



ILLINOIS ACADEMY OF
FAMILY PHYSICIANS

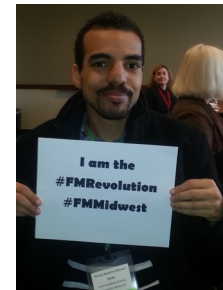
Devoted to Advocacy, Education & Action



2012 Year in Review

FEBRUARY 2013

ANNUAL REPORT TO THE MEMBERSHIP



About this Annual Report

This document is the only IAFP publication mailed to all IAFP active members. In our ongoing mission of timely and efficient communication, we have moved to email as our primary format. Please update your email address with IAFP or AAFP so you won't miss e-News updates and the bi-monthly Illinois Family Physician newsletter. **IAFP does not share member email addresses with any outside entity.**

Congratulations to our cover photo winners! Photos for the cover were provided by members Kate Rowland, MD and Evelyn Figueroa, MD. Top left: Gina Schueneman, MD and residents Carrie Pierce, MD and Jonathan Vitale. Bottom: Charles Crotteau, MD. Right: Evelyn Figueroa, MD

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The Illinois Academy of Family Physicians is devoted to providing the services, information and representation that ensures Illinois family medicine has a prominent and respected voice in the evolution and delivery of high-quality, cost-effective care to the entire family. No other membership organization is solely dedicated to your success, your issues and your patients. This report is our way of summarizing the many ways we have worked to serve all of our members and advance the family medicine specialty in the past year. It is an honor to work with and for the family physicians of Illinois.

IAFP provides

- Advocacy:** Representation with the medical community
Government relations representation and advocacy opportunities
- Education:** Continuing medical education, SAMs, Practice Innovations,
- Action:** Public relations
Leadership opportunities
Avenues for building the future of family medicine

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*Ashish Chopra, M.D., Gastroenterology
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President's Message

Carrie E. Nelson, MD

Cheez Whiz and Royalty

I'm truly honored to have the opportunity to serve as your president. [IAFP vice president of communications] Ginnie Flynn asked me an interesting question recently. She knows of my love for music and her question was "what two songs would I identify as theme songs for family medicine?"

I had trouble naming entire songs but I came up with a couple of good lines. So here's the first line in a song that I think epitomizes family medicine. It's from "Rain King" by Counting Crows and the line goes: "I belong in the service of the queen." I like to think of my patients as royalty. Because isn't the work of caring for another human soul truly no less than that? The title of the song, Rain King, may have come from a Saul Bellow book in which the protagonist, Henderson, searches to satisfy the needs of his spirit and ultimately learns that spirit, body and the outside world can live in harmony. Not too far flung from family medicine's commitment to integrate the physical, mental and social aspects of a person's life to the care of the whole human being.

This core attribute of family medicine is just the reason we belong in the noble work of patient care. Interestingly, this family medicine way has found a new home in the work of patient-centered care that every national healthcare leader espouses today. Gone are the days when we were a counter-culture. I hate to break it to you but it seems the world is finally catching up to family medicine – how about that?! For this reason, it's especially important that we



as family physicians leverage our unique wisdom in our roles as leaders in this changing healthcare system.

The next musical line that makes me think of medicine in more general terms is, and don't take this the wrong way, but it's from the song "Loser" by Beck. It starts out with the line: "In the time of chimpanzees, I was monkey..."

Perhaps you could say that's how we've sometimes felt as family physicians, not quite seeing the world the same as our colleagues in other medical disciplines. My favorite line and the one that rings a chord with medical practice in general for me, comes out of the background lyrics and it's, "Getting crazy with the cheez whiz." Now work with me here.... I have a point to this!



The urban dictionary (one of my favorite sources of great wisdom) says that this phrase means exactly what you'd expect it to mean...the crazy or eager antics of a person. So what's our Cheese Whiz? I'd like to propose that it is an excessive attachment to our physician autonomy. That internal personal drive to exercise the freedom to treat patients according to our personal judgment and training—has been a huge part of

how doctors have traditionally defined themselves.

But in recent years, our autonomy has been revealed to be quite fallible. We do not always know everything nor do we consistently apply what we do know.

