



ILLINOIS FAMILY PHYSICIAN

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IAFP's primary goal: Meeting the needs of our members

The IAFP will deploy an all member survey send in May 2009. It will be a web-based survey using "Survey Monkey." Please watch for the link to the survey in your e-mail and take a few minutes to complete it. Your input is absolutely vital in helping IAFP gage the pulse of Illinois family medicine and your best avenue to tell us where you want our help most.

The 2007 IAFP bi-annual member survey results indicated the top four priorities of Academy services members want are:

1. Represent family medicine in government and with other organizations.
2. Promote positive viewpoint of family medicine
3. Keep informed on Illinois family medicine issues
4. Offer CME by family physicians for family physicians

The information below outlines how IAFP works to meet these priorities.

Governmental representation

IAFP leaders, staff, lobbyists and dedicated members work year round representing family medicine at the federal and state level. We advocate for sound health care policy, and work to stop legislation detrimental to family medicine or our patients. We also continue to push for funding increases in payment for primary care



Bechara Choucair, MD of Chicago speaks at a press conference called by U.S. Sen. Dick Durbin to stop Medicare payment cuts in 2008.

services and management, as well as new dollars for family medicine training. You'll find constant updates from IAFP here in *Family Physician*, in each installment of the IAFP E-news, and in time-sensitive e-mails as needed.

Promoting family medicine viewpoint

IAFP communications used consistent messaging to promote the message of family medicine through all our contacts with the media.

IAFP's Public Relations Task Force has ten IAFP members who are specially trained to respond to media requests. As IAFP has built up its reputation for evidence-based, consistent information, the media turns to IAFP for family physicians who can speak on a wide variety of issues. A comprehensive list of 26 family physician sources from around the state available for media interview lives on the IAFP web site at http://www.iafp.com/PR/pr_contact_list.htm. Would you like to be on that list? E-mail Ginnie Flynn at gflynn@iafp.com for more information.

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President's Message

It's time for the Patient Centered Medical Home

This month I would like to talk about the concept I think is most important in achieving family medicine's goals of true health care (and payment) reform – the patient centered medical home (PCMH).

No doubt you've heard and seen a lot of debate on this topic. AAFP keeps our membership informed with a steady stream of updates and information. In fact, AAFP is one of the leading organizations in advocating for our country to adopt the PCMH model. Quite simply, family medicine has the most to gain when America gets on



board and the PCMH becomes a reality for all!

We family physicians are all concerned with the lack of control we have over the business end of family medicine. I have heard our own Illinois members voice their frustration. I have participated in similar discussions with our colleagues in other states. In comparison to other professionals and small business owners, family physicians have less or

even no control over how much we are paid. And, everyone agrees we are underpaid for all that we do.

The new model, the one that will benefit everyone involved, is the PCMH.

Since October 2007, "Patient Centered Medical Home" has been the phrase sounded throughout Washington, DC and several states to get the attention of legislators, businesses and health plans. The purpose was to position primary care as a solution in achieving the true health care transformation that our nation needs.

The Patient Centered Primary Care Collaborative united all the voices into one choir and provided the songbook called the Joint Principles of Health Care Reform (see www.pcpcc.net)

Know the definition! What is a PCMH in today's practice environment?

(continued on page 4)

Convenient Coding Tutorials

Earn CME when and where it is convenient for you. Each PDF tutorial includes a short pre-test, a brief discussion of coding elements, case studies, and an online post-test and evaluation.

Inpatient E/M Coding: Selecting a Level of Service

- Selection by Key Components
- Selection by Unit/Floor Time
- Coding of same date admission/discharge

www.aafp.org/shop/759

Outpatient E/M Coding: Selecting a Level of Service

- Selection by Key Components
- Selection by Time
- Medical Necessity

www.aafp.org/shop/752

Introduction to E/M Services Coding

- Definitions in E/M Coding
- New vs. Established Patients
- Visit vs. Consultation

www.aafp.org/shop/319



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FAMILY PHYSICIANS
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More AAFP coding resources —
www.aafp.org/codingresources

per·for·mance pər fôr·m' mən·s

The fulfillment of a claim, promise, or request.
Something accomplished.



When the going gets tough, we hang in there.

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President's Message

(continued from page 2)

1) **From AAFP** <http://www.aafp.org/online/en/home/membership/initiatives/pcmh.html> A patient-centered medical home (PCMH) is simply a better way--a more effective and efficient model of health care delivery. This new model produces better care and lower costs. In a patient-centered medical home: Patients have a **relationship** with a personal physician.

- A practice-based care team takes collective responsibility for the patient's **ongoing care**.
- Care team is responsible for providing and arranging **all** the patient's health care needs.
- Patients can expect care that is **coordinated** across care settings and disciplines.
- **Quality** is measured and improved as part of daily work flow.
- Patients experience **enhanced access** and communication.
- Practice uses EHRs, registries, and other **clinical support systems**.

2) **From the Patient Centered Primary Care Collaborative**

The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.

AAFP and IAFP are making a concerted effort to bring the PCMH message to federal and state government, as well as to the public. Illinois Medicaid patients are already seeing the benefits of having a medical home through the

Illinois Health Connect Program. The education component, Your Healthcare Plus, is working to improve outcomes for some of Medicaid's most complex patients. All Illinois physicians can benefit from the clinical knowledge and the quality improvement tools available ([see article on page 14](#)). Participating physicians are seeing increased payments for coordinating care. Both Illinois Health Connect and Your Healthcare Plus are led by family physicians and shaped by constant feedback from family physicians.

