and Dept. of Insurance Director Michael McRaith.

common goal of better health care for all," said IAFP President Patrick A. Tranmer, MD. "We stand ready to help ensure patients are treated fairly by insurance companies."

Every year, the Department receives thousands of formal complaints and phone calls from consumers who have a medical-related dispute with their health insurance company, such as denied claims on the basis that a medical condition was "pre-existing" or that a treatment recommended by a physician is not "medically necessary." By pure volume, Illinois has far more rescissions than any other state and, per capita, is second only to New Mexico.

Consumers who need assistance should call the Department's toll-free hotline at (877) 527-9431 or visit the Department's website at <http://insurance.illinois.gov/>.

Earlier this year, Governor Quinn signed a law (Public Act 96-857) providing greater consumer protections to Illinois residents with health insurance. IAFP president Patrick A. Tranmer, MD attended the bill signing. Effective July 1, 2010, all Illinoisans with health

insurance will have the right to an independent, external review of denied health insurance claims.

Calendar of Events

JULY

- 28** Egyptian Member Group Meeting
Golf Outing and Dinner - Herrin
- 29** Forum on proposed new permanent Medicaid card - Oak Park
Foundation Fundraiser - White Sox Game
- 29-31** AAFP National Conference of Students and Residents - Kansas City
- 31** TLC Complex Cases Conference, Rosemont

AUGUST

- 20** Deadline for IAFP board of directors nominations

SEPTEMBER

- 26** IAFP Executive Committee Meeting - Denver
- 27-29** AAFP Congress of Delegates - Denver
- 29-Oct. 3** AAFP Annual Scientific Assembly - Denver

OCTOBER

- 14-16** Pri-Med Midwest Convention and Exhibition - Rosemont
- 16** Fall Festival event for residents and students - Oak Brook
- 29-30** Pri-Med Access - Millennium Hotel, St. Louis

ACOs – Friend or Foe

**Ken Bertka, M.D., F.A.A.P.,
AAFP Board of Directors**

Throughout the health care reform debate in Congress, all of the proposed bills contained provisions for promoting development of Accountable Care Organizations (ACOs). So, what is an ACO? Will ACOs be good for patients? Are ACOs a positive step in the right direction for family physicians and other primary care physicians?

At the core, this proposed care model is a means by which physicians and other health care providers are part of a network responsible for quality and certain components of the cost of care for a defined patient population. An ACO is dependent upon a strong foundation of primary care. Ideally, this foundation is based upon the patient-centered medical home (PCMH) model of care. From this perspective, the ACO can be thought of as the “medical home neighborhood” aligning the goals and incentives of non-primary care physicians and other providers with those of a network of PCMH practices.

Federal health care reform efforts in the U.S. are focused on increasing health insurance coverage, improving quality and controlling cost. From a health care reform perspective, the ACO model of care is aimed at cost and quality. The main goal of the ACO model is to reduce health care cost, or at least “bend the cost curve” down while at the same time improving clinical quality and patient satisfaction. An ACO is NOT a health maintenance organization (HMO) as it does not accept insurance risk – the risk of whether a patient who is part of the defined ACO population is sick or well.

Accountable care organizations can have various structures to fit the environment in which they function. These include:

- A collection of primary care practices working together through an Independent Practice Association (IPA) or some other organizational structure

- A collection of primary care practices and non-primary care specialists working together through an Independent Practice Association (IPA) or some other organizational structure
- A clinically integrated system of primary care practices, non-primary care specialists, and hospitals working together through an integrated delivery system (all physicians employed) or through a physician-hospital organization (PHO) of independent providers who are clinically integrated
- Physician and non-physician health care providers, public health agencies, social service organizations and other community organizations working jointly to improve health care for a broad patient population.

Elliott Fischer, one of the pioneer proponents of ACOs, supports the concept of virtual ACOs as long as three key ACO elements are supported:

- Local accountability for quality and per capita cost for the local patient population
- Standardized performance measurement
- Payment reform that transitions payments from encouraging volume and procedures to increasing quality outcomes and value (quality/cost).

The concept of a virtual ACO is particularly important for small- and medium-sized independent practices especially those located in more rural areas. Formation of virtual networks of practices with infrastructures that can support data sharing and the collection of quality measures across practices will be a requirement for ACO formation.

ACOs will not happen overnight. Just like PCMH practice transformation, the medical home neighborhood transformation to an ACO model will require well-organized planning, decision making and implementation under strong physician leadership. Most importantly, the foundation of the ACO care model is effective family medicine (primary care) emphasizing

access to care, continuity of care, comprehensiveness, and coordination. Harold Miller in his white paper *How to Create Accountable Care Organizations* identifies eight prerequisites for primary care practices to participate in ACOs:

- Complete and timely information about patients including the services they are receiving
- Technology and skills to support population management and coordination of care
- Adequate resources for patient education and self-management support
- A culture of teamwork in the practices
- Coordinated relationships across all practices, specialties and providers
- The ability to measure and report on quality of care
- Infrastructure and skills for management of financial risk
- A commitment by senior leadership to improving value as a top priority backed by a system to drive improved performance.