As family physicians, embracing the whole spectrum of cradle to grave care, we have had to be okay with not knowing everything, with recognizing the boundaries of our knowledge and how to seek the information that is needed to determine the next right thing to do for a patient. Because of that, I think we are especially well positioned to break away from the outdated illusion that the broad application of physician autonomy is what creates good medical care and instead see it as a sure path to falling flat on our faces. I challenge our discipline to stand back and watch the Cheese Whiz antics of the rest of the medical community while we go to work on perfecting systematic team-based care.

What do I mean by these terms, team-based care? I mean changing from our antiquated model of independent practitioners who "see" patients to interdependent professionals and patients who set goals and coordinate treatments together. Effective team-based care occurs when the care for a population of patients with common healthcare needs is standardized, to the extent that it can be. Everyone knows their role on the care team and is equipped to carry out that role, including the patient. In this setting, the unique contribution of each member of the team is respected and the inter-dependency of the care team members is highly regarded. Why? Because, this integrated, collaborative system delivers better results.

Instead, we too often just grab that can of autonomy and go nuts with it. To borrow a quote from Sir William Osler,

(continued on page 8)



**NEW
ICD-10 DEADLINE:
OCT 1, 2014**

2014 COMPLIANCE DEADLINE FOR ICD-10

The ICD-10 transition is coming October 1, 2014. The ICD-10 transition will change every part of how you provide care, from software upgrades, to patient registration and referrals, to clinical documentation, and billing. Work with your software vendor, clearinghouse, and billing service now to ensure you are ready when the time comes. ICD-10 is closer than it seems.

CMS can help. Visit the CMS website at www.cms.gov/ICD10 for resources to get your practice ready.



Executive Vice President's Report

Vince Keenan, CAE

After nearly a quarter century working for the Illinois Academy of Family Physicians, I am proud that the devotion of our leadership, members and staff remains stronger than ever. Despite the ongoing challenges of caring for complex patients and navigating the complexities of our healthcare delivery and payment systems, family medicine continues to build momentum, in our membership numbers, in our visibility and in our public influence.

As you know, IAFP works to promote excellence in the health and well being of the people of Illinois through support and education of family physicians and the families and communities they serve. IAFP is devoted to advocacy, education and action.

Advocacy

The Affordable Care Act was upheld by the U.S. Supreme Court in June 2012 and the November general elections left the power structure in the federal government intact, allowing federal agencies to move ahead with implementing the Affordable Care Act. Meanwhile, AAFP remains steadfast in participating with other national partners in advocating for elimination of the SGR and redesigning a payment system favoring primary care services. We remain a strong separate voice in Washington, yet continue to join forces with medical and consumer groups alike on this vital issue.

On Capitol Hill, Illinois lost one seat in the U.S. House of Representatives in the 2010 Census redistricting. After the general election there are six new representatives from Illinois who were sworn in January 2013 and one more



new representative will be added in April. Illinois AFP will have seven new members of Congress to educate about family medicine's priority issues.

Back in Illinois, redistricting also prompted resignations and retirements, making way for more than 40 new faces for the 2013-14 General Assembly. We continue our work influencing the implementation of health care reform, while always advocating for policies that protect or advance public health and improve the practice environment for our members.

Education

Workforce issues dominate the potential future for family medicine in Illinois. In 2005, AAFP projected that 1,024 more family physicians will be needed by 2020 (a 27.5% increase). The 2012 Match showed an increase from 7.3% in 2011 to 8.2% in 2012 of Illinois allopathic medical school graduates choosing family medicine residencies. Bottom line, the family physician workforce is not increasing fast enough to meet Illinois' needs or the nation's need. However, the infrastructure for an increase in family physicians is building. At least three of our state's 27 family medicine residencies are classified as a Federally Qualified Health Center, a sector of the healthcare marketplace that continues to grow with bipartisan support at the

state and federal levels.

IAFP volunteer leaders visited 20 Illinois family medicine residencies in 2012 to educate them on the Illinois and American Academy opportunities as residents today and tomorrow's active members. IAFP held its second annual virtual Resident Research Webinar in May to help spread the opportunity for Illinois family medicine residents to present their research findings at a state level event.

To ignite medical student interest in family medicine and the Midwest, Illinois AFP helped launch the Family Medicine Midwest (FMM) Foundation, which covers 12 states in the upper central United States. FMM held its inaugural conference in November 2012 with a great start. About 150 medical students and 175 faculty and residents participated in the 70+ sessions, 41 residency exhibits and research/poster presentations. Video highlights can be found with the student perspective, <http://youtu.be/cqNqhcGIEWY> and the faculty perspective, <http://youtu.be/49iMm4qrozI> FMM is planning its second conference Oct. 4-6 in Milwaukee. <http://www.iafp.com/fmm/>.