We truly have a leading role in this important transformation. Your help is needed to spread the word – talk about PCMH with your office staff, to your patients, to your colleagues - including medical students and residents- your local medical leaders and your lawmakers.

The full extent of PCMH is a very detailed system of teamwork, innovation and data-driven successful outcomes. However, we can use simple

phrases to help others understand the value of PCMH and the difference it will make in fixing our health care system. We need to convince our lawmakers, the media, our patients and health care payers. Make your own contacts. Take this key message to them. Be a cheerleader for family medicine and the PCMH.

And a message for our patients: a patient centered medical home...

- ...makes sure you get the best possible care with a physician who knows you.
- ...strives to keep you healthy in order to avoid emergency room visits and hospitalizations.
- ...provides the best quality care while lowering your health care costs.
- ...creates savings in health care that will keep our economy healthy.
- ...encourages your involvement in the decision making

A PCMH is family medicine in the new millennium while returning to our roots.

PCMH Resources

IAFP

<http://www.iafp.com/pdfs/PCMH.pdf>

Illinois Health Connect:

<http://www.illinoishealthconnect.com>

Your Healthcare Plus:

<http://www.yhplus.com>

AAFP Special Report on PCMH

<http://www.aafp.org/online/en/home/publications/news/news-now/pcmh.html>

Patient Centered Primary Care Collaborative

<http://www.pcpcc.net>

AAFP Road to Recognition, a guide to simplify the NCQA process

<http://www.aafp.org/online/en/home/membership/initiatives/pcmh/ncqaquide.html>

(continued from page 1)

Communicating family medicine issues

IAFP has three regularly scheduled publications to keep members informed on family medicine issues.

In February IAFP sent a Member Information packet via U.S. Mail. The packet provided a vehicle for communicating with all active members at least once annually in a paper format. That packet included an annual report of Academy programs and services as well as a list of staff, board members and other resources. Hang on to that packet and be sure to step up and sign up for opportunities that peak your interests.

Twice monthly, E-News summarizes IAFP activities and opportunities, state and federal government relations, CME events and products, student and resident opportunities, and any news we think you can use. Back issues are also available on-line at <http://www.iafp.com/newsletter/index.htm>. It's your best resource to stay current with family medicine issues.

Published once every two months, *Illinois Family Physician*, is this news magazine for IAFP. *Family Physician* is also archived on-line at <http://www.iafp.com/newsletter/index.htm>. The newsletter will continue to live as a PDF on the IAFP web site, and the link will be e-mailed directly to all IAFP members as soon as the publication is ready. The first issue was the February report, and the final issue will be November/December. In 2009 we are working to make it easier to read and environmentally responsible. At the same time, we're giving it an updated look and a consistent format, so you'll be able to find what you need, when you need it.

To ensure all our members receive these publications, IAFP has started a member information update. Every month about ten percent of the active members are asked to update their contact information. In this fast paced information age, it's important to have timely communication with you. Please provide your e-mail address to IAFP. We will not share your e-mail address with any outside entity. Our goal is to e-mail you only what you need to know, when you need it. E-mails also make your life easier with links directly to more information or whatever you need to move forward.

Offer CME by family physicians for family physicians

IAFP completed its move from information-based CME to quality

improvement CME in 2008. Some of the CME was offered in live settings and in print, but most of it was located online. By the end of 2008, IAFP's two CME websites, www.yhplus.com and www.iafp.com/education/ contained seven chronic disease quality improvement modules and 10 case studies. A monthly e-mail updates members on all IAFP CME offerings as well as other CME opportunities. You can find continuous CME information here in *Family Physician*, in *CME Connections*, and on the IAFP web site - www.iafp.com.

We look forward to hearing from you in that member survey. You can also contact your Academy year-round at iafp@iafp.com.

Other benefits and services for IAFP members

Services

Atlantic Health Partners: www.atlantichealthpartners.com

Vaccine purchasing and discounts. Contact Ed Ross @ 866-393-4190 or info@atlantichealthpartners.com

Healthcare Associates Credit Union- www.hacu.org

Debt consolidation for student loans, asset protection and financial services

www.FPJobsOnline.com

Manage your job search and find your perfect job
Post your openings for family medicine jobs

CME Partnerships

National Procedures Institute www.npinstitute.com

\$100 off registration and \$50 contribution to IAFP

Prescriber's Letter

IAFP members' subscription includes Complimentary CME credits.
Every new subscription benefits IAFP. Call 800-995-8712.

Pri-Med <http://www.pri-med.com>

Receive pre-registration discounts for live CME
in the Chicago area and in St. Louis.

Core Content Review of Family Medicine www.corecontent.com

Board preparation CME for family physicians

FPIN Family Physician Inquiries Network www.fpin.org.

IAFP members receive a discount on this publication of evidence-based CME

IAFP News

IAFP supports law against texting while driving

The 2008 All-Member Assembly adopted a resolution establishing a policy against driving or operating machinery while texting from a wireless device. As a result, family physicians are urged to warn patients and the public of the danger added to a situation when a driver's attention is distracted when texting.

"Although technology has enabled us with instant communication, we must always put the safety of ourselves and others first," says IAFP President Javette C. Orgain, MD of Chicago. "Drivers and machine operators must devote their full attention, both eyes and both hands to the task at hand. Family physicians will urge everyone to put safety first, and put the phone down."

Chicago requires that drivers use a hands-free device when talking. Last fall the City Council amended the law to also ban texting and surfing the Internet while driving.

The resolution was introduced by IAFP member Arvind K. Goyal, MD of Rolling Meadows, the IAFP's 2001 Family Physician of the Year. Dr. Goyal introduced a similar resolution at the November 2008 American Medical Association's interim meeting, which was adopted as AMA policy.

"Texting while driving can result in death and serious injury not only to the

driver of a vehicle but also to others on the road," said Goyal. "The potential public health risks associated with texting while driving require public education with effective legislation behind it so people won't choose to put their own lives and others at risk."

Nearly 40 percent of motorists between 18 and 27 have admitted to sending text messages while behind the wheel. That's compared with 19 percent for all drivers, according to a 2006 study by Nationwide Insurance. Seven states — Alaska, California, Connecticut, Louisiana, Minnesota, New Jersey and Washington — and the District of Columbia already have bans on text messaging while driving.

In Illinois, only the City of Chicago has any law (since July 2005) addressing cell phone use while driving. Chicago requires that drivers use a hands-free device when talking. Last fall the City Council amended the law to also ban texting and surfing the Internet while driving. In February, the City Council's Traffic Committee agreed to raise the penalty for driving without a hands-free device from \$75 to \$100. The fine for motorists whose cell phone conversations cause accidents would more than double -- from \$200 to \$500.

The IAFP is supporting HB 71 (Rep. John D'Amico). HB 71 flew out of the House Transportation committee on a 7-0 vote. The bill, which is also championed by Secretary of State Jesse White, would prohibit text messaging while driving. LINK to the bill at "<http://lyris.aafp.org/t/2236942/25866945/731684/0/>" <http://www.ilga.gov/legislation/billstatus.asp?DocNum=71&GAID=10&GA=96&DocTypeID=HB&LegID=40059&SessionID=76> where you can check on the status of this bill as it moves through the process. Watch for action alerts in your e-mail!

Speak up! IAFP has a sample letter to the editor that you can send to your

local paper advocating for common sense when driving. E-mail Ginnie Flynn at gflynn@iafp.com for a template letter that you can customize and make your own.

NOMINATE YOUR FAVORITE FAMILY PHYSICIANS

IAFP is looking for our next Family Physician of the Year and two Teachers of the Year. Nomination forms are now available on the IAFP web site Family Physician of the Year <http://www.iafp.com/pdfs/FPOY09.pdf> Teachers of the Year <http://www.iafp.com/pdfs/TOY09.pdf>

Nominations are due to IAFP by May 31, 2009.

NEW IAFP MEMBER GROUP SOLO FAMILY PHYSICIANS

An IAFP member interest group for solo practice family physicians is now forming, with eleven IAFP members so far. If you are interested in joining this IAFP member group, please contact Vince Keenan, IAFP executive vice president at vkeen@iafp.com to join. To see a listing of all IAFP member groups visit <http://www.iafp.com/about/committees.htm>

ILLINOIS FAMILY MEDICINE 2009 MATCH RESULTS

Match results for Illinois family medicine continued to bring outstanding news for our state's residency programs. According to NRMP, Illinois Family Medicine Residency Programs filled 94.9 percent (130/137) of available positions, which led the East North Central region. Nine fewer positions were offered in 2009.

Preliminary information available from the National Resident Matching Program (NRMP) indicates that the 2009 national fill rate for family medicine residency programs is 2,329 positions filled out of 2,555 positions offered (91.2%). U.S. medical students made up 42.4 percent or 1,083 of the family medicine total.

Link to results, charts and analysis at the AAFP web site's Match section at <http://www.aafp.org/online/en/home/residents/match.html>

Residency program results by region and state: <http://www.aafp.org/online/en/home/residents/match/fillrate.html>

Congratulations to the following Illinois programs that filled 100% by Match Day!

Adventist Hinsdale	SIU-Carbondale
Advocate-Christ	SIU-Decatur
Cook County-Loyola Provident	SIU-Quincy
Mt. Sinai	SIU-Springfield
NorthShore	UIC-Illinois Masonic
Resurrection	UI-Chicago
Rush Copley	UI-Peoria
Saint Louis University-Belleview	UI-Rockford
St. Mary's/St. Elizabeth	UI-Dixon Rural Track
St. Joseph's	West Suburban

Practice Opportunities

At **ACUTE CARE, INC. (ACI)** we offer practice opportunities in more than 70 low-to-moderate volume facilities throughout the midwest. We are committed to providing the best in emergency medicine and offer our providers:

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3 question Facebook survey nets flurry of member responses

We asked, you answered! IAFP asked three simple questions to find out if our members use Facebook, and if they thought IAFP should use it, too! As of noon on Friday, March 6th, 279 members responded. Overall 40 percent of IAFP members who responded are on Facebook, but 68% of all respondents advise that IAFP should not use Facebook as an outreach tool.

Here are some crosstab breakdowns by member type:

Active members – 220 respondents, 25.5% use Facebook, 70% feel IAFP should not be on Facebook.

Residents – 23 respondents, 67% use Facebook and 67% feel IAFP should not be on Facebook.

Students – 29 respondents, 93% use Facebook, 57% feel IAFP should not be on Facebook.

Of all IAFP Facebook users, 54% feel that IAFP should be on Facebook and 46% feel that we should not.

Our online and communications world is definitely changing. IAFP certainly wants to do what's best for our membership and not take on a new project simply because it's a trend or "hot" according to industry experts. We appreciate you taking the time to tell us what you think!

If you haven't weighed in on the survey and would like to, just go to http://www.surveymonkey.com/s.aspx?sm=MggkObF5bB82Um8P8GKB3Q_3d_3d and answer the three questions in just seconds!



**“For someone
who is used to
calling the shots...”**

**...this is the best fit
for my practice.”**

In an uncertain world, you’ve told us what’s important to you—greater control and a voice. You can get both with our policy coverage and claims service. Count on us for precise communication and follow through along with the strongest, most experienced partners in the protection business.

Founded by physicians, ProAssurance Group companies have the resources to control the effects of uncertainties and protect the respected identity you’ve earned. This means your attention can stay where you want it—caring for patients.

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MEMBER PROFILE

Sources: 2008 Practice Profile I & II, 2008 CME Needs Assessment, 2008 Member Data, 2008 Post Assembly Survey

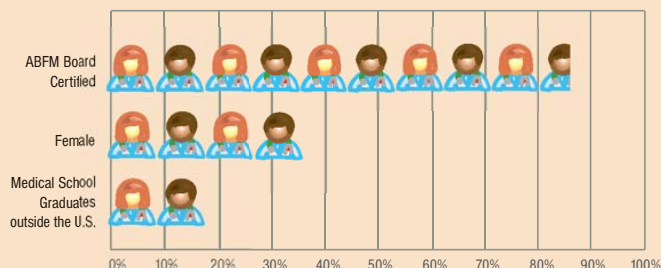
Overall Member Information

Active AAFP members represent 62,079 of the 95,660 practicing Family Medicine physicians in the United States.

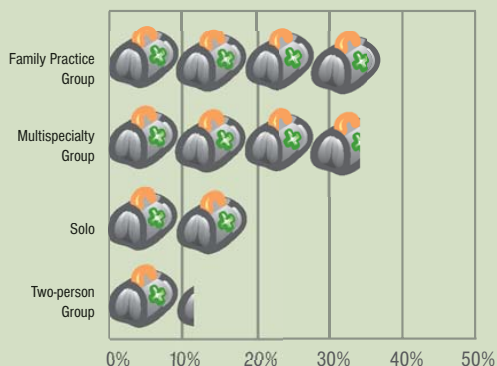
Of the AAFP's active membership, 36% are female, 87% are ABFM Board Certified, and 17% are graduates of medical schools outside of the United States.

Additionally, 59% of active AAFP members are between the ages of 30 and 50, with the mean age being 46.

The median income of active AAFP members was \$148,000 in 2008.



FP Practice Arrangements



Seventy-one percent of active AAFP members practice in either a family medicine or multi-specialty group practice. Seventeen percent of active AAFP members practice in a solo practice and 11% practice in a two-person partnership.

Active AAFP members in family medicine group practices average 7 family physicians, 1 physician assistant, 4 nurses, and 7 administrative staff members.

Multi-specialty group practices are more likely to include physician assistants and nurse practitioners than the other practice arrangements.

Rural family physicians account for 21% of the active AAFP membership.

The Office Practice

Eighty-three percent of active AAFP members are engaged in direct patient care, with 89% of active AAFP members practicing in an office setting. In 2008, active AAFP members averaged 50.9 hours worked per week. Of those hours worked the average active AAFP member spends most of the time on patient care tasks, with 8 hours per week spent on administrative tasks.

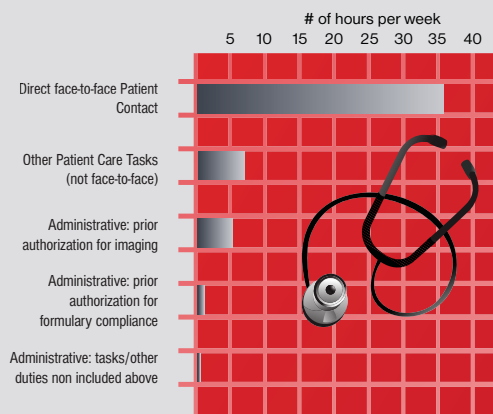
Also in 2008, family physicians attending Scientific Assembly, wrote twenty or more prescriptions per day. The most common in-office procedures performed by active AAFP members are:

EKG (93%) • Musculoskeletal injections (91%) • Dermatologic procedures (84%)

Other common in-office procedures performed are:

Spirometry (62%) • Endometrial sampling (56%) • Tympanometry (48%)

Twenty-three percent of AAFP active members offered some type of cosmetic procedure in their office in 2008.



Government Relations

Government Relations Update

Gordana Krkic, Vice President of Government Relations

The Illinois General Assembly made up lost time and went straight to work the first week of February, after impeaching former Governor Rod Blagojevich and appointing Lt. Gov. Pat Quinn to the Office of Governor. With a projected \$9 billion deficit, Governor Quinn and the General Assembly have not ruled out any tax increase options and will likely pass several tax hikes to help Illinois' economic recovery. Appropriations bills and the state's budget are among the final actions taken by the legislature prior to adjournment which is scheduled for May 31st. However, a flurry of other legislation was introduced and is being deliberated in committees and on the chamber floors as this issue goes to print.

Scope of Practice Issues

Chiropractors: IAFP, along with other allopathic and osteopathic medical organizations, defeated HB640 (Rep. Bill Black) which would have added a mandatory scoliosis screening performed by a chiropractor to the school entrance requirements for third and seventh graders. This bill was considered by the House Elementary and Secondary Education Committee and ultimately voted down.

HB 645 (Rep. Dan Burke) was also heard in this committee and would have allowed chiropractors to issue certificates of school exemption. IAFP and the Illinois Chiropractic Association



worked out a compromise amendment to include references to the Illinois Medical Practice Act. The amended language ensures that the chiropractor's scope of practice does not include treatment with medication or surgery. Currently, there are more than a dozen bills addressing physical exams and interscholastic sports which would amend the School Code. Although the implications are health-related, the legislation is assigned to the Elementary and Secondary Education Committee. As health care permeates every sector of society, IAFP members should take every opportunity to educate their legislators on health promotion and primary care.

Nurse Practitioners: This year, the nurse practitioners have organized a national agenda to push for independent practice in many states, including Illinois. Our opposition to their efforts focuses on the public's safety and overall health of Illinoisans. Physicians need to preserve the quality of care, superior training and patient safety of physician care to prevail in this debate.

Physician assistants: Like the nurse practitioners, there is a national effort to eliminate ratios for physician assistants across the country and in Illinois. Our opposition again centers on patient safety and quality of care. If a health care team (physician, nurse practitioner, and physician assistant) is dismembered, the patient suffers by not receiving the full benefit of a complementary and comprehensive approach to health care.

IAFP remains a strong partner in the Illinois Coalition Against Tobacco and is working to support the following bills:

-SB317- Licensing of Tobacco

Retailers with strict penalties for retailers caught selling cigarettes to kids or selling cigarettes without the required state tax stamp.

-SB1455/HB603 – Prohibit the sale of Flavored Cigarettes and Cigars

- SB44- Increase Cigarette Tax by \$1 to \$1.98 with new revenues going to Health Care Provider Relief fund (paying the Medicaid backlog). If Illinois does NOT raise the cigarette tax, the state will lose approximately \$55 million in annual revenue due to the increase in the federal cigarette excise tax.

-HB 1196 Tax increase on Other Tobacco Products with the revenue going to tobacco control and the Health Care Provider Relief Fund. This tax is not expected to raise significant revenue compared to the increase in cigarette taxes.

-HB889 would prohibit smoking in your car with children 8 or under in the vehicle with you.



Federal GR roundup Economic stimulus package and health care

Excerpted from AAFP News Now
2/19/2009

The American Recovery and Reinvestment Act of 2009, or ARRA, includes important measures that bolsters our family medicine view that the economy and health care are inextricably linked and that sustained economic growth depends on a well-functioning health care system, according to AAFP President Ted Epperly, M.D., of Boise, Idaho.

The measure, which President Obama signed on Feb. 17, provides \$19 billion for HIT -- \$17 billion for incentives to encourage the adoption of HIT by Medicare and Medicaid providers during the next five years and \$2 billion in immediate funding for the nation's HIT infrastructure. The HIT provisions in the stimulus package employ a combination of incentives and penalties to encourage the adoption and use of HIT by physicians participating in Medicare and Medicaid programs.

The ARRA also provides \$300 million for the National Health Service Corps and \$200 million for primary care and other health care professions trained through Titles VII and VIII of the Public Health Service Act. This includes primary care medicine and dentistry programs, public health and preventive medicine programs, and the scholarship and loan repayment programs funded under Titles VII and VIII.

Additionally, the measure allocates \$1.1 billion for comparative clinical effectiveness research, including \$300 million for the Agency for Healthcare Research and Quality and \$400 million each for HHS and NIH to conduct this research. Provisions to strengthen the nation's health care safety net also are included in the legislation. For example,

the bill provides an estimated \$86.6 billion during the next two years in additional federal matching (FMAP) funds to help states maintain their Medicaid programs amid massive state budget shortfalls. It also provides \$24.7 billion to help unemployed workers retain their health care benefits.

Effect of ARRA on Illinois Medicaid physician payments

For Illinois, the Federal Stimulus package provides some relief to payments made from the Illinois Medicaid program. The continuing shortfall of funds in the State of Illinois Treasury had prevented some Medicaid physician payments from being met on time. Here is an update on how ARRA funds will reach the Illinois Medicaid program.

- The Federal Medicaid Assistance Percentage (FMAP) will be raised from 50% to 60%, approximately. This is about a \$1.2 billion annual increase.
- There are more federal Medicaid match funds for Illinois due to unemployment. These payments are for nine quarters stretching back to Oct. 1, 2008 through December 2010.

To continue to qualify for these funds, Illinois will need to meet federal requirements by June 1, 2009, including but not limited to 90% of all physician claims must be paid in 30 days.

So, what does this mean for your practice's Medicaid accounts receivable? Best estimates are that Illinois Medicaid should be receiving some funds from ARRA in late March, barring other issues. After the money arrives, physicians should expect more predictable payments as Illinois works to reach the federal requirement of having 90% of all physician claims paid in 30 days.

THE ROBERT GRAHAM CENTER

exists to improve individual and population health by enhancing the delivery of primary care. The Center aims to achieve this mission through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

Guiding the work of the Robert Graham Center are the following themes:

- The Value of Primary Care
- Health Access and Equity
- Delivery and Scope of the Medical Home
- Healthcare Quality and Safety

See for yourself at www.graham-center.org. Find the evidence you need to make your case for primary care!

AAFP's FamMedPAC

By law, AAFP dues cannot be used for any candidate or election purposes. The only way for AAFP to contribute to elected officials is through the PAC. If every member contributed to FamMedPAC, we'd have one of the strongest PACs in the nation. Any member of IAFP is allowed to contribute, that includes residents, students and chapter staff!

Learn how you can donate at <http://www.aafp.org/online/en/home/policy/fammedpac.html>

IAFP members have personally delivered FamMedPAC contributions to members of Congress. In late February, FamMedPAC supported State Representative Sara Feigenholtz's unsuccessful primary campaign for the 5th Congressional district special election with a contribution.



Make change happen.

*A new administration, a new Congress,
a new health care system*

...the time is now.

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Registration

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May 20-21, Washington, D.C.

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Day 1:

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Day 2:

Go do it.

- Learn how to practice real-world advocacy.
- Understand family medicine's legislative issues.
- Visit with Congressional offices.
- Hear from members of President Obama's administration.

aafp.org/fmcc

IAFP Government Relations Committee

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Harald Lausen, D.O.
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Kathleen Miller, M.D.
Soujanya "Chinni" Pulluru, M.D.
Ravi Shah, M.D.
Staff, Gordana Krkic, CAE

If you can't be on the Government Relations committee, there are still many ways you can be a part of our efforts.


1. Know your legislators! If you're not sure who represents you in Springfield or Washington, you can find out using the "legislator lookup" feature on the home page of the Illinois General Assembly website at www.ilga.gov. You can find out about their background, what committees they sit on, and how to contact them in Springfield and in the district.

2. Respond to an action alert e-mail from IAFP or AAFP. AAFP offers some suggestions to help you personalize a letter or e-mail to your elected officials. It doesn't have to be long. Two or three sentences at the beginning of your letter or e-mail should be enough to let your legislator know that you understand the issue and how it affects family physicians.

Tips for Personalizing Your Messages:

- Provide examples from your own practice to show how the issues affect you and your patients.
- Stay professional: demonstrate your passion for the issue without being overly-emotional.
- Tell your legislator how the issue will affect your community -- and his or her constituents.

The personal connection you make with your legislator will help the Academy advocate for sound health care policy -- and also will keep you on the list of constituents they call in the future for input on health care bills.

A woman with brown hair, wearing a white lab coat over a light purple collared shirt, is looking directly at the camera with a slight smile. The background is a soft, out-of-focus teal color.

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Continuing Medical Education

Your Healthcare Plus CME for clinical education and quality improvement

It's no secret to family medicine that managing chronic conditions in the primary care setting means fewer hospitalizations and substantial savings to the health care system. The Illinois Medicaid program has taken that tenet and turned it into practice with some of their most complex and at-risk patients. IAFP has helped lead this effort forward through the development of Your Healthcare Plus CME modules. Even if you don't see Medicaid patients in your practice, any family physician can benefit from the education and quality improvement modules available through Your Healthcare Plus.

"Your Healthcare Plus has done a terrific service to the medical community in making practical, actionable strategies for improvement widely available."

"The YHP CME format is practical, comprehensive and yet concise," says Janet Albers, MD, moderator of the diabetes CME module. "It summarizes evidence based treatment of chronic illness and provides quality improvement tools that are useful in developing a CQI program within your practice."

Your Healthcare Plus is a free benefit of the Illinois Department of Healthcare and Family Services that focuses on promoting and sustaining the patient-physician relationship. YHP



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empowers a multi-disciplinary care team to help patients make informed health care decisions, improve patients' understanding of their chronic diseases through self-learning and management tools, help patients receive care coordination for complex health needs.

Access FREE CME and earn credit with easy-to-use education activities on:

- Quality Improvement
- Depression
- Pediatric Asthma
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- Substance Abuse
- Heart Failure
- Diabetes and
- Coronary Artery Disease

Just log on to www.YHPlus.com. Each topic contains valuable resources, including disease management tips, clinical education, QI worksheets and reference materials, as well as audio files for people on the go.

"Your Healthcare Plus has done a terrific service to the medical community in making practical, actionable strategies for improvement widely available," says quality improvement moderator Carrie E. Nelson, MD.

All CME modules on this website, except QI, have been approved for AMA Category 1 credit, AAFP prescribed credit, nursing contact hours,

and asthma and depression have been approved for ABFM MC-FP Part IV credit.

In addition, via the Illinois Academy of Family Physicians (IAFP) CME Website, www.IAFP.com/education, you will be able to track which CME courses you have completed and obtain your CME certificates - simply with the click of a button at the end of each completed online course.

IAFP CME Committee members:

Christine Mueller, M.D., chair
Glen Aduana, M.D.
Janet Albers, M.D., board liaison
Sharon Smaga, M.D.
E. Lee Washington, M.D., board liaison
Staff, Kate Valentine/Vince Keenan

Charge: It is the mission of the CME Committee to develop, present, and promote education opportunities that are timely, relevant and of the highest quality. The CME Committee is actively involved in the creation and development of all CME programs. All decisions about the program content and faculty are made exclusively by the CME committee.



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PRI-MED MIDWEST CONFERENCE & EXHIBITION

April 8-10, 2010

Pre-Conference Symposia Day
Wednesday, April 7, 2010*

Donald E. Stephens Convention Center
Rosemont, IL

Annual conference and exhibition composed of Pre-Conference Symposia day, 3 core program days, and over 50 clinical lectures from Harvard Medical School and Northwestern University Feinberg School of Medicine. Plus, a dozen practice management sessions, industry-supported symposia, and a dynamic exhibit hall.

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Please note: Pre-Conference Symposia day and symposia sessions are ticketed events with limited availability that must be selected when registering.

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or call 866-263-2310 (Toll-free, Mon-Fri, 9 AM-8 PM EST).

Members in the News

Emily Godfrey, MD of Chicago is featured in a January MSN Health article about the emergence of Cytotec as an “underground” and low-cost method used by Latina women to terminate unwanted pregnancies.

Russell Robertson, MD and **Tamarah Duperval**, MD – both from Chicago - were featured expert sources in a Tribune Red Eye special story on Christmas day focusing on coping with holiday season stress.

IAFP members **Jeffrey Long**, MD of Hersher and **Jordan Goodman**, MD of Bourbonnais are featured in a Jan. 23 Kankakee Daily Journal story discussing whether there are health benefits of interactive video games, such as Guitar Hero, Wii games or games that involve movement or dancing. Congratulations also go to Dr. Long, who was named “Citizen of the Year” by the Herscher Chamber of Commerce at their annual dinner on January 31!

Ben Brewer, MD of Forrest is back to work in 2009 with his twice-monthly column in the Wall-Street Journal called “From the Doctor’s Office.” The first of his January columns offered his arguments for the value of the annual physical exam and explained the benefits of the relationships built between family physician and patient that make these visits worthwhile, and potentially lifesaving. His January 21 column offers advice for reforming payment systems for Medicare, Medicaid and private payers to pay primary care for the many ways they provide care, keep patients healthy and keep costs down in the primary care setting.

Kristin Drynan, MD, Chair of the IAFP public relations task force is quoted in a January 28th American Medical News story about large retailers offering some free antibiotics from their pharmacy.

Physicians worry that offering antibiotics for free will encourage patients and parents to prescribe certain medications that are on the free list.

Elizabeth A. Pector, MD of Naperville is featured in the Practice Management section of the January 26th issue of American Medical News in an article about reducing the risk of bounced checks from patients.

SIU School of Medicine’s Family Medicine Preceptorship Program was featured in the February 4th issue of the Springfield State Journal-Register. Members **Michael Brewer**, MD and **Christina Ventress**, MD were featured preceptors in the article. Ventress was a participant in the SIU program as a medical student herself.

In a February 9th State Journal Register story, **Dr. Ventress** also offered advice on reliable websites for health information. Naturally her first suggestion was AAFP’s www.yourfamilydoctor.org. That same story also appeared in the Kane County Chronicle and DeKalb Chronicle.

Catherine Counard, MD of Evanston is featured in the Feb. 12th Skokie Review as the new health director for the Village of Skokie. Counard is an active member of the IAFP Public Health Committee and received a 2006 IAFP President’s award for her work on Smoke-free Evanston.

Jerry Kruse, MD and **Janet Albers**, MD both from SIU School of Medicine were featured in a Feb. 24th Springfield State Journal Register story about a public forum held the night before by the Citizens Club. Both Kruse and Albers emphasized the role the medical home will play in meaningful and effective health care reform. That same story was shared appeared in 18 other Illinois Newspapers that week, from Rockford to West Frankfort!

Dr. Albers is also featured in a March 1 State Journal Register story about an “access to care” program for the uninsured of Sangamon County being organized by the Sangamon County Medical Society.

Martin Lipsky, MD, Dean of the Univ. of Illinois College of Medicine at

Rockford and IAFP member Chantal Girod, MD are featured in the March 1 Rockford Register Star story about the shortage of primary care physicians and UI-Rockford’s significant contributions toward improving the PCP supply. The same story also ran in newspapers in Aledo and Kewanee.

IAFP Past President **Robert Heerens**, MD is featured in a March 3 Rock River Times story about the Center for Learning in Retirement’s 15th anniversary. Dr. Heerens is a founding member of the Center.

Thanks to MacNeal Hospital’s office of public relations for providing this newstip. **Davis Yang** M.D. was featured on the WGN (Channel 9) medical watch segment during the 9:00 evening news on November 28. The interview focused on MacNeal Hospital’s use of Isabel, a decision support software tool for physicians and residents. It is similar to a “Google” for doctors and aids physicians in their diagnosis of patients. Click on the following link to view the story http://www.macneal.com/news-latestnews-detail/11/30/2008/isabel_profiled_on_wgn.aspx

In Memoriam

Padmanabhan “Dan” Mukundan, M.D., a pioneering force in community medicine in the greater Chicago area for nearly 40 years, died at age 62 after a long illness. Dr. Mukundan was a founder and Chief Medical Officer of Access Community Health Network (ACCESS) as well as the Chairman and founder of the Department of Family and Community Medicine at Mount Sinai Hospital in Chicago. The family requests that in lieu of flowers, memorial gifts in his name may be made to Access Community Health Network, c/o Lauren Holhut, Department of Institutional Advancement, 1501 S. California Ave., NR6-105, Chicago, IL 60608. For more information regarding a memorial gift, please contact Lauren Holhut at 773-257-6425 or via email at hollau@accesscommunityhealth.net.



2008 Foundation donors

Thank you to the following donors who supported the Family Health Foundation of Illinois in 2008. Your donations support the Summer Externship Program, Tar Wars, and programming for our resident and student members.

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Tar Wars Sox game donors: Total raised for Tar Wars \$1,615 Range of donations: \$30-\$240

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To donate directly to the Foundation,
visit <http://www.iafp.com/foundation/donorform.htm>.
You can even specify which program your donation supports!



STUDENT AND RESIDENT SNIPPETS

Preparing for Residency – A student event Saturday, April 25th from 9:00 a.m. to 1:00 p.m.

IAFP presents its annual event dedicated to the Match process!

Join us at Loyola University – Stritch School of Medicine for this half-day event to get you ready for the Match and for residency. Prepare yourself for the challenge of finding and landing your perfect residency slot with exciting workshops from area residency faculty. You'll also have unparalleled face time with residency programs from throughout the state. Lunch is included and travel reimbursement is available for downstate students!

Register online at <http://www.iafp.com/students/>

Questions? Contact Crishelle O'Rourke at corouke@iafp.com or 630-427-8006



Special webinar for residency programs Wednesday, April 8th from 8:30 a.m. -1:00 p.m.

Residency programs traditionally care for a high volume of underserved patients. Some recent changes at the Illinois Department of Healthcare and Family Services (HFS) programs, including the implementation of Illinois Health Connect and Your Healthcare Plus, have a significant impact on residency programs. Medical directors Margaret Kirkegaard, MD (Illinois Health Connect) and Fredric Leary, MD (Your Healthcare Plus) are hosting a webinar on April 8 directed specifically to residency programs. The program is designed to give everyone a better understanding about these State programs and the tools embedded in the programs. The webinar is targeted to residents, faculty, clinical and administrative staff, so get the information and get it on your schedule.



Link to more information at <http://www.iafp.com/pdfs/WebinarResidency.pdf>



RESIDENTS AND STUDENTS:

Scholarships available to AAFP National Conference. AAFP is now accepting applications for scholarships to their National Conference of Students and Residents July 30-August 2. May 1st is the deadline to apply! Link to more information at: <http://www.aafp.org/online/en/home/cme/aafpcourses/conferences/nc/scholarships.html>

Apply now to be an IAFP Student or Resident Board member or National Conference delegate.

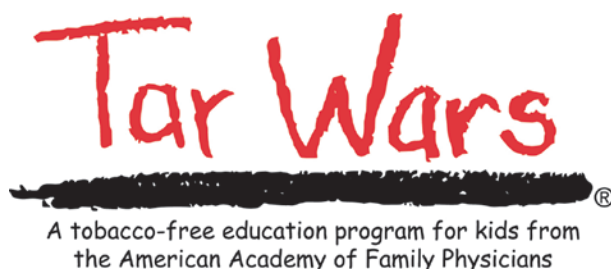
Now is the time to apply for a resident or student leadership post at IAFP.

Information and applications are available online at:

Student leader application form <http://www.iafp.com/pdfs/StudentLeaderAppFORM.pdf>

Resident leader application form <http://www.iafp.com/pdfs/residentofficerapp.pdf>

You can also contact Ginnie Flynn at gflynn@iafp.com with questions or to request an application.



SAVE THE DATE!

**Tar Wars annual fundraiser with the White Sox
Wednesday July 8th at 7:11 p.m.
White Sox vs. Cleveland Indians**

IAFP's Family Health Foundation is partnering for our annual fundraiser to benefit **Tar Wars**. We need your support to ensure our success! ***Doesn't matter if you're a Sox fan or a Cubs fan – we're all fans of family medicine!***

Each ticket you purchase means a tax-deductible donation to support Tar Wars! Complete details and an order form is now available at www.iafp.com/tarwars.



Can you spend a few hours a year keeping kids off tobacco?
Join Tar Wars and become a presenter to the kids in your community next fall!
Tar Wars is easy, fun and FREE!

Find out more at www.tarwars.org or contact Ginnie Flynn at 630-427-8004 or gflynn@iafp.com.

State poster contest deadline: April 6, 2009.
Make sure to include BOTH poster contest entry forms in the Tar Wars program guide.
You can also link to the rules and forms online at <http://www.iafp.com/pdfs/PosterContestRulesForms.pdf>

Posters should be mailed to
Tar Wars
c/o IAFP
4756 Main St.
Lisle, IL 60532

New Illinois Program Helps Doctors Address Children's Mental Health Needs

Illinois DocAssist helps to improve diagnosis and treatment of mental illness, substance abuse in children*

Overview

Illinois children who have mental health and substance abuse problems are receiving improved treatment through a new program called Illinois DocAssist. It is a child and adolescent mental health and substance use consultation program that helps primary care providers to offer better treatment for young patients.

The program works to improve the screening, diagnosis and treatment for psychiatric and substance use disorders in children in primary care settings. The goal of Illinois DocAssist is to make screening for mental health and substance use disorders a part of routine medical care.

The Facts

Due to a shortage of child psychiatrists, many children who have special mental healthcare needs or who are battling substance abuse problems receive treatment not from psychiatrists but from pediatricians and family doctors.

Through Illinois DocAssist, those providers have access to consultations, the latest in educational tools, trainings and other resources to help them best meet their young patients' needs.

How Does Illinois DocAssist Help?

Illinois DocAssist helps doctors improve the delivery and coordination of mental health and substance use care by providing access to:

- Consultations that guide providers through assessing mental illness and substance abuse;
- Medication management strategies;
- Office-based training workshops that demonstrate the latest disease screening tools;
- Information about new techniques to help them decide when a child should be treated or referred to a specialist;
- Trainings for providers and clinic staff on how to make mental health and substance abuse assessments part of regular exam routines; and
- Referral services to identify local community options for young patients who cannot be treated in a primary care setting.

For more information visit
www.psych.uic.edu/DOCASSIST
Or call 1-866-986-ASST (2778).

*The program is part of a joint venture between the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Human Services (IDHS). The agencies are teaming up with the Illinois Children's Mental Health Partnership and the University of Illinois at Chicago's Department of Psychiatry to implement Illinois DocAssist.

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Calendar of Events

APRIL

- 1 Spring into Action – Springfield
- 2 Spring into Action – Springfield
- 6 Tar Wars Poster Contest Submission Deadline
- 21 Tar Wars Poster Contest Judging – Springfield
- 23-25 AAFP Annual Leadership Forum – Kansas City, MO

MAY

- 19-21 Family Medicine Congressional Conference – Washington, DC

JUNE

- 9-10 Pri-Med Access - Downtown Chicago

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Committees will generally meet once every two months via teleconference and will use the common listserve to update and communicate. Committee meetings typically last 1-2 hours and action items from your committee are considered at the Committee of the Whole and by the Board of Directors.

Task forces will generally meet via electronic mail and as needed on teleconferences to accomplish tasks. There are no planned face-to-face meetings of task force members.

Interest groups will generally meet as they wish via email and listserve with suggestions to the All Member Assembly at the Annual meeting. Suggestions may be referred directly to the Board if time constraints require it. There are no scheduled meetings for interest groups.

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