Effective and sustainable accountable care organizations cannot happen without significant payment reform. Since primary care is foundational to the ACO, the blended payment model – fee-for-service, care management fee and outcomes-based payments – is critical to the support of primary care within the ACO model. In addition to the blended payment model for primary care, the overall ACO payment structure should support several goals:

- Baseline payment that adequately covers the expected costs of the defined population
- Avoidance of penalties for taking on sicker patients or experiencing “adverse selection”
- Flexibility to deliver the right services at the right time in the right place
- ACO profitability is enhanced if it keeps its population healthier (relative to baseline) or reduces unnecessary services
- Enhanced payments for higher quality care and encouragement of patients to become engaged and seek out higher quality care.

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Although a mature ACO system might thrive under a global payment model, as long as it avoids the pitfalls of traditional capitation, developing ACOs should avoid global payments and look toward transitional payment models including combinations of shared savings, episode-of-care payments, and hybrid models (partial comprehensive care payments with bonuses based on quality outcomes and savings). Most importantly for primary care physicians, the ACO payment model must effectively set levels of "internal" physician payments that recognize the dependence of ACO success on a strong foundation of primary care and PCMH practices.

In late summer 2009, the American Academy of Family Physicians Board of Directors appointed a task force to study ACOs especially from the perspective of small- and medium-sized family medicine practices. The ACO Task Force defines an ACO as "a primary care-based collaboration of health care professionals and health care facilities that accept joint responsibility and accountability for the quality and cost of care provided to a defined patient population." The task force developed a series of ACO principles aimed primarily at small- and medium-sized family medicine practices considering participation in or development of an ACO. Key principles include:

- The core of an ACO is accessible, team-based primary care such as the PCMH
- ACOs require strong physician leadership and a true partnership among all participants
- A clinically integrated information system for point-of-care decision making is ultimately required
- The ACO encourages continuous innovation to identify and implement best patient care practices
- Organization structure and payment reform should be implemented in an incremental manner and monitored closely to prevent "unintended consequences"
- ACO should strive to incentivize

active patient participation in health and wellness decision making

- Changes to antitrust regulations and to Stark self-referral regulations likely will be needed to allow full participation of physicians especially those in small- and medium-sized independent practices
- Payment models must align mutual accountability and evolve over time as the ACO model transitions
- The ACO should be financially rewarded based upon a combination of absolute standards, relative performance and improvement
- Primary care and the PCMH model should be supported by blended payments – fee-for-service, care management payments and quality outcomes payments.

So, is the ACO family medicine's friend or foe? The simple answer is "Yes, ACOs can be friend or foe." The real life answer will depend upon the details of ACO structure and operation. The greatest ACO strength for family physicians is that ACO success requires strong physician leadership and strong primary care. The physician leadership must be characterized by true knowledge-based decision making in an environment of mutual support, collaboration and transparency by all ACO participants. This cannot be the façade of physician leadership characteristic of the many independent practice associations (IPAs) and physician-hospital organizations (PHOs) seen during the heyday of managed care. True collaboration and mutual trust, supported by data and transparency and across diversity of geography, demographics, processes of care and technology will be challenging. If done without an intense commitment to do the right thing for patient care and health care value, the ACO model could swallow up primary care into an ambiguous medical neighborhood of "more of the same by a different name." Most family physicians espouse the need for true, meaningful health care reform that supports and rewards access to primary care, comprehensive care and coordinated care. These

should be the goals that guide family physicians in the exploration of ACOs as friend or foe.

Dr. Bertka is a family physician in Toledo, Ohio and a member of the AAFP Board of Directors. He served as chair of the AAFP Accountable Care Organization Task Force.

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IAFP members participate in Crain's Forum for Physicians.

"There is a lot going on right now in Chicago that hasn't made its way to the forefront," said Russ Robertson, MD who is chair of the department of family and community medicine at Northwestern University – Feinberg School of Medicine and also Chair of the Council on Graduate Medical Education (COGME). "There are a lot of systems that are reorganizing and shifting care away from the hospital and into the community. That's the main reason health care is so expensive in the United States, because the incentives aligned to do things to people in the hospitals."

The future of the business of medicine in Chicago was the topic of discussion at a May 25th Physicians Group Breakfast hosted by Crain's Chicago Business. About 400 attendees heard from the panel and networked with colleagues to discuss the quickly changing health care landscape. The panel of four represented leaders in Chicagoland medicine, including two IAFP members: Robertson and Jim Valek, MD, IAFP's 2007 Family Physician of the Year and owner of Vista Family Medicine on Chicago's southwest side. The other two panelists were James R. Dan, MD, President of Advocate Medical Group and Mary Goldsher, Interim CEO of DuPage Medical Group.

