

# ANNUAL REPORT



WISCONSIN ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR WISCONSIN**

## **2008 Annual Report** **Wisconsin Academy of Family Physicians**

Wisconsin Academy of Family Physicians  
210 Green Bay Road  
Thiensville, WI 53092  
(262) 512-0606 Fax: (262) 242-1862  
Toll Free: (800) 272-9237 (Wisconsin only)  
[academy@wapf.org](mailto:academy@wapf.org)  
[www.wafp.org](http://www.wafp.org)

# WISCONSIN ACADEMY OF FAMILY PHYSICIANS 2008 ANNUAL REPORT

## *OVERVIEW*

---

The Wisconsin Academy of Family Physicians' major activities in 2008 directly related to the five areas of focus in the strategic plan: Patient Centered Medical Home, Leadership and Advocacy, Promoting a Sufficient Family Medicine Workforce, Quality of Care and Family Medicine Education. The following report highlights major initiatives and programmatic updates and innovations that advance these key areas.

## *PATIENT CENTERED MEDICAL HOME*

---

During 2008, the WAFP Board of Directors chose implementing the Patient Centered Medical Home (PCMH) model as a primary focus for the next three years. The PCMH committee has focused its energies on educating members and advocating for this new model of health care delivery, holding monthly phone conferences to achieve its goals, as part of the strategic plan. The goals are to inform and to help members implement the PCMH model by:

- Aligning the Wisconsin PCMH message with the **Joint Principles of Patient Centered Medical Home**, developed by the AAFP and its collaborating partners.
- Providing information and assisting family physicians in acquiring **National Committee of Quality Assurance** (NCQA) recognition for their PCMH practice
- Facilitating and advocating for **payment reform**, including a blended payment system with
  - **Fee for service**
  - Care Management fee or **Per-member/Per-Month fee**
  - **P4P – Pay for Performance** Payer (insurers) offer additional incentives to physicians who meet quantifiable outcomes.

With these goals and objectives, the WAFP refined its message about the value of PCMH to its members and other constituents through education, promotion, advocacy and implementation.

### *Education/Promotion*

The main message is that PCMH in Wisconsin is a cost effective and efficient means to deliver better quality health care that benefits the patient, medical provider and insurer. To educate members and promote the model to other constituencies, such as third-party payers, the WAFP:

- Developed a micro-website, **www.wafp.org/pcmh**, with three components:
  - Information, resources and networking opportunities on **PCMH in Wisconsin**
  - **What the WAFP is doing** to help promote and implement PCMH, including promotional materials and presentations
  - **Payment Reform**

- Offered three **PCMH-related educational seminars** as part of its 2008 Annual Meeting
  - Office Redesign under PCMH
  - Components of Chronic Care Model
  - Achieving Recognition by the National Committee for Quality Assurance (NCQA)
- Developed a **communications plan** which includes the creation of a recognizable “brand” that helped raise awareness and enhance understanding of PCMH with a readily identifiable look in all its printed and online materials. The plan includes:
  - Promotional flyers directed to different audiences
  - Video and Powerpoint presentations
  - Exhibition booth for CME and other related events
  - Articles in *Your Academy in Action* monthly newsletter
- The WAFP hosted the **AAFP Performance Enhancement Forum** in March 2009, with a focus on PCMH. Sixteen teams registered for the event.

### ***Advocacy***

WAFP believes that legislation is not necessary for PCMH to gain widespread implementation in the state. However, the support of elected officials and government agencies is essential for the three-part payment reform component to be successful. The main message is that **PCMH can save millions of dollars for payers, including Medicaid, the state and federally supported insurer**. The WAFP has met with the Wisconsin Department of Health Services to propose a PCMH Payment Reform Plan for Medicaid patients. The Department has also agreed to convene insurers to discuss developing pilot programs and demonstration projects in the state. The initial response from government agencies and Wisconsin insurers has been highly favorable and supportive.

### ***Implementation***

The micro-website provides valuable resources and networking for members already implementing PCMH in their practices. In addition, PCMH family physicians have a monthly phone conference to share best practices and resources on implementing the program. A member survey was conducted to determine how PCMH is viewed and being implemented.

## ***PRESERVING THE INJURED PATIENTS AND FAMILIES COMPENSATION FUND***

---

The WAFP’s legislative efforts during the 2008 session focused on preserving the **Injured Patients and Families Compensation Fund (IPFCF)**. The government-managed IPFCF is funded by physician assessments and provides surplus medical malpractice coverage for Wisconsin health care providers. Since its creation over 30 years ago, the IPFCF has been a critical component to Wisconsin’s stable medical liability environment, attracting skilled physicians to the state and helping generate greater access to care for all Wisconsin citizens. Despite the success of the Fund, Governor Jim Doyle (D) has been determined to raid the IPFCF since his 2002 election. His recent effort, as part of the 2007-09 state budget, was successful.

The WAFP vigorously advocated against the raid through direct lobbying, media campaigns, radio interviews and other correspondence to legislative leaders. Unfortunately, it was ultimately approved by the Legislature and signed into law. As a result, \$200 million collected from health providers for injured patients and their families was transferred to help balance the state budget and pay for other programs. The transfer negatively impacts the stability of Wisconsin's medical malpractice climate. It could ultimately lead to increased liability premiums, reduced access to care – as physicians would be hesitant to practice in Wisconsin – and increased health care costs.

The State Medical Society filed a lawsuit to return the dollars to the fund. However, the lower court ruled that the transfer was legal this past December. The WAFP has advised the State Medical Society to bypass the appellate court and take their appeal directly to the Wisconsin Supreme Court. The WAFP will be filing an Amicus (“friend of the court”) brief in conjunction with their appeal to help facilitate a favorable ruling.

The WAFP also introduced legislation calling for a constitutional amendment to protect segregated funds such as the IPFCF. The resolution was passed by the State Assembly, but did not pass the Senate. The WAFP will continue to advocate for this legislation.

## *LEGISLATIVE & ADVOCACY*

---

The WAFP has become more politically active to help advance the organization’s mission and goals, through several means:

- The WAFP **contracted lobbyist** makes valuable connections with legislators and political leaders, and provides advice on where candidates stand on key Family Medicine policies. The WAFP lobbyist played a significant role in the battle to preserve the IPFCF.
- The **Key Contact** program assists members in meeting with elected representatives with whom they share a personal or professional connection.
- Members can make campaign contributions through the WAFP conduit, **the Legislative Involvement Fund**, by designating to whom their funds should be disbursed. During the past election year, \$7,600 was disbursed to more than 20 candidates and party committees.
- **Speak Out** offers templates and talking points for members to contact elected representatives to advocate for key issues and legislation related to health care and Family Medicine. More than 353 members used Speak Out for 1,207 contacts—a 61% increase over 2007.

Coupled with the WAFP’s efforts on behalf of the IPFCF, these measures have placed the WAFP as **the “go to” health organization for state legislators**. The WAFP was invited to help develop:

- Cost and quality transparency legislation
- Health care reform steering committee
- The successful passage of the Health Information Exchange bill
- Statewide smoking ban

## *WORKFORCE DEVELOPMENT*

---

Workforce development is the second issue the WAFP Board will be focused on for the next three years. The WAFP's lobbying efforts on behalf of the preservation of the injured patient & family fund, and its advocacy and promotion of the Patient Centered Medical Home help create a stable and supportive environment to draw residents and new physicians to Family Medicine in Wisconsin. The WAFP advocates for a medical loan forgiveness program, maintaining the caps on medical liability and preserving funding for Family Physician Residency Programs.

The **WAFP Passport Program** continues to be a useful tool in workforce development, providing travel expense reimbursement for fourth-year medical students to visit residency programs in Wisconsin. For 2007-2008, 20 students received reimbursement with a cost of \$87 per visit.

## *NEW POLICIES & STRATEGIES*

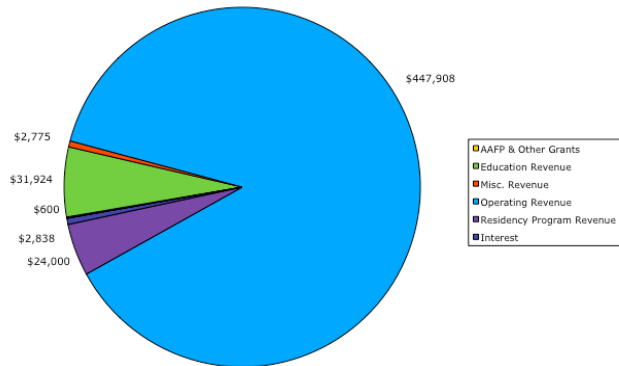
---

The WAFP adopted new policies and cost-effective strategies to help advance the organization and its strategic plan, including:

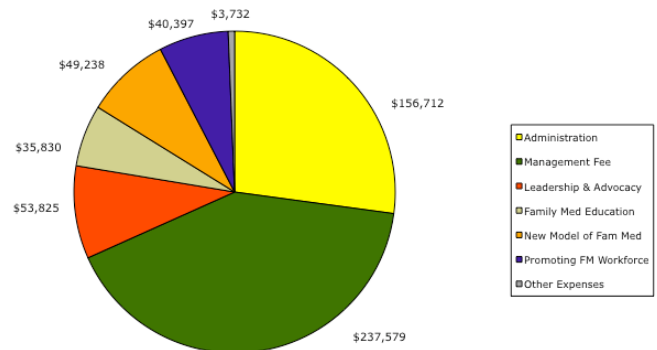
- Expanding public relations efforts and emphasizing consistent messages to internal and external audiences. In consultation with its public relations firm, the WAFP issued press releases on the Norovirus, the new immunization schedule and influenza vaccinations to raise awareness of Family Medicine as a specialty and resource for information. The releases helped place the WAFP as the **“go to” organization for media**, in addition to generating articles and interviews for member physicians during 2008.
- **Collaborating with the Medical College of Wisconsin and other CME providers** to offer CME program. There are several high quality providers of CME courses throughout the state that can more efficiently and effectively provide service to members. The WAFP strategy is to collaborate with existing programs, by providing speakers, sponsorships and resources.
- **Combining the 2010 WAFP Annual Meeting with the Medical College of Wisconsin's Winter Refresher Course** held in February. This builds on a new partnership with the Medical College in developing CME courses and offers a more effective way to reach members than holding a stand-alone meeting.
- **Establishing a policy for running a candidate for national AAFP office.** The goal is to enact a fiscally responsible protocol for selecting and running the best candidate for national office.

# WISCONSIN ACADEMY OF FAMILY PHYSICIANS 2008 FINANCIAL REPORT

**WAFP Ordinary Income \$510,045**



**WAFP Total Expenses \$577,313**



## 2008 STATEMENT OF REVENUE & EXPENSES

<b>ORDINARY INCOME</b>		<b>EXPENSES</b>	
Operating Revenue	\$447,908	Management Fee	\$237,579
Education Revenue	\$31,924	Administration	\$156,712
Residency Program Revenue	\$24,000	Leadership & Advocacy	\$53,825
Interest	\$2,838	New Model of Fam Med	\$49,238
Misc. Revenue	\$2,775	Promoting FM Workforce	\$40,397
AAFP & Other Grants	\$600	Family Med Education	\$35,830
		Other Expenses	\$3,732
<b>TOTAL ORDINARY INCOME</b>	<b>\$510,045</b>	<b>TOTAL EXPENSES</b>	<b>\$577,313</b>
<b>OTHER INCOME</b>			
Investment Income	(\$88,743)		
<b>NET INCOME</b>	<b>(\$156,011)</b>		

## 2008 BALANCE SHEET

### ASSETS

#### Current Assets

Legislative Involvement Fund	\$3,560
Checking/Savings Account	\$6,240
Accounts Receivable	\$5,500
AAFP Fund	\$238,206
<b>TOTAL ASSETS</b>	<b>\$253,506</b>

### LIABILITIES & EQUITY

#### Liabilities

Current Liabilities	\$108,681
---------------------	-----------

#### Equity

Opening Balance Equity	\$301,043
Retained Earnings	(\$207)
Net Income	(\$156,011)
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>\$253,506</b>

**WISCONSIN ACADEMY OF FAMILY PHYSICIANS  
2007-08 BOARD OF DIRECTORS**

**President**

Lowell Keppel, MD, CPE  
*Brookfield*

**President-elect**

Andrea Gavin, MD  
*Plymouth*

**1<sup>st</sup> Vice President**

Corazon Loteyro, MD  
*Plover*

**2<sup>nd</sup> Vice President**

Alan Schwartzstein, MD  
*Oregon*

**Treasurer**

Suzanne Gehl, MD  
*Mequon*

**Chair**

John Brill, MD  
*Milwaukee*

**Directors**

William Cayley, MD  
*Eau Claire*

Jacquelyn Dinusson, MD  
*Wauwatosa*

David Eitrhein, MD  
*Menomonie*

Rodney Erickson, MD  
*Tomah*

Heather Greidanus (*Student*)  
*Milwaukee*

Shanyn Lancaster, MD (*Resident*)  
*Milwaukee*

Thomas J. Luetzow, MD  
*Watertown*

F. Bradford Meyers, MD  
*Jefferson*

Alice Oliveira, MD (*Resident*)  
*La Crosse*

Frank J. Rubino, MD  
*Wausau*

Paul Smith, MD  
*Madison*

Mark Thompson, MD  
*Appleton*

Jean Riquelme, MD (*Foundation President*)  
*Green Bay*

**WMS Delegate**

Jean Riquelme, MD  
*Green Bay*

**WMS Alternate Delegate**

Calvin Bruce, MD  
*Madison*

**AAFP Delegates**

Susan Kinast-Porter, MD  
*Monroe*

David Olson, MD  
*Brookfield*

**AAFP Alternate Delegates**

William Raduege, MD  
*Woodruff*

Alan Schwartzstein, MD  
*Oregon*

**Executive Director**

Larry Pheifer

**Assistant Executive Director**

Becky Wimmer

**Wisconsin Academy of Family Physicians**

210 Green Bay Road  
Thiensville, WI 53092  
(262) 512-0606 FAX: (262) 242-1862  
Toll Free: (800) 272-9237 (WI only)  
academy@wafp.org  
www.wafp.org