



Change. Patient-centered medical home. Advocacy. Healthcare reform. TransforMED. Student interest. Quality improvement. Primary care workforce. Practice redesign. Health information technology. These words give context to the busy year just concluded. These words shape the future challenges we face.

As the 2008-09 Academy year ends, Ohio Academy of Family Physicians (OAFP) wraps up operation under its current strategic plan. Our work during the past year has been prioritized around our vision statements:

- Based on the principles of family medicine's New Model of Care, OAFP is the leading health policy advocate in the state of Ohio (advocacy).
- OAFP identifies and cultivates future family physicians to ensure a sufficient family medicine workforce in Ohio (filling the pipeline).
- OAFP advances the family physician as the leader of the patient's personal medical home to legislators, Ohio families and healthcare colleagues (image continuum).
- OAFP is the resource on best practices for efficient physician office management that ensures quality patient outcomes (practice management/enhancement).

Below see listed highlights undertaken in each of these areas during the past year:

ADVOCACY

The November 2008 election brought new faces and ideas to power. On the state level, the election gave Democrats the majority in the Ohio House of Representatives for the first time since 1994. AAFP and OAFP played key roles in educating candidates for office about healthcare and in educating family physicians about the healthcare platforms of those running for office. We informed each other through the OAFP political discussion listserv. Family Medicine Political Action Committee (FM-PAC) made contributions to state legislative and judicial candidates and endorsed Ohio Supreme Court Justices Maureen O'Connor and Evelyn Stratton for re-election.

Post election, the financial woes of the state dictated much of the legislative agenda. OAFP fought mightily to save the family medicine line item in a state budget with a \$3.2 billion budget gap for fiscal year (FY) 2010/2011. Worst case scenario projections failed to accurately

reflect the impact of unemployment, worsening economic conditions and the resulting lag in tax revenue collections. Randy Wexler, M.D., testified making the case for family medicine. While cuts occurred, the family medicine line does still exist and is funded, not to the level we would like, but in this dire environment, existence and funding are no small feat.

On the brighter side, the Ohio General Assembly is considering House Bill 198, a proposal sponsored by Rep. Peggy Lehner (R-Dayton),

to create a medical home demonstration project pilot in Ohio. OAFP has thrown its strong support behind this initiative that seeks to address simultaneously the community need for practice transformation and the evolution of graduate medical

education to produce physicians that provide patient-centered medical homes (PCMH). Four OAFP members (Ken Bertka, M.D.; Keith Lehman, M.D.; Gary LeRoy, M.D.; and Ted Wymyslo, M.D.) testified before the House Health Access and Affordability Committee in support of House Bill 198.

The demonstration project, as defined by the bill is limited to Dayton, Ohio, and Toledo, Ohio, to the PCMH model as defined by American Academy of Family Physicians (AAFP) and to "...physicians who are board-certified in family medicine, general pediatrics or general internal medicine..."



Ken Bertka, M.D., testifies before the House Health Access and Affordability Committee in support of House Bill 198.

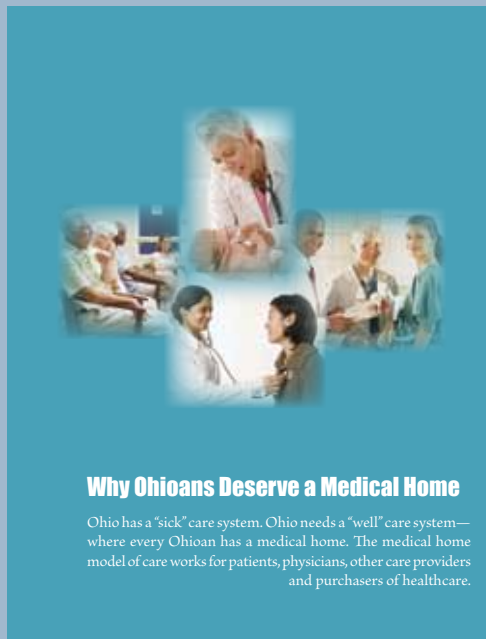


Sarah Sams, M.D., meets with Congresswoman Mary Jo Kilroy.

House Bill 198 includes practice supports such as training, technical assistance and reimbursement of not more than 75 percent of the cost of acquiring and learning to use appropriate medical home-related health information technology.

Also included in the bill is creation of a Choose Ohio First scholarship for medical students who commit to three years of primary care practice in Ohio, who accept a to-be-determined percentage of Medicaid patients, and who identify specific medical home training opportunities during medical training and advance the medical home in their practice. The bill allocates \$1.4 million to the scholarship program over 2010 and 2011, while earmarking \$3.871 million to the medical home demonstration program over the same period.

With the success of the Ohio Coalition of Primary Care Physicians' publication *Ohio Primary Care in Crisis: Breaking beneath the Strain of a Fractured Healthcare System*, the Coalition teamed up again to produce another



publication – this one entitled *Why Ohioans Deserve a Medical Home*. This publication has been tremendously helpful in educating legislators, administration officials and other key decision makers about the PCMH.

Ohio Coalition of Primary Care Physicians continued to work together holding three in-person meetings during the year. Meeting guests included: Ohio State Board of Pharmacy Executive Director Bill Winsley and Access Health Columbus Executive Director Jeff Biehl. Meeting topics included: healthcare reform; Medicaid managed care; the work of the Ohio Health Quality Improvement

Council; and legislative strategies for advancing primary care issues, primary care workforce shortages and state budget challenges. Coalition member organizations champion similar issues and face similar challenges; having the leaders of these primary care physician groups come together to talk through concerns, share best practices and brainstorm on effective strategies for solutions is beneficial to each.

Sarah Sams, M.D.; Renee Markovich, M.D.; and Milisa Rizer, M.D.; created a fetal demise form for use in primary care physicians' offices and authored an article on the Grieving Parents Act legislation that made use of the form necessary. This was a follow-up to Sams' testimony against the Act (SB 175). While the enacted law is still objectionable, it would have been more objectionable had Sams not testified twice to bring concerns to light.

Brian Bachelder, M.D., continues to represent OAFP on the Ohio Department of Job and Family Services (ODJFS) Medical Care Advisory Committee, the body required by federal law to advise ODJFS on policy development, program administration and financing decisions for Medicaid.

Bachelder also represented OAFP at the Ohio Health Quality Improvement Summit held in November. Its subsequent progress report established the following goals for healthcare reform in Ohio:

- Health Information Technology – Develop a technology infrastructure that supports the adoption of electronic medical records and supports the medical home concept through a robust health information exchange
- PCMH – Promote the use of the PCMH approach to support the delivery of comprehensive primary care for children, youth and adults
- Payment Reform – The purpose of payment reform is to transform public and private payment systems in order

to improve the value of healthcare spending

- Informed and Activated Patients and Individuals – Inform and activate patients and individuals to promote deeper involvement in improving their health and in making healthcare decisions.

The OAFP Robert S. Young, M.D., Legislative



Paul Grundy, M.D., speaks at the OAFP Robert S. Young, M.D., Legislative Conference.



OAFP members meet and have valuable "face time" with state officials.

Conference program held on May 13 featured a panel discussion about the four above listed strategies for transforming Ohio's healthcare sector. Pleased that the strategies mirror key attributes of the PCMH, OAFP will work to help the Ohio Health Quality Improvement Council implement these reforms.

In addition, the program featured Paul Grundy, M.D., director of healthcare, technology and strategic initiatives for IBM's Health Benefits Group. Grundy also serves as chair of the Patient-Centered Primary Care Collaborative, a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals and physicians who have joined forces to develop and advance PCMH. A reception for members of the Ohio General Assembly followed the afternoon presentations; family physicians had the opportunity for valuable "face time" with lawmakers to talk about issues important to family medicine.

Jeff Harwood, M.D., Lehman and EVP Ann Spicer traveled to St. Louis in November to attend the 2008 AAFP State Legislative Conference.

Eight OAFP members participated in the Family Medicine Congressional Conference (FMCC) held May 20-21 in Washington, D.C. Sponsored by AAFP and

Academic Family Medicine Advocacy Alliance, FMCC educates participants on family medicine's legislative priority issues, trains attendees on how to lobby on Capitol Hill and allows participants to put these skills to use.

Spicer joined Ohio Partnership to Fight Chronic Disease (PFCD) in Washington, D.C., for Capitol Hill visits on June 9; the message delivered—any successful health reform legislation must address chronic disease.

The Legislation and Advocacy Commission met as a group with newly elected State Representative John Patrick Carney (D-Clintonville) who is vice chair of the House Health Committee. Carney is a healthcare attorney and represents the district in which the OAFP office is located. Carney talked with commission members about the administrative burdens of practicing medicine; the importance of building and maintaining healthy communities where people can walk and exercise safely; the need for recess in schools and balanced, nutritious school lunches; funding of the family medicine line item in the state budget bill; and tobacco prevention and cessation.

During the past year, the Academy has adopted the following legislative positions:

- Strongly supports creation of the Center for Tobacco Use Prevention in Ohio Department of Health and funding of

EVP Ann Spicer joins Partnership to Fight Chronic Disease for Capitol Hill visits with Congressman Zach Space and Sen. George Voinovich.



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the Center with an increase in taxes on non-cigarette tobacco products

- Opposes a smoking ban exemption for stand-alone bars
- Opposes a smoking ban exemption for family owned businesses, outdoor patios and private clubs
- Adopted a legislative strategy for the state budget cycle
- Commented on proposed physician assistant Medicaid reimbursement rules
- Supports Ohio Medicaid Family Planning Waiver Coalition
- Contacted Ohio Board of Regents Chancellor Eric Fingerhut to draw his attention to primary care workforce concerns
- Strongly opposes any amendment to classify advanced practice nurses as primary care providers for managed care reimbursement purposes
- Supports the administration's private health insurance reforms, but objects to the administration's cuts to the family medicine line item.

FILLING THE PIPELINE

Student Interest Commission continued its examination of lifestyle issues, economic and other barriers that impede medical students from pursuing a career in family medicine. As a result of this work, the commission created a PowerPoint presentation entitled "Your Future in Family Medicine." This presentation will be delivered by the Executive Committee liaison to each medical school's

family medicine interest group (FMIG) during the coming fall. Assuming the presentation to the FMIG occurs prior to the end of October the event will be eligible for an AAFP FMIG grant. Upon completion, the success of this effort will be evaluated to determine whether to continue and, if so, how often.

OAFP continues to work closely with students and FMIGs—offering students many opportunities for involvement. We produce an annual retreat program for students, conduct an FMIG grant program, plan a FMIG advisors' summit, provide scholarships to national meetings, host a student dinner with Executive Committee and an annual fall kick-off event for the Student Affairs Committee—last year, paint ball at "Splatter Park;" this year, high ropes at Camp Mary Orten. Ohio Academy of Family Physicians Foundation's (OAFP/F) mission also focuses on "filling the pipeline" and in turn the Foundation pays AAFP membership dues for medical students (in 2008, for 271 students and so far in 2009, for 88 students) and



OAFP student and resident members participate in paint ball at "Splatter Park."

offers summer preceptorship experiences (38 experiences for students in summer 2008).

IMAGE CONTINUUM

To kick-off his year as president, Lehman introduced "Family Docs in Motion," a promotion to encourage exercise and family physicians as community role models for physical activity. For each photo submitted of an OAFP member exercising at a community event in a "Family Docs in Motion" T-shirt, Lehman pledged to donate \$20 to OAFP/F (up to \$2,000). Members have had lots of fun posting photographs and challenging each other in the spirit of raising money for a good cause. All anxiously await



the final tally of photographs to see just exactly how much money Lehman is going to have to fork over!

Production of *The Ohio Family Physician*, *The Weekly Family Medicine Update*, Web site and Family Health Focus continue. We facilitate member communication via 16 separate listservs—seven of which are for regional chapter members.

OAFP recognizes outstanding family physicians by presenting the Family Physician of the Year, Family Medicine Educator of the Year, Torchlight Leadership, Resident Leadership and Friend of Family Medicine awards. OAFP/F recognizes volunteer physician leaders by presenting the OAFP Philanthropist of the Year and a newly created mentorship award. All support the image of the specialty with the public.



Furthermore, staff conducted several surveys throughout the year to ensure that OAFP continues to meet member needs. A PCMH survey informed the board's mega issue discussion on that topic. Results from a membership

needs survey will be used at our strategic planning session this fall. *The Ohio Family Physician* editorial board used a readership survey to revise elements of the quarterly magazine. Per member feedback, continuing medical education (CME) accreditation will be reduced from 2 Prescribed credits per issue to 1 Prescribed credit beginning in September.

PRACTICE ENHANCEMENT

OAFP challenged Ohio's Medicaid managed care plans as they rolled out their campaign to reinvent themselves (changing their name to care coordination plans and claiming to be the healthcare home of Ohio's Medicaid consumers). Lehman called out the managed care companies in a press statement that was sent to all state lawmakers: "Medicaid managed care companies are not care coordinators, they are case managers. True care coordination is a key component of the patient-centered medical home—where your care is coordinated by your own personal physician and that physician's practice team who knows you and understands your healthcare needs," he stated. The Academy will be ever vigilant in correcting those who seek to redefine PCMH to serve their own self-

OAFP members wear "Family Docs in Motion" t-shirts during community events.



interests rather than the interests of patients.

OAFP continued its two new quality improvement initiatives—the Demonstration Project to Increase Colorectal Cancer Screening and the Cessation of Smoking Today (CS2day) program.

- In June 2008, seven participating practices customized an office protocol regarding patient screening for colorectal cancer. In June 2009, an additional four practices joined customizing their practice protocol and launching their own practice initiatives. This program, made possible with funding from Centers of Disease Control and Prevention (CDC) and Ohio Division of American Cancer Society, provides not only CME for physicians but also maintenance of certification data for the American Board of Family Medicine's Part IV Module for Comprehensive Care.



Three of the five participating CS2day practices take a break during the program.



- Five Ohio practices are participating in CS2day, a program to improve practice workflow while increasing patient smoking cessation rates. CS2day is made possible from grant funding secured through California Academy of Family Physicians.

As a result of our positive experiences with the two above-mentioned programs, in May, the board directed staff to pursue development of a business plan for offering programming focused on quality improvement, working in teams and systems management—all of which would help members transform their practices to the PCMH model of care.

OAFP signed a chapter affiliation agreement with TransforMED to promote their practice transformation services to OAFP members. TransforMED is a subsidiary of AAFP based on four overarching goals: a personal medical home, patient-centered care, a continuous care relationship and whole person orientation.

Two Ohio family practices—Henry County Family Physicians Inc. of Napoleon, Ohio, and Kollman Clinic Inc. in Dover, Ohio—were TransforMED demonstration sites; representatives of those practices discussed their experiences during a program at the 2008 Members Assembly. During the 2009 Members Assembly, a panel of representatives from PCMH pilots around the state will discuss their efforts; AAFP President Dr. Ted Epperly will discuss PCMH relative to national healthcare reform.

Practice Enhancement Commission continues to meet regularly with Richard Shonk, M.D., of UnitedHealthcare and began the same sort of collaborative meeting arrangement with Craig Thiele, M.D., of CareSource in July.

OAFP continues its collaboration with Atlantic Health Partners (AHP) vaccine purchasing program. While agreeing to ongoing communication with Equity Health Partners about development of its Care Hub® software, OAFP declined to participate in a Care Hub® pilot.

LEADERSHIP

OAFP continues to provide AAFP with a pipeline of experienced, knowledgeable family physician leaders. Ohio's tradition of service in 2008-09 included Bertka serving on the AAFP board of directors and Jeff Bachtel, M.D., chairing the AAFP Commission on Finance and Insurance. The following OAFP members serve on national commissions: Matt Finneran, M.D. (Governmental Advocacy); Tom Houston, M.D., and Sherri L. Morgan, M.D., M.P.H. (AAFP Commission on Science and Health of the Public); Jeff Susman, M.D. (Practice Enhancement and Quality); and Colette Willins, M.D. (AAFP delegate to the American Medical Association). Dr. Ross Black serves on the board of directors of American Board of

Family Medicine.

OAFP resident and student members contributed in national leadership roles as well. Melissa Cunningham, M.D., is AAFP resident delegate to AMA; Jacob Bryan is AAFP alternate to the AMA Medical Student Section, and will serve as medical student delegate to the 2009 AAFP Congress in Boston.

Furthermore, OAFP provides key leadership to the AAFP Foundation with Mark H. Belfer, D.O., serving as Foundation president; Mary Jo Welker, M.D., as Foundation treasurer; and Linda Stone, M.D., as a member of the AAFP Foundation board of trustees and convener of Family Medicine Philanthropic Consortium. Last fall, Black and wife, Linda, were honored as AAFP Foundation Philanthropists of the Year during the AAFP Congress of Delegates in San Diego.

In addition, Wexler serves as treasurer of FamMed PAC, the political action committee affiliated with AAFP; Welker serves on its board.

Lehman, Sams and Willins attended the 2009 Ten State Regional Conference hosted by Michigan Academy of Family Physicians in East Lansing, Mich., the weekend of Feb. 6-8. Because the conference was within easy driving distance, EVP Spicer and deputy EVP Kate Mahler were also able to take advantage of this educational opportunity.

In January, Harwood and Spicer attended the American Society of Association Executives Chief Elected/Executive Officers Symposium in Jacksonville, Fla.

A large delegation of Academy leaders and staff attended the Annual Leadership Forum (ALF) held April 24-25 in Kansas City, Mo. ALF is the premier leadership development conference of AAFP. Harwood and Spicer participated in the first ever elected leader/staff leader forum conducted by AAFP; the forum was led by Bob Harris, C.A.E., who is recognized nationally as an expert on association management.

Ohio members continue to play leadership roles in the National Conference of Special Constituencies. Mark McLoney, M.D., and Faozan Narvel, M.D., served as co-conveners of this year's conference; McLoney and Narvel will also serve as special constituency delegates to the 2009 AAFP Congress of Delegates in Boston. OAFP again received an award for sending a full delegation to NCSC. OAFP delegates were Robyn Chatman, M.D.; Chandre Gowda, M.D.; Ryan Kauffman, M.D.; Suellywn Stewart, M.D.; and Gordon Walbroehl, M.D. Chatman was elected to serve as a special constituencies' alternate delegate to the 2009 AAFP Congress of Delegates; she will serve as a special

constituencies delegate to the 2010 AAFP Congress in Denver.

ANNUAL PROGRAMS AND OPERATIONS

An audit of Core Content Review of Family Medicine financial records was completed this year. Core, a home-study, CME program developed by Ohio and Connecticut Academies of Family Physicians, continues to be a source of substantial non-dues revenue to OAFP.

Regional chapters launched in January. To date, things are going well. Regions are getting organized, adopting bylaws, electing leaders, establishing bank accounts and getting activities underway. Several chapters have had success with PCMH programs/activities.

Family Medicine Workshop celebrated its 41st year in January and still is going strong, offering attendees high-quality, comprehensive, case-based CME in a format that permits plenty of interaction with faculty. If you have never attended, this is a great way to get 22 CME credits concentrated into two cold January weekends.

The Ohio Family Medicine Symposium, Resident Program Faculty Development Day, Student Retreat and



Winners from the Ohio Family Medicine Symposium gather together during the Mega Spring Event.

Chief Resident Workshop made up the four components of this year's Mega Spring Event held April 17-19 at Cherry Valley Lodge in Newark, Ohio. Attendees of each component joined forces at lunch to hear the keynote address by Caryl J. Heaton, D.O. of New Jersey Medical School Department of Family Medicine.

Upon making some minor adaptations to our board room and reforming some old habits, OAFP conducted its first entirely paperless board meeting in May.

This spring, OAFP switched to a new membership database. We converted from a software-based program to a Web-based membership database. AAFP has converted to the same system. Eventually, OAFP and AAFP will be able to synch data real time resulting in improved efficiency and quality of information. Membership Services Manager Emily Pavoni led our effort and has done an outstanding job, not only guiding us through this process, but also in supporting AAFP and its other constituent chapters who are making the same conversion.

Longtime employee Pat Shields retired effective February 12. Callista Conzett started in the position of events coordinator on June 22. Best wishes to Shields on her retirement and welcome to Conzett!

As of December 31, 2008, Ohio Academy of Family Physicians had 4,226 members: 2,415 – active; 45 – inactive; 281 – life; 460 – resident; 1,017 – student and 8 supporting. Of that total, 2,423 are in membership classifications (active and supporting) that pay state dues; members in the active, life, student and resident membership categories do not pay dues to the state chapter.

Summaries of all commission, committee and workgroup meetings held during the 2008-09 year, along with complete 2008 financial statements, are available at www.ohioafp.org/news_publications.

As you can see much has been done, much remains to be done. As we conclude work under our current plan we prepare for a strategic planning exercise in late September that will shape the future direction of our organization. Most everyone realizes the need for meaningful change in healthcare—access to care and coverage are goals, as is the goal to seize control of rising healthcare costs. But where we differ and what we fiercely debate is the path to take to reach our vision of the future. With crisis comes opportunity. We need to seize the moment making others see the role family medicine must play in any meaningful reform of healthcare. Now is our time!



Keith J. Lehman, M.D.
President

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