With fast and furious changes ahead resulting from both the American Reinvestment and Recovery Act

(ARRA) and the Patient Protection and Affordable Care Act (PPACA), physicians from all avenues will need to think ahead, re-think and perhaps change their way of thinking entirely. The forum allowed for excellent discussion on a wide range of topics including physician supply and distribution, as well as re-focusing on the value and quality of primary care. Robertson provided insight on the primary care workforce and the issues surrounding physician distribution in all specialties, as well as some problems in medical school admissions practices, which perpetuates the shortage.

Ms. Goldsher talked about the challenges for their large physician group to re-engineer processes across the care delivery system and adjusting staff roles in those processes with the goal of providing value and quality care. In fact, the common theme mentioned by all four panelists was a future of care to meet the shared goals of patient outcomes, provider satisfaction, and the ability to measure results and care for entire populations within practices. Those teams will be led by physicians and will need to include nurse practitioners, physician assistants, and others. Those teams will also need a standard payment system for care management, including e-visits, phone calls, patient education and other services that are not currently not paid.

Northwestern's medical school will begin a program where medical students and physician assistant students will train together in rotations to build that teamwork mentality during their education. When the potential is realized, Robertson says the team model will actually expand our current health care capacity.

The problem, panelists say, is in the payment structures currently clogging the system with paperwork, and still driving up costs with a procedure-based payment system rather than all the elements of providing good care. "Physicians are all-too-willing to do the right thing, the best thing for the patient," said Dan. "But the financial alignment simply makes physicians in various business models do things that are antithetical to what would be the most efficient thing."



Jim Valek, MD
(Courtesy John R. Boehm Photography)

Part of the discussion centered on the move to health information technology. Dr. Valek shared that the impact of the actual transition on the practice and the staff temporarily made his medical home into a "bit of a dog house." But when asked about the future of health care under the new reform law, he was cautiously optimistic, saying that most physicians do embrace the accountability and the systems. Yet his concern lies in preserving the intimacy that his practice and others like Vista provide as the medical home for their patients and families.

As the only solo practice on the panel, Valek was very frank in his assessment of the role of small and solo practices going forward. "You will absolutely need to align or network with the larger



Russell Robertson, MD (Courtesy John R. Boehm Photography)

Green Gala raises green for a green CHC

PCC Wellness held their first ever Green Gala on June 3 at Carnivale in Chicago. Not only did the event raise over \$40,000 for the new PCC Austin Family Health Center, it also gave a platform to celebrate the tremendous impact of the PCC Wellness system, created by and led by outstanding family physicians.

PCC Community Wellness was founded in 1992 and fueled by community and federal grant funding for their mission of providing access to quality care for the underserved, with a strong emphasis on maternal and child care. Eighteen years later, PCC encompasses nine locations in western Chicago and the near west suburbs.

The gala event also honored a family physician champion and pillar of the PCC Community Wellness program. Kathy Walsh, MD was honored for her 30 years of service to the community

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groups. You cannot stand alone."

Finally when asked for one thing that would make medicine better for physicians, Valek suggested streamlining the avalanche of information from various payers and resources. Dan would like to see better systems for taking patient calls, triaging and managing a physician's "on-call" period. Goldsher would like for their physicians to have more time with patients and spend less time on the "other things" that keep them away from patients and their home life. Robertson shared that half of the doctors trained in Illinois do not stay in Illinois. He says that fixing the flawed medical liability system in Illinois could be a tremendous help in keeping more Illinois-trained physicians in our state.

The goals and wish lists are out there, it's up to the health care stakeholders to implement the changes and realize the successes that an improved system will bring to everyone involved.

through West Suburban hospital. Walsh started as a resident physician at West Suburban in 1980 and served as program director for the family medicine residency program there. She was an original member of the PCC board of directors beginning in 1992 and served as chair from 2001-04 before retiring from practice. "She has made a tremendous impact in making PCC the outstanding organization it is today," said Urso. He credited Walsh for building the partnership between PCC sites and the West Suburban family medicine residency program, as well as developing outstanding female family physician leaders.

Ever the gracious and selfless physician, Walsh took the podium and thanked the patients who came to PCC seeking better care for their families. "Over the years I have seen countless individuals taking three or four buses, toting countless children, enduring waits and long lines, to see their primary care provider. They do this to guarantee quality care for themselves and their families," she said. "I continue to be humbled by the trust and confidence that these patients place in our organization."

Also specifically praised by PCC President and CEO Bob Urso were the family physicians at the event who serve as leaders in various roles within

the PCC and at clinic sites: including PCC Chief Medical Officer Paul Luning, MD; Medical Director for Quality Improvement Karole Lakota, MD; PCC North Avenue Medical Director Gina Smith, MD; Kimi Suh, MD Medical Director of PCC Lake Street, Blanca Baldoceca, MD, Medical Director of PCC South, who developed their global health program, and PCC Austin Medical Director TJ Staff, MD.