Action

Our influence continues to grow. Two family physicians were installed to endowed chairs at their Illinois medical schools: Bernard Ewigman, MD at North Shore University and Thomas Golemon, MD at University of Illinois at Peoria.



Thomas Golemon, MD Bernard Ewigman, MD

In 2012, Chicago's Javette C. Orgain was re-elected by acclamation as the AAFP's vice speaker. Also joining her on the AAFP board is Oak Park's Ravi Grivois-Shah, MD. Ravi served as the IAFP's resident board member, new physician board member and was serving a three year term as a board member when he had to resign his state board seat to assume the AAFP New Physician board member position at the AAFP Congress of Delegates in October in Philadelphia.

At the IAFP board meeting in November, Renee M. Poole, MD of Chicago was elected by the current board of directors to fill Ravi's unexpired class of 2013 term. Renee previously served on the board filling another unexpired term, and is currently our representative on the Medicaid Advisory Committee. We welcome her back.

Sacks honored as AAFP Philanthropist of the Year



Lee Sacks, MD

IAFP is thrilled that Illinois member Lee Sacks, MD of Oak Brook is the 2012 AAFP Philanthropist of the Year. Dr. Sacks is a leader and a philanthropist who makes it a priority to support important work and give back to his profession. He was the founding President and is now CEO of Advocate Physician Partners, one of the largest Accountable Care Organizations in the nation that includes over 4,000 physicians. He also serves as Executive Vice President/Chief Medical Officer for Advocate Health Care.

Dr. Sacks is a Fellow of the AAFP and was President of the Illinois Chapter as well as the Illinois AFP Foundation. In fact he helped to start the Illinois Foundation and continues to support it.

Dr. Sacks gives generously of his time and resources to support many philanthropic organizations including the American Heart Association-Midwest Chapter where he has been on the Board of Directors for six years. He's a Fellow of the Institute of Medicine, Chicago where he has served as Trustee for five years, as well as a supporter of the Mazon-Jewish Response to Hunger, Feed the Homeless, Jewish United Fund, United Way of Chicago and more.

He has been an annual donor of the AAFP Foundation for nearly 30 years and a member of the Founder's Club for the last ten. Dr. Sacks supports the Annual Fund, providing unrestricted gifts that can be used where the need is greatest.

Dr. Sacks was unable to accept the honor in person but sent a video message to his AAFP colleagues where he said, "I've always made the AAFP Foundation a high priority. Its focus on humanitarian, educational and scientific missions resonates with me. Personally and professionally I know I've benefitted from participating in the Academy. I felt it was important to give back and create opportunities for future physician leaders to be exposed to family medicine and help their careers develop."

Practice Transformation

Illinois AFP continues to steer its resources and its members toward embracing practice transformation along the Patient Centered Medical Home (PCMH) pathway. The Practice Improvement Network (PIN) was established to provide education, communication, mentorship and practice support. Operational in 2011-12, and extended through 2013, PIN helps members connect to the myriad of incentives (such as Meaningful Use and Medicare's PQRS) and avoid the penalties for not participating (such as electronic prescribing). Ongoing assistance from coaches and monthly IAFP practice transformation webinars gave each practice new ways to improve operations, patient satisfaction, revenue and provider satisfaction.

Family physicians are moving ahead with medical home practice transformation, even in the smaller practices. As of January 2013, there are 710 Illinois practices that have achieved NCQA PCMH designation. Many are family medicine practices.

The demographics data of Illinois and AAFP members reveal a rapid shift from practice ownership to employed (about 55% of practice owners in 2010 to about 20% in 2012). However, at the same time family physicians are rising to leadership positions in health systems and physician groups. Family physicians are in great demand for their clinical skills and for their unique understanding of community medicine and the best interests of patients.

Illinois AFP has continued to support the concept of making the big change: changing the payment mechanism so it supports PCMH. Illinois Medicaid is now moving towards Medicaid managed care and Illinois AFP is advocating that the contracts the state offers to Medicaid health plans include a requirement for payment mechanisms that support PCMH. In the private sector, some small experiments in PCMH-like payment mechanisms are underway. Illinois' fragmented healthcare delivery pieces are congealing to a point where health plans are beginning to be interested in piloting PCMH in Illinois.

