



Aligning our actions with your priorities

Over 90% of IAFP members believe “keeping me informed on current affairs concerning family medicine” and “representation with state government and other organizations” are of paramount importance. IAFP survey results ranked the issues listed below as a high priority. As we work hand in glove with the AAFP, you’ll note that many issues warrant national attention while others are state-based solutions. Here are some highlights of how staff and volunteer leadership have worked to make a difference:

Payer and Insurance issues (prior authorizations, administrative burden and reporting, etc.)

- A current project between the ABFM and Robert Graham Center showed that FPs are saving more than they cost (study of % spend on primary care with 9 payers). This behind-the-scenes work continues to inform our leadership at the state and national level as family medicine’s value is promoted at every opportunity.
- Rx Pricing As states seek to address high drug prices, industry lobbyists are increasingly targeting state lawmakers, [reports Kasier Health News](#). AAFP joined the [Campaign for Sustainable Rx Prices](#), a national coalition of medical and health organizations dedicated to policies to lower the price of prescription drugs.
- Medicare Fee Schedule: CMS released the [2019 Medicare physician fee schedule and Quality Payment Program proposed rule\(s3.amazonaws.com\)](#). Given the potential impact this proposed rule would have on family physicians and their patients, AAFP has worked hard to keep members and chapters informed of this very complicated and long rule which for the first time combines the Fee Schedule with the QPP: it’s an alphabet soup of E&M, MACRA, MIPS, and APMs. While a majority of members would come out financially neutral, members do not like these CMS proposed rules and have voiced their opinions. The AAFP shares these concerns and submitted these [comments](#). IAFP echoed similar concerns in a letter to CMS.

The final Fee Schedule is expected in late Oct./early Nov. which doesn’t allow time for members to formulate a business plan before the new year. This will continue to be an urgent priority which AAFP will convey through increased communication.

- Prior authorization: IAFP supported a bill to create a uniform prior authorization form for Medicaid MCOs and Commercial Insurers. Unfortunately, the bill did not pass but efforts will continue as legislators have a heightened awareness of this administrative burden on physicians.

Public Health and Safety

- Immunizations: We are helping to keep Illinois safe through our trusted relationships with families in discussing the importance and value of vaccines. Link to Immunization campaign at <https://www.iafp.com/immunization-advocacy>
- Tobacco 21 passed the General Assembly but was vetoed by the Governor: Senate Bill 2332 would have raised the age to purchase all tobacco and nicotine delivery products from 18 to 21. Meanwhile members have been part of many successful local campaigns. Illinois now has 26 cities with local T21 ordinances with a total covered population of **4,592,275**.



- The governor vetoed SB2572 which would have changed the PE requirement in Illinois schools from three days per week to 150 minutes per week. IAFP supported this bill. Advocates will work to override the Governor's veto during veto session.
- Pain management, opioids and substance addiction Family physicians find themselves at the crux of the issue, balancing care of people who have chronic pain with the challenges of managing opioid misuse and abuse.
- One-in-ten (9%) IAFP physicians believe the prescription drug abuse crisis is the number one Public Health crisis facing Illinois, while the majority (53%) say it is a "very serious" problem among the top public health issues we face
- IAFP is a leader with the Illinois Prescription Monitoring Program (ILPMP); 98 percent of respondents to the IAFP member survey are registered with the IL PMP. IAFP physicians in rural areas are more likely to write prescriptions for opioids at least daily (60%) than those in mid-size cities (30%) or in Chicago (23%).
- IAFP provides a **Safe Prescriber program** <http://www.iafp.com/safe-rxt> to give our members the tools to manage this complex topic in their practices as part of their comprehensive care to patients in a medical home.
- SB 3023 was signed into law and was supported in coordination with a contingent of around 40 other diverse interest groups. The legislation would offer immunity from civil liabilities when using antidotes in cases of opioid overdoses.

Medical liability reform

- While this remains a priority, the state and national political climates are not conducive to passage of any meaningful reform at this time.

Addressing Physician Resilience/well-being, preventing burnout

Data from ABFM shows:

- 40% of family physicians face burnout in their first 3 years of practice
- A prevalence of young female physicians who provided comprehensive care (OB, etc.) were less likely to feel burnout. Unfortunately, surveys indicate a declining percentage that provide maternity and child care.
- IAFP hosted Connecticut AFP member Kathy Muller, MD to spread the "Joy of Medicine" in Gibson City that was simultaneously broadcast as a live webinar open to all IAFP members. In addition, the Women in Leadership Member Interest Group hosted an evening with Dr. Mueller addressing the topic and the issues unique to women physicians.
- AAFP has dedicated resources to this member priority and developed this comprehensive position paper as a resource June <https://www.aafp.org/about/policies/all/physician-burnout.html>



Promoting an optimal payment system with private payers

- AAFP has worked long and hard to create a foundational Alternative Payment Model (APC-APM) for delivering patient-centered, longitudinal, and coordinated care
<https://www.aafp.org/dam/AAFP/documents/advocacy/payment/apms/PR-PTAC-APC-APM-41417.pdf>

Funding for graduate medical education and workforce training

- AAFP outlines six principles for GME Funding <https://www.aafp.org/about/policies/all/gme-financing.html>
- AAFP has specific recommendations on Workforce Reform <https://www.aafp.org/about/policies/all/workforce-reform.html>
- (not ready for prime time but maybe I include a snippet?)The Robert Graham Center is working to provide finalized versions of
file:///C:/Users/GordanaKrkc/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/SC32M716/The%20State%20of%20Primary%20Care%20Workforce_IL.prn.pdf

Innovation in healthcare delivery

- Behavioral Health Integration - The Department of Healthcare and Family Services' section 1115 Medicaid behavioral health waiver was approved and the agency announced the program called [Better Care Illinois Behavioral Health Initiative](#) the same day. The waiver, in the works since early 2016, was designed to support Medicaid beneficiaries with substance use disorders (SUD) and mental health challenges while also reigning in the costs associated with their treatment.
- Family medicine practices are innovators in sharing medical and behavioral health under the same roof with a team-based care model. Primary care practices play an important role in helping patients address their mental health issues by integrating mental and behavioral health care.
- AAFP's position paper offers more resources: <https://www.aafp.org/about/policies/all/mental-services.html>
- Advisory Council on Early Identification/Treatment of Mental Health Conditions includes family physicians HB 3502 created the Council and requires the Illinois Department of Public Health (IDPH) to develop regulations to include age-appropriate social and emotional screening in the school health examination for Illinois children. Four IAFP members are being appointed to this Council.

Social determinants of health

- Collaborative for Children's Health Policy: IAFP participated in this newly formed coalition of individuals and organizations from all sectors in Illinois in a mission to improve the health and wellbeing of children and adolescents. The kickoff meeting brought together a broad cross section of stakeholders committed to understanding and improving child health in Illinois. Next steps will create a policy framework to achieve health equity for Illinois children.



- Comprehensive AAFP resource and initiatives <https://www.aafp.org/media-center/kits/social-determinants-of-health.html>
- AAFP has an entire resource page dedicated to SDoH <https://www.aafp.org/media-center/kits/social-determinants-of-health/research-page-into-social-social-determinants-of-health.html>

Population health management

Population health management lies at the core of the medical home model. The Robert Graham Center has developed a curriculum aimed to introduce health care professionals to population health concepts and tools. <https://www.graham-center.org/rgc/maps-data-tools/tools/pop-health.html>

Preserving Medicaid access and expansion

- **Medicaid Managed Care:** HealthChoice Illinois, the state's largest public procurement, aims to place up to 80% of Illinois's Medicaid population in managed care. Many organizations and provider groups have concerns that HFS is abdicating its role as regulator. IAFP members have helped us provide information directly to HFS on numerous critical issues with HealthChoice Illinois. Here are references:

[Link to the manual \(230 page PDF\)](#)

[Link to the Illinois Association of Medicaid Health Plans](#)

[Link to the IAFP's MCO 2018 update page](#)

In addition, the Shriver Center is available to assist providers and their patients with Medicaid eligibility and coverage issues. Please see their [training](#) and [technical assistance](#) flyers.

- Gov. Rauner signed HB 4383, supported by IAFP, allowing Medicaid managed care members to stay with their primary care physician if the contract between their provider and health plan is terminated.
- The Governor also signed HB4736, supported by IAFP and ICAAP among others. The law gives families of extremely ill, "medically fragile" children more flexibility in health care assuring their expensive, highly technical care which is covered by Medicaid is exempt from managed-care organizations.

Opposing scope of practice expansion for non-physicians

- **Physical Therapists Direct Access:** House Bill 4643 as originally introduced would have completely removed the requirement that patients first receive a medical diagnosis and referral before seeing a physical therapist. Illinois is one of only six states that have this requirement. A negotiated final bill prevents PTs from making a diagnosis and they must refer a patient anytime that patient presents with a condition that is out of the PT scope. Additionally, the bill would allow for a patient to directly access a PT for a period of 15 business days or 10 visits, whichever happens first. If the patient does not show improvement, then the patient has to be referred to the treating health care professional. Requires the PT to notify the treating health care professional within five days of commencing treatment. If the patient comes back within 30 days of same complaint, the patient must be referred to the treating health care professional. Wound debridement can only be performed with a referral.



- Naturopaths and Lay Midwives: this licensure issue is routinely introduced and stalls each legislative session. IAFP and other provider organizations will continue to collaboratively oppose these legislative initiatives to ensure patient safety.

We give voice to your priorities

In 2018, there were a total of 259 pieces of legislation flagged for possible impact on IAFP members. Over 20% of those potential new laws required consistent review and in numerous situations, direct advocacy for or against the legislation. Cook-Witter, IAFP's lobbying firm, analyzed 33 different subjects with varying degrees of relevance to IAFP members which reflect the bills tracked for IAFP this past year.

- Physician scope of practice, discipline, & professional requirements
- Scope of practice & professional requirements for nursing, therapy, psychiatry, etc.
- Managed care organizations
- Medicare
- Medicaid
- Telehealth regulations
- Medical screenings
- Vaccinations
- Public health regulations (e.g. milk inspections)
- Disease notices (e.g. veterans home)
- Smoking cessation
- Medical cannabis
- Medical record regulations
- Medical information privacy
- Health insurance coverage
- Health insurance payments
- Nursing home regulations
- Ambulatory treatment center regulations
- Community care and medical assistance programs
- Controlled substance & medication regulations (opioids, etc.)
- Contraception regulations
- Abortion regulations
- Lactation regulations
- Home birth & midwife regulations
- Organ & Tissue Transplants
- Concussion safety
- Mental health
- Gun violence remedies & firearm regulations
- Litigation (e.g. criminal offense of first responder endangerment)
- Comprehensive Health Education Act (e.g. parenting and child abuse education)
- Dental regulations
- Vision regulations for drivers
- Medical School Matriculant Criminal History Records Check Act

IAFP's Strategic Plan includes these values in our effort to **Lead with Advocacy** -

- Be the voice of family medicine. Advocate for healthier communities and collaborate with other health organizations to improve health equity and social determinants of health.
- Mobilize volunteer leaders and members in grass-roots meetings with state and federal legislators.
- Advance the interests of Family Medicine with employers, health plans, and public and private payors. Promote the quadruple aim through advanced payment models that support joy in practice.
- Publicize the value of Family Medicine and share widely.

Use IAFP and AAFP resources for grassroots advocacy!

Here are a few more compelling resources that show YOUR VALUE as a family physician.



The Importance of Family Medicine in Illinois

https://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/state_fact_sheets/Illinois.pdf

The State of Primary Care in the United States: A Chartbook of Facts and Statistics

<https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook.pdf>

Tap into the vast policies and resources you need to meet with your elected officials: engage us in compiling information for your visit and invite us along!

Contact Gordana Krkic, CAE, Deputy Executive Vice President of External Affairs at gkrkic@iafp.com for more information.