The new Austin site opened earlier this year with great fanfare, including U.S. Sen. Richard Durbin, Chicago Mayor Richard Daley and other local leaders, an event that was featured on WGN-TV. The facility has a capacity for 32,000 visits a year, and a new dental wing opening soon will enable oral health services as part of the PCC comprehensive approach to care and wellness.

One of the most unique aspects of PCC Austin is that it's one of the "greenest" health centers in the nation, meeting the standards for advanced silver level LEED (Leadership in Energy and Environmental Design) from the U.S. Green Buildings Council. The design enabled them to receive federal and state grants towards the construction of the \$5.4 million clinic.

On the Web:
<http://www.pccwellness.org/index.asp>



Kathy Walsh, MD accepts her award from PCC at the Green Gala



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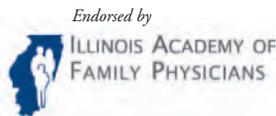
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ILLINOIS FAMILY PHYSICIAN

Government Relations

(Reform - continued from page 4)

Thank you to our Illinois family physician delegation

Janice Benson, MD
 Ellen Brull, MD
 Michael Fitzgerald, MD
 Vincent D Keenan, CAE
 Steven D Knight, MD
 Gordana Krkic, CAE
 Jerry E Kruse, MD
 Rick Leary, MD
 Mark Potter, MD
 Javette C Orgain, MD
 Soujanya R Pulluru, MD
 Patrick A Tranmer, MD

An update since FMCC

On June 16, the U.S. Dept. of Health and Human Services announced their plans for the first allocation from the new \$500 million Prevention and Public Health fund for fiscal year 2010, created by the Affordable Care Act. Half of this fund – \$250 million – will be used to boost the supply of primary care providers in this country by providing new resources, including:

- **Creating additional primary care residency slots:** \$168 million for training more than 500 new primary care physicians by 2015;
- **Encouraging states to plan for and address health professional workforce needs:** \$5 million for states to plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over ten years to meet increased demand for primary care services.



Michael Fitzgerald, MD of Naperville and Chinni Pulluru, MD (right) visit U.S. Rep. Debbie Halvorson (D-11).



Even with all the consternation in Congress over the Medicare payment formula, Medicaid FMAP extensions and other issues causing you grief on Capitol Hill, it's now critically important to support the AAFP FamMedPAC. If you followed the recent AMA elections, you know that a pediatric subspecialist was elected over two primary care physicians as their president-elect. Dr. Peter Carmel has voiced his concerns over Congress's plans that are favorable to primary care. We may be looking at a serious divide at the AMA, and cannot count on them to solely represent your needs.

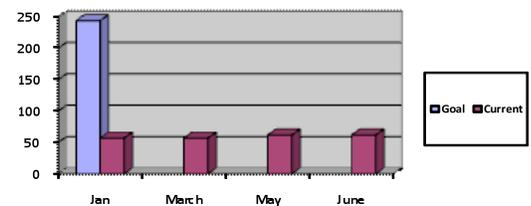
Family Medicine must have a strong and separate voice in Congress. Our biggest mouthpiece with members of Congress is via the PAC. If you have not contributed during the 2009-10 election cycle, please find a way to do that now.

Illinois FamMedPAC champion Ellen Brull, MD of Glenview and FamMedPAC chair Jim King, MD of Tennessee are challenging state chapter members to step up so that 10 percent of Illinois active members contribute to the PAC. IAFP needs 244 total contributors to reach that 10 percent goal, and we are more than one-fourth of the way there! Thank you to the 62 donors (which can and does include residents, students and staff!) who have contributed during the current cycle.

National goal of \$1 million: AAFP FamMedPAC has also crunched the numbers to determine how much of that \$1 million can be raised from each state chapter, based on their total number of members. The Illinois magic number for the 2009-10 election cycle is \$39,349 and we are more than halfway to reaching that goal. Let's be the over-achievers that Illinois family physicians have always been!

To add your contribution to our total, please visit <http://www.aafp.org/online/en/home/policy/fammedpac.html> to make a secure online donation.

IAFP FamMedPAC donors



Total 09-10 Donors:	62
Total 09-10 Donations:	\$20,865.00 (7)
Average Donation:	\$243
% of Chapter Donating:	2.54%



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Learn by discussing complex cases you might see in your everyday practice.

Evaluate diagnostic and treatment strategies for patients presenting with multiple comorbidities.