(Presidents Message continued from page 4)

“the secret that will allow us to accomplish much work, is based on one word, system.” Osler also referred to this concept as the Virtue of Method. It is clear that Osler would not be getting crazy with the Cheez Whiz. We must instead engage with that entire system around us, in which lies other competent, intelligent and caring professionals. We need to allow the clear articulation of roles and processes within that system to support consistently excellent care.

So what do we lose by giving up some of our autonomy? The two arguments I’ve heard most can be combined within two main categories:

Number one: Medicine is an art – by standardizing too much, we lose that art. I think the response to this argument exists in the answer to the question, “Where does the art lie?” I’d like to borrow a line from the article by Reinertsen, *Zen and the Art of Physician Autonomy Maintenance*: “The art lies in our ability to build relationships with patients and families, to integrate the answers to patients’ questions into the context of their lives; and to heal, even when our science cannot cure.” He goes on to say that “patients want us to practice the art of medicine altruistically. Patients also expect us to practice the science of medicine consistently.”

I would add another place where I find art – it’s in the uncertain areas of medicine. There is much certainty, albeit incomplete, in nationally endorsed guidelines. When we encounter uncertain areas, our art enables us to make decisions, in the context of the complexities and personal values of the patient in front of us, in order to maximize healing and mitigate harm.

Does getting crazy with the Cheez Whiz sound like art?

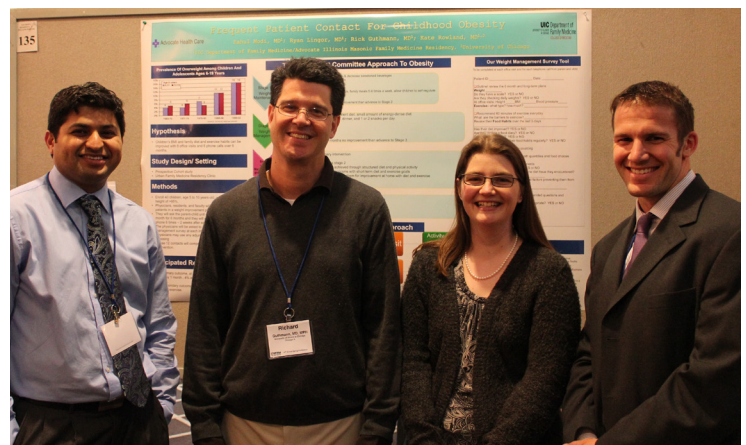
The second argument I’ve heard is that greater involvement of other care team members interferes with the doctor-patient relationship. In fact, it is just the opposite. By allowing other members of the team to implement standard, unquestionable aspects of a care guideline, we in fact free ourselves up for more meaningful time with our patients.

We all know the meaning of sacrifice. We worked our tails off in college, medical school and residency. Did you imagine back then that the real work really comes after? We sacrifice peaceful nights and time with family and friends in order to respond to the needs of worried parents. We deliver life-changing news to our patients who are sometimes our neighbors, friends and colleagues. However – our many sacrifices have paid deep personal rewards, in my view. It is time for us to consider a new sacrifice – our physician autonomy. Because the reason we sacrificed over these many years of training and practice was to find something worthy and wonderfully valuable on the other side of that sacrifice. On the other side of sacrificing our autonomy, we enjoy more consistent delivery of evidence-based care. We can remove barriers for patients in sticking to your treatment plan. And we will gain more time to do what we really love – spend time with the royal souls of our patients, practicing our art.

Remember, we are the Rain Kings!



Christmas sweater party photo provided by Advocate Christ Family Medicine Residency Program



Rahul Modi, MD; Rick Guthmann, MD; Kate Rowland, MD and Ryan Lingor, MD.
Photo provided by Kate Rowland, MD

Devoted to Advocacy



The Illinois delegation, along with then-AAFP President Glen Stream, MD, prepare to meet with U.S. Sen. Dick Durbin's staff

IAFP and AAFP member surveys continue to reinforce that advocacy is a top priority for family physicians and their high rate of satisfaction with the role that the Academy serves advocating for family medicine and patients.

State Legislation

2012 was the second year of the 97th General Assembly and Illinois continued to wrestle with the effects of an economic downturn with many unresolved issues from the previous Spring and Veto sessions. In addition, many state legislators faced the challenge of running for election in new legislative districts as a result of reapportionment which happens every ten years. This redistricting process also prompted resignations and retirements, making way for more than 40 new faces in the 98th General Assembly.