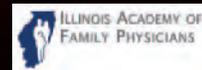
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IAFP CME is reaccredited by ACCME

IAFP will continue to serve members and primary care physicians as a provider of high-quality CME programs. The IAFP received reaccreditation status from the Accreditation Council for Continuing Medical Education (ACCME) in March 2010. ACCME accreditation assures physicians and the public that continuing medical education activities provided and produced by the IAFP meet the high standards of the Essential Areas, Standards and Policies for Accreditation as specified by the ACCME.

The IAFP was recognized to be in compliance in all areas, except in the area of Evaluation. A Progress Report will be submitted to the ACCME in November 2010 demonstrating the changes the IAFP is making in the area of analyzing changes in the learner. If the ACCME accepts the changes made in this area and the IAFP is found in compliance in the area of Evaluation, the ACCME will consider a change in our organization status from "Accreditation" to "Accreditation With Commendation". Accreditation with Commendation is the highest level of credit an organization can receive and would allow the IAFP to be accredited for another six years.

"Our CME committee and outstanding panel of experts and speakers are an invaluable resource in the education products that we provide. Family physicians are guaranteed an educational experience that meets their needs and helps them fulfill their promise to their patients of high-quality, cost-efficient, personalized care," said Vince Keenan, CAE, IAFP executive vice president. "We look forward to achieving the Accreditation with Commendation level, which reflects our dedication to family medicine continuing medical education."

IAFP Hosts Home and Palliative Care Conference

On May 22nd, 45 primary care providers participated in a half-day CME conference geared toward physicians who provide house calls. The "Growing Old at Home: Palliative Care in Family Medicine" conference was the brainchild of IAFP board member Michael Fessenden, MD who works for Home Physicians, Inc. Dr. Fessenden saw the need for education geared toward this subset of primary care providers who take care of patients unable to access routine medical treatment due to physical or mental limitations. He saw firsthand that many of these patients are unable to see a specialist for their condition and therefore the primary care provider may need to direct the treatment pathways for conditions that may not be adequately addressed otherwise.

One of the conference presenters was Tom Cornwell, MD founder of HomeCare Physicians, which serves DuPage County. "We have an exploding homebound population coming up," he said. "Currently these homebound patients are being cared for at the costliest place, which is the hospital system and emergency room. But these patients really need the most primary care. So primary care needs to go to them, because they can't get to it."

Those who attended came away with specific tools and tips, as well as a new appreciation for the big picture of caring for our growing and aging senior population.

"It shows how complicated the whole thing can be when dealing with end of life care. But when you get a team effort involved, with social workers, nurses, along with the physician involved with patient care, it creates the type of environment that is much more positive which supports the patient and the family," said attendee Rosemary McHugh, MD of Wheaton.

Continuing Medical Education

"Today the lectures were just superb in regards to the complexities of end of life care."
Rosemary McHugh,
MD - Wheaton

The first of two "House Call" conferences to be held in 2010, this conference focused on the impact of house calls in Palliative Care, Hospice, Advance Directives and End of Life Care. Other speakers included Diana Rapaport, MD from Vitas Healthcare, William Barnhart, MD from Mt. Sinai Hospital and Javette Orgain, MD from UIC. Another half-day conference is planned for the fall and will focus on common disease states found in this population and the current medical treatment options available.

Sponsors for this conference were IAFP, Home Physicians and the Department of Family Medicine at the University of Illinois at Chicago College of Medicine.



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Pre-Conference Symposia Day*
Wednesday, October 13, 2010

Current Clinical Issues in Primary Care
October 14-16, 2010



This annual 4-day conference and exhibition includes a Pre-Conference Symposia Day and features the 3-day core program, *Current Clinical Issues in Primary Care*, comprised of over 50 clinical lectures presented by Harvard Medical School & Northwestern University Feinberg School of Medicine.

Independent, non-Harvard Medical School accredited educational symposia†, and a dynamic exhibit hall round out the offerings.

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Pri-Med is proud to Partner with Illinois Academy of Family Physicians to bring quality education to family physicians.



*These activities are sponsored by



† Support for some of these activities is made possible by educational grants from industry. Disclosure of industry support is provided to attendees in advance of the educational activity. This is a limited-capacity, ticketed event available on a first-come, first-served basis.

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FAMILY MEDICINE FALL FESTIVAL

Saturday, October 16th

Oak Brook Marriott Hotel (event opens at 8:30am, program begins at 9am)

Online registration will be available, but for now block off that date on your Outlook/Google/Palm/iPhone calendars!

Oak Brook Marriott Hotel (free parking!)

1401 W 22nd Street

Oak Brook, IL 60523

Join us for fun, games, prizes and YES, some meaningful interaction with family medicine!

Our premiere event for medical students will include an opening session on the Match process from former IAFP Student President **Carrie Holland, MD** of West Suburban Family Medicine Residency Program.

Our loan repayment/debt management panel will benefit residents and students.

Visit with family medicine residents and faculty, try out procedures and demonstrations, and get face to face help with your CV and planning for the interview process!

Did we mention fun, games and prizes??