Our lobbying firm, Cook-Witter, Inc., tracked more than 200 bills impacting healthcare for IAFP, including appropriations, licensing, Medicaid reform, scope of practice, and public health. IAFP actively supported a wide breadth of bills including; an additional \$1 excise tax on cigarettes; a hospital infant feeding policy promoting breastfeeding; and requiring every public school district and registered nonpublic school make publicly available the immunization data they are required to submit to the State Board of Education.

Health Care Reform

The next step in the Affordable Care Act implementation will be creating the health insurance exchange and assuring essential health benefits. The ACA requires that insurance plans participating in the state purchasing exchanges cover a set of essential health benefits (EHB) which has been defined by the U.S. Department of Health and Human Services (HHS). Illinois will begin with a state-federal exchange in 2014 and then move to a state-only exchange in 2015.

IAFP continued to offer its support for health care reform implementation, but opposed any attempt that would slight coverage of primary care services. To make our case, IAFP:

- Submitted [EHB testimony](#) to the Health Care Implementation Council
- Co-authored a Blueprint for Care Coordination for the Illinois Department of Healthcare and Family Services' consideration
- Supplied the Medicaid Advisory Committee and HFS Director Julie Hamos with patient-centered medical home (PCMH) materials and studies that show the benefits and cost-effectiveness of implementing a PCMH.

In addition, the Affordable Care Act establishes a new, mandatory Medicaid eligibility group of non-pregnant adults aged 19-64 with incomes \leq 133% FPL. States will receive enhanced federal matching funds for these "new eligibles," beginning at 100% in 2014 and remaining there for three years, then gradually tapering down to 90% in 2020 and years following. While estimates vary, the implications are the same: Illinois must prepare for a significant increase in Medicaid enrollment. IAFP provided a statement in support of Medicaid expansion as part of full implementation of the Affordable Care Act in Illinois. IAFP remains a consistent and strong supporter of Illinois' Medicaid program and believes Medicaid expansion should incorporate features of a patient-

Government Relations

centered medical home to improve health outcomes, improve healthcare delivery and lower overall healthcare costs which will greatly benefit our existing Medicaid population, newly eligible and exchange insureds.

Lobbying

Illinois in-district visits introduced family medicine to new members of the General Assembly. Cook-Witter worked hard to coordinate several visits with downstate legislators and likely new faces of the 98th General Assembly before the election. IAFP members and staff met with seven new Illinois General Assembly members in their districts to provide the family medicine view of our changing healthcare landscape. In addition, several IAFP members attended a candidate's forum in Chicago with 15 candidates. All of these meetings help establish IAFP as a resource on health care for these new-to-office. IAFP is ready to help members coordinate their own constituent visits. Contact Gordana Krkic at grkic@iafp.com with your voting address.

Inside the Beltway (DC) - The Illinois chapter continued its strong presence on Capitol Hill sending leaders to the AAFP Family Medicine Congressional Conference to ensure family medicine is on the minds of our lawmakers as they consider federal legislation.

AAFP FamMedPAC - Illinois past President Ellen S. Brull, MD of Glenview has been appointed to the AAFP FamMedPAC board of directors, which determines where PAC contributions are distributed. Ellen has a long history working with her Congresswoman Jan Schakowsky. Illinois members

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Ellen Brull, MD (right) with her Congresswoman, U.S. Rep. Jan Schakowsky (center).

contributed \$28,365 to the PAC in the last election cycle – ranking 11th among AAFP constituent chapters.

Devoted to Building Advocates and Engaging Resident Members

Deputy Executive Vice President for External Affairs, Gordana Krkic, CAE facilitated two advocacy internship experiences for resident members. Emma Daisy, MD, a resident physician at Northwestern-McGaw spent October learning about advocacy through meetings with IAFP and other organizations. Emma follows John Franco, MD, who completed his May elective in advocacy. Both residents are actively involved with the IAFP's Government Relations committee. Their hands-on experiences at the state and national level developed new understanding in all areas of health care. They chronicled their experiences below.

Emma Daisy, MD



I embarked on an elective rotation that I am developing for my residency program in Health Policy and Advocacy. The Patient Centered Primary Care

Collaborative (PCPCC) conference and the AAFP State Legislative Conference were the culminating experiences of the month, providing opportunities to meet similarly minded folks from across the country and share ways of advancing primary health care. The PCPCC conference focused on the practical aspects of transitioning to a patient centered medical home, while the AAFP State Legislative Conference focused more on regional and national issues of primary care and how different state chapters had successfully (or unsuccessfully) advanced those issues. It was also an excellent opportunity to meet other family physicians who are involved in advocacy at the national level—a chance for networking as well as exploring professional and advocacy opportunities for my future training and career.

I also met with Heather Steans, my state senator, who is an important state level lawmaker for health policy initiatives. I was able to put to use what I had learned about the primary care issues and advocacy to discuss policy with my own legislator. By the end of the hour, she was quite enthusiastic about my efforts!

My experience was useful in giving me a clearer, more nuanced understanding of both the primary care issues at the local and national levels, as well as the issues that are of specific interest to me. I made many valuable connections within the Chicago, Illinois, and national primary care communities that will be useful to my future career interests as a politically active family physician.

John Franco, MD

I was able to transform my Family Medicine Congressional Conference (FMCC) experience into a month long health advocacy elective at the federal and state levels. My grandfather was one of the longest serving Ohio congressmen and I volunteered for a political campaign before going to medical school.



John Franco, MD (left) speaks with Illinois Sen. William Delgado at the Statehouse.

My main interests were advocating on behalf of the primary care core missions.

- The National Health Service Corps (NHSC) of which I am a scholarship recipient,
- Federally Qualified Health Centers (FQHCs) like the one I train at and their patients,
- Health policies that promote increased physical activity, and
- The development of health insurance exchanges.

At the FMCC, I met with staffers of Illinois Rep. Danny Davis, Sen. Dick Durbin, and Sen. Mark Kirk. We discussed the three “asks” of the conference: SGR reform, funding for NHSC and primary care training grants, and Graduate Medical Education primary care pilot programs. I was able to share my story of how becoming a NHSC scholar helped me follow my dream to help underserved communities and how critical it was to fund the program. While the current atmosphere in Congress focuses on cost cutting, I believe we effectively argued that these programs could be budget-neutral and even save the system money in the future.

The next week, I headed to Springfield for state advocacy. It was exciting for me at the time because the general assembly was addressing several important pieces of legislation. I was able to meet my own House representative, Art Turner, Jr., Rep. Cynthia Soto and Sen. William Delgado from the district covering my FQHC and community hospital. I personally thanked Rep. Soto and Sen. Delgado for their help in opening the Humboldt Park branch of Erie Family Health Center where I train and emphasized what a huge impact we are making on the health of that community.

While I'm sad that many of my patients will be negatively affected by the Medicaid reforms that eventually passed in Springfield, it was also encouraging to see state legislators working together with organizations like the IAFP, the Illinois Primary Health Care Association, state medical board, the Illinois Hospital Association, and Campaign for Better Healthcare to help limit the cuts. We also succeeded in a new law increasing the state tax on tobacco by one dollar per pack. I feel that I had an amazing education during my weeks in Springfield and D.C. I now feel I have the confidence, skills, and knowledge needed to effectively advocate for my patients at the state and federal levels and look forward to doing it again.

Interested residents or programs can contact Gordana Krkic for help in creating an experience in 2013.

2012 Photo Gallery



The West Suburban Family Medicine Residency Program booth brings some color to the AAFP National Conference of Residents and Medical Students. Staff photo



The Family Medicine Midwest Conferences help IAFP build student interest in family medicine. Photo by Peter Hoffman



Medical student Carl Mickman tries out some new skills at a Family Medicine Midwest workshop. Photo by Peter Hoffman



AAFP (then) president Glen Stream and IAFP member Jerry Kruse in discussion at U.S. Sen Dick Durbin's D.C. office. Photo by Ravi Grivois-Shah, MD



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Devoted to Education

Sara Gadberry joined the Illinois Academy staff in May as Education Manager. Ms. Gadberry came from SmithBucklin where she worked as the education coordinator and also has association experience from her work with the Illinois CPA Society. Her extensive program and meeting planning is vital to our continued "devotion to education" and our growing programs and services.

Enduring materials developed in 2012

IAFP enduring materials can be found on the education web site at www.iafp.com/education. Online educational activities are always free to access.