Event Objectives

- FUN
- Encourage student understanding and interest in family medicine
- Provide recruiting opportunities for family medicine residency programs
 - Provide students information on the Match process.
- Expose students to procedures commonly used by family physicians
- Allow networking opportunities for resident physicians and students

This program has been redesigned to offer ample time for interaction between students and residency programs.

The event will include exhibit booths, plenary sessions, and demonstrations.

Plenary sessions are open to students and interested residents.

Attention all Family Medicine Residency Programs:

Make plans NOW to participate in IAFP's only student recruitment event!

Saturday, October 16, 2010 from 9:00 am – 3:00 pm

Exhibitor registration and set-up begins at 9:30 a.m.

Exhibit Hours: 11 am – 3 pm

If your program is interested in participating, please contact Crishelle O'Rourke at 630-427-8006 or corourke@iafp.com.



State poster contest winner is headed for DC Community steps up with private donations!

It's been a tough 2010 for the Illinois Tar Wars program. With the Foundation finances struggling, we were unable to provide any travel funding for the 2010 Tar Wars state poster contest winner to attend the National Tar Wars poster contest in Washington, DC later this summer. If fifth-grader Madisyn Quinn was going to make it to DC, they had to find another way. That's when her Tar Wars presenter, Emily Happ from Bureau-Putnam Bi-County health department stepped up with a drive for donations from the local community. The Bureau County businesses responded, and in a few weeks Happ had enough funding to ensure that Madisyn and her parents are headed to Washington for the experience of her young lifetime.

Thank you to the following Bureau County businesses and organizations for their donations!

Kurt Berry from Mass Mutual (Loves Park)
Valley Bar and Grill (Spring Valley)
Bernabei, Balestri, and Fiocchi (Spring Valley)
Princeton Optimist Club (Princeton)
Citizens 1st National Bank (Princeton)
First Federal Savings and Loan Assn. (Princeton)
Starline Construction (Ladd)
Tee-Group Films (Ladd)
American Legion Harold E Russell Post 938 (Ladd)
E.J. Cattani & Son Inc (Ladd)
North Central Bank (Ladd)

The AAFP Tar Wars program also contributed \$250 in travel funding to help support the Quinn's trip.

Madisyn's "No Joke, Don't Smoke" message beat out 19 other finalists from around the state. The National Poster Winner will be announced on July 26 at a banquet honoring all the state winners. She will also have the opportunity to tour the Capitol and visit with her U.S. Representative, Aaron Schock and Senator Dick Durbin.

Congratulations to Tar Wars presenter **Jenny Blair** of the Will Co. Health Dept., who has been awarded the Tar Wars STAR award from the National Tar Wars Program. Since Jenny first introduced Tar Wars to Will County schools in 2007, she has presented the program to nearly 5,500 area grade school children. In the 2009 school year, she taught 37 presentations at 16 schools, totaling approximately 1,500 students. Jenny will be honored at the National Tar Wars Poster Contest awards ceremony and will present to Tar Wars coordinators from around the country with her strategies for running a successful local program.

Learn more at www.iafp.com/tarwars or www.tarwars.org.



Madisyn Quinn

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COMPARING UFE TO SURGICAL ALTERNATIVES

	UFE	Hysterectomy*
Procedure Time	Approximately 1 hour	A few hours
Hospital Stay	Usually 23 hours	1-3 days
Recovery Time	About 1 week	4-6 weeks
Anesthesia	Local/Conscious Sedation	General/Spinal/Epidural
Surgical Incision	No	Yes

* Laparoscopic surgery is less invasive; however, the overall majority of hysterectomies are still performed abdominally.

Take a Dose of GOOD Medicine

FOR MORE INFORMATION, to locate an experienced Interventional Radiologist (IR) in your local area and to order your free supply of patient pamphlets objectively discussing ALL fibroid treatment options call 866-275-7498.



IAFP Member Spotlight



Janet Albers, MD

SIU-Springfield Family Medicine
Residency Program
IAFP Board Member

IAFP Member Spotlight

Why family medicine?

Because of the relationships we have with our patients over time. I love the continuity of care and the fact that we deal with the patient and the family and the community.

My IAFP activity

I'm currently a member of the board and the board's liaison to the CME committee and I've worked on quite a few CME projects with the Academy.

How do you champion family medicine?

As a residency program director, I get to be with residents and medical students all the time, so I try to be a role model to them about what's it's really like to be a family doc.

What's the biggest health concern you see in your practice?

I see a lot of diabetes, that's a big concern. I also think depression, anxiety and those major mental health issues need to be addressed as well.

How do you balance your career with your own well-being?

Not as well I should, some of the time, but I try. I have a family and children and I spend time with them. Taking time for yourself is also important to rejuvenate and keep going.

What would you do if you weren't a doctor?

I think I'd probably be a teacher because I love that part of my job, teaching patients as well as teaching residents and students.

Tell us about the CATCH program you helped to create in your community

CATCH (Coordinated Access to Community Health) is a multidisciplinary approach between community agencies and the hospitals and medical societies and physicians looking at the uninsured population and finding ways to cover the gaps that they experience.



Physicians are currently being enrolled in the program. Learn more at the Sangamon County Medical Society website at <http://www.scmsdocs.org/publications.htm#Access Project>.

How do you see the future of family medicine?

We are starting to see a tiny resurgence of students going into primary care, but I think we are going to lag behind for a little while. Our patient population, particularly the geriatric population, is growing and the family physician's role is growing, especially with the growth in patient centered medical homes, so there may not be enough of us for awhile. When I was a med student, half of us went into family medicine. At SIU this year, that number was more like 10 percent.

You were in the House Gallery when President Obama gave his health care speech to the Nation in September 2009. What was that like?

It was great to be there to see and hear him talk about issues that were so important to me personally and to our family medicine specialty finally being looked at in-depth. It was exciting!

Richard Londo, MD was honored with the Distinguished Service Award from the University of Illinois at Rockford according to the April 29 *Rockford Register-Star*.

David Trachtenberg, MD of Peoria was quoted in a May 2nd *Peoria Journal-Star* story about how Methodist Medical Center is now using e-visits, electronic prescription refills and e-scheduling.

Tony Miksanek, MD of Benton provided comments in a newspaper article, "Losing patience with patients: How doctors deal with 'difficult' people", published in the May 5 issue of *The State-Journal Register*.

The 2010 Tar Wars state poster contest winner, **Madisyn Quinn**, was featured in the May 6 *Bureau County Republican*.

Michael Friedman, MD of Chicago, director of the family medicine residency program, Saints Mary and Elizabeth Medical Centers, received a Silver Minted Liberty Dollar Award from the Mutual of America Community Partnership for his dedication and commitment to the school-based health center at Roberto Clemente High School in Chicago.

Carrie Nelson, MD of Wheaton was quoted several times in the May 6 *Tribune TribLocal* Hinsdale and LaGrange editions in a story covering a panel discussion about the impact of the federal health care reform package, also known as the Patient Protection and Affordable Care Act.

Mario Piverger, MD of Blue Island was quoted in the May 12 *Lincoln-Way Sun* for his practice's efforts to offer sports physicals and give away tickets to a local minor league baseball game.

Paul Kinsinger, MD of Washington was featured in a May 12 *Bloomington Pantagraph* story for his innovative invention he calls "Dr. Paul's Piggy Paste," which is a topical treatment for

toenails.

Nipa Shah, MD of Chicago is quoted in a May 13 *Daily Northwestern* story about training health care professionals to screen for signs of suicide in the office visit.

Kristian Bigosinsky, MD of Chicago was quoted in a *Chicago (Tribune) Red Eye* May 15th story about exercising late at night.

Past President **Ellen Brull, MD** of Glenview and board member **Chinni Pulluru, MD** of Naperville were quoted in an extensive article about BlueCrossBlueShield in the May 17th issue of *Crain's Chicago Business*.

Jim Valek, MD of Chicago was featured in a May 16th *Southtown Star* story about patients and parents going gaga with Google and bringing their concerns about the latest health scare to the doctor's attention.

IAFP past president **Ed Hirsch, MD** of Peoria has been appointed to a new national panel developing physician performance measures for female stress urinary incontinence (SUI) using the Physician Consortium for Performance Improvement (PCPI) process. The intent is to develop measures suitable for use by all stakeholders involved with the diagnosis, treatment, reimbursement and regulation of SUI. Dr. Hirsch is representing AAFP on the panel, which also includes the American Urological Association (AUA) and American College of Obstetricians and Gynecologists (ACOG).

Matthew Johnson, MD of Park Forest was named Chair of the Family Medicine Dept. at Advocate South Suburban Hospital in Hazel Crest, according to the May 28th *TribLocal*.

Anthony Leazzo, MD of Naperville authored a guest column in the June 9th issues of the *TribLocal* in Wheaton and Aurora answering the ongoing question that child vaccines are safe

Members in the News

and that AAFP and AAP recommend that children get all recommended vaccines.

IAFP executive vice president **Vince Keenan, CAE** is quoted in an extensive *Illinois Issues* cover story examining the federal Health Care Reform legislation and the impact on various sectors in Illinois.

Jill Carnahan, MD of Peoria was a lead source in an article about the effect of food choices on mood and mental health. The story originally appeared in the *Peoria Journal-Star*, and then ran in 16 more papers across central and southern Illinois.

Jennifer Kurka, DO of Oswego was quoted in a Sun-Times News Group story about gluten allergies and the relationship to celiac disease in a patient education article about food allergies on June 2.

IAFP second vice president **Carrie Nelson, MD** is back to blogging on ChicagoNow! as one of the "The Doctors Next Door." She recently blogged about her first personal experience with acupuncture - as the patient, not the provider! Link to Dr. Carrie's latest blog entry at <http://www.chicagonow.com/blogs/doctors-next-door/2010/06/does-acupuncture-really-work.html>

IAFP President **Patrick Tranmer, MD** penned a strong letter to the editor urging Congress to permanently fix the Medicare payment system and replace the SGR formula that will dictate severe payment cuts if left unaddressed. The letter ran the week of June 9 in the *Chicago Defender, Sauk*

ILLINOIS FAMILY PHYSICIAN

Valley Newspapers and several local newspapers in the western suburbs of Chicago.

Chantal Girod, MD was honored by Swedish American Health System with the Dr. Henry C. Anderson Quality Award according to the June 11 *Rockford Register-Star*.

David de Ramos, MD received the Christian Service Award from Adventist GlenOaks Hospital for his dedication to the hospital's mission of extending the healing ministry of Christ according to the June 14th *TribLocal* Naperville edition.

Jerome Epplin, MD of the Litchfield Family Practice Center was named the Clinician of the Year by the American Geriatrics Society.

Jennifer Taylor, MD of Mendota and **Cynthia Running, MD** of Oglesby were quoted in a June 17th *LaSalle NewsTribune* article about the need to get kids outside and do anything to maintain physical activity and stay healthy during the summer breaks.

Congratulations to SLU - St. Louis University Belleville Family Medicine Residency has been honored with a 2010 AAFP Foundation Pfizer Immunization Award for achieving excellence in clinical practice by developing creative solutions that result in increased immunization rates in their communities.

The awards provide monetary grants and scholarships for residents to attend the AAFP's National Conference, a three-day event held during July in Kansas City designed for residents and medical students to share ideas with family medicine educators and leaders from across the nation.

Michael McFadden, MD authored a guest column for the June 21 *Freeport Journal-Standard* detailing how to

create the best first aid kit for your family.

Resident member **Whitney Lyn, MD** of Chicago is quoted in an Associated Press article about the new ACGME proposed resident work hours. The proposal would put new limits on first year residents, limiting them to 16-hour shifts. The story has been widely reproduced in newspapers and news websites,

Kenneth Lee, MD of Glen Ellyn was selected as a Glen Ellyn Character Coalition Person of Character. He was nominated by two of his patients who cited his dedication to his patients and his active volunteerism in the community, including the People's Resource Center. Lee was profiled in the June 25th *Glen Ellyn Sun*.

Southern Illinois School of Medicine was featured in a June 28 *State-Journal Register* story about the school's #15 ranking for its "social mission" to training primary care physicians, providers in underserved communities and physicians from minority communities. **Jerry Kruse, MD**, chair of the department of family and community medicine was quoted in the story.

Aaron Michelfelder, MD from Loyola Family Medicine in Maywood shone the spotlight on men's reluctance to see a doctor. The story was featured in the June 30 *Chicago Tribune* and also posted on the WGN-TV website.

Yasmeen Ansari, MD of Wood Dale was a featured panelist at a forum held June 28th by U.S. Rep. Peter Roskam (R-6th) to discuss the federal health care reform and the impact on his district. The forum was covered in five suburban newspapers in the region.

Ansari was quoted about the high costs of defensive medicine driven by physicians' fear of being sued.

IAFP's new partnership with the Illinois Dept. of Insurance (see feature story on page 6) generated several media placements, including the June 22 *Crain's Chicago Business* and *Park Forest e-News* as well as a July 1 "Inside Health Care" column in the *Chicago Tribune*.

In Memoriam:

*IAFP 2004 Distinguished Service Award honoree **Roy T. Rapp, MD** passed away on May 30th at his home in Quincy. He was 92. He was born in Quincy in 1917 and returned home in 1954 and opened the Rapp Clinic after practicing in West Virginia and Kentucky. His office remained a fixture in the community until his retirement in July 2009.*

***John J. Ring, MD** died Saturday, June 12, 2010, at Advocate Condell Medical Center in Libertyville. Dr. Ring was a family physician in Mundelein since 1958. He was on staff at Condell Memorial Hospital (now Advocate Condell Medical Center) in Libertyville and Victory Hospital in Waukegan (now Vista East Medical Center). Link to the obituary at <http://www.legacy.com/obituaries/dailyherald/obituary.aspx?n=john-j-ring&pid=143580656>*

News You Can Use

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With the summer peak purchasing season quickly approaching now is the perfect time to see how Atlantic Health Partners can help your practice save on vaccine purchases!

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Jeff Winokur and Cindy Berenson are the primary contact persons at Atlantic, (www.atlantichealthpartners.com) and we encourage you to contact them at 800-741-2044 or at info@atlantichealthpartners.com for more information and details about how your practice can benefit from participation.

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