Treating Chronic Obstructive Pulmonary Disease (COPD) in Primary Care Practice: A Case Study
1 Prescribed or 1 AMA PRA Category 1® credit

Screening for Breast Cancer in Primary Care: A Case Study
1 Prescribed or 1 AMA PRA Category 1® credit

Pneumococcal Immunization in Primary Care Practice: Why and How to Do it Better
1 Prescribed or 1 AMA PRA Category 1® credit

Office Redesign to Optimize Planned Patient Care
1 Prescribed or 1 AMA PRA Category 1® credit

Managing Diabetes: Designing and Conducting an Effective Intervention in the Group Setting - online
1 Prescribed or 1 AMA PRA Category 1® credit

Adult Smoking Cessation: Intervention Strategies for Primary Care Providers - Printed Guideline
1 Prescribed or 1 AMA PRA Category 1® credit

Live CME Meetings

The Academy offered 25.5 CME credits at the various live activities offered throughout the year.

Lunch & Learn in the Network

- monthly CME Webinars for the Practice Improvement Network (PIN)
Topics included: Chronic Illness Care, Diabetes Group Visit, COPD, Screening for Breast Cancer, Adult Smoking Cessation, Pneumococcal Immunization, Delivering Excellent Patient Service, Pain Management, & Implementing an EHR to Qualify for Stimulus Funds

IAFP Annual Meeting and Family Medicine Midwest November 2012 at Eaglewood Resort, Itasca featured education across seven tracks for physicians, faculty, residents and students.

SAMs Workshops

The IAFP hosted four Self Assessment Modules (SAMs) workshops in 2012.

- Childhood Illness in February at Rush Copley Family Medicine Residency, Aurora
- Pain Management in September at SIU Family Medicine Residency, Carbondale
- Childhood Illness in November at the IAFP Annual Meeting, Itasca
- Hypertension in November at the IAFP Annual Meeting, Itasca

Co-Sponsored CME activities

The Academy partnered with many other organizations and associations to provide quality live and enduring materials to family physicians.

The Medicaid Formulary and E-Prior Authorization Conference
Live event on September 13, 2012, Chicago Co-sponsored with the Illinois Psychiatric Society

Immunization 101: The Cutting Edge of Immunizations
Live event on September 19, 2012, Elmhurst Co-sponsored with the Illinois Chapter of the American Academy of Pediatrics, DuPage County Medical Society, DuPage County Health Department & the American Medical Association.

The Family [Practice] Feud™ - Exploring the Role of Incretin-Based Therapy in Type 2 Diabetes
Live event in October, 2012, Satellite Symposium at the AAFP Scientific Assembly, Philadelphia
Co-sponsored with the Primary Care Education Consortium

Exploring the Role of Incretin-Based Therapy in Type 2 Diabetes
Article in November 2012 AAFP e-newsletter
Co-sponsored with the Primary Care Education Consortium

Solving Clinical Conundrums with Incretin-Based Therapy in Type 2 Diabetes
Article in December 2012, supplement in Clinician Reviews
Co-sponsored with the Primary Care Education Consortium

Challenges in Type 2 Diabetes Mellitus Management: Focus on Incretins
Article in December 2012 AAFP e-newsletter
Co-sponsored with the Primary Care Education Consortium

CME



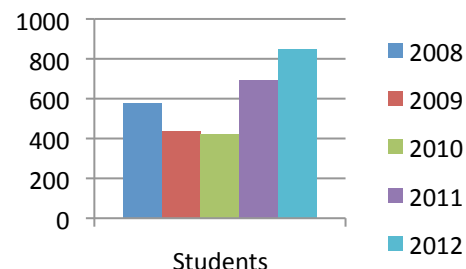
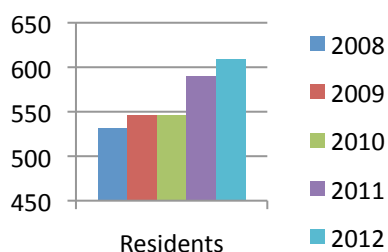
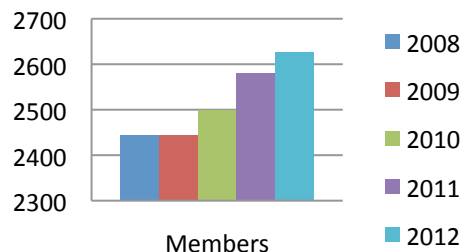
Devoted to membership

IAFP added 238 new active members in 2012 for a net growth of 47 active members. Our totals of residents and students gained in net numbers in 2012, after factoring in graduating students and residents leaving for other states. Illinois now has 19 additional resident members and a net gain of 154 student members! All total with members coming in and out of the state, IAFP's total membership grew by 230 members in 2012.

	Active	Inactive	Life	Resident	Student	Supporting	Total
Dec 2012	2627	21	228	609	846	12	4343
Dec 2011	2580	22	219	590	692	10	4113
Change	47	-1	9	19	154	2	230

Like AAFP, the Illinois Academy has shown strong growth in membership since 2009 across all categories. After several years of decline, our state's student membership doubled in the past two years. Our resident membership has jumped significantly in the past two years as well. The next step for the Illinois chapter is to increase our market share, the percentage of eligible Illinois family physicians who are IAFP members. In 2012 we were at 71.7%, and our goal is to get above AAFP's average of 74.7%.

Illinois Membership 5-year Trends



Jennifer Swoyer, DO and IAFP board member Joshua Shapiro, MD. Photo by Peter Hoffman



IAFP board member Lareina Pedriquez, MD at the annual Foundation Chicago White Sox game.



UIC students Shamecka Edwards, Paula Bey and James Han show their enthusiasm for their family medicine future. Staff photo

New Illinois Active members in 2012

Syed Abbas MD
 Titilayo Colette Abiona MD
 Naveen Korah Abraham DO
 Sonia Abraham MD
 Akindele A Adaramola DO
 Sofia M Adawy MBChB
 Ismail Olayinka Adesanya MD
 Brian A Adrian MBBS
 Dinah Ahomka-Lindsay MD
 Jonathan Carl Alde MD
 Mohamed Alfaris MD
 Syeda Kulsoom Ali MD
 Swapna Reddy Allamreddy MD
 Ashish Ansal MD
 Melchor Paulo Adapon Aranas MD
 Maria Del Pilar Ariza MD
 Awais Azmat DO
 Christopher A Bailey DO
 LaVerne Monise Barnes DO
 Frances Catherine Baxley MD
 Steven William Beckway MD
 Philip S Benjakul MD
 Jessica Lynn Benjamin MD
 Catherine Riel Beratio MD
 Anita Rani Bhardwaj MD
 Kalpesh Pragji Bhesaniya MD
 Viviane Milad Bishay MD
 Eric Anthony Bloemer MD
 Geeta Bollam MD
 Careyana Michelle Brenham MD
 Dawn C Brunner MD
 Mussarat Jabeen Bukhari MD
 Rafai A Bukhari MD
 Awais Ahmed Butt MD
 Benjamin Ware Cady MD
 Mary Callis MD
 Dagoberto Camacho MD
 Crystal Marie Carmichael MD
 Kristine Ross Carpenter MD
 Marc Carrigan MD
 Jeensoo Chang MBBS
 Cheryl Chastine MD
 Keyur Manojkumar Chauhan MD
 Christopher Michael Childs MD
 Giovanna Elizabeth Chug MD
 Gina Terese Ciacchia MD
 Adam Cohen-Lewe MD
 Maria Rizza Duran Collantes MD
 Annevay Dellora Conlee MD
 Ebony Rose Copeland MD
 Jesus Rene Dadvivas MD
 Gregory G Dammann MD
 Dore DeBartolo DO
 Maureen Dela Cruz DO
 Harvinder Singh Dhillon MD
 Debbie A Donelson MD
 Volodymyr Yakovych Dovhyi MD
 Megan Ryan Doyle MD
 Andrzej Dudas MD
 Laura Verkest Dwyer DO
 Jon Andrew Dykens MD
 John Hunt Fahey MD
 Katie Fox MD
 Emily France MD
 Matthew J Frazier MD
 Kendra Evelyn Frazier MD
 Andrew Robert Gage MD
 Gustavo Adolfo Galue DO
 Alex I Garrido MD
 Geejo Geevarghese MD
 Kyle Elizabeth Geissler MD
 Ada Margaret Gillis MD, MPH, MBA
 Jesse Dawn Gordon MD
 Hemamaheswari Govindarajan MD
 Maya Izabel Green MD
 Vanita Gupta MD
 Hassan Mohamed Haji-Abdirahman MD
 Natasha Hakim DO
 Rewa Mahmoud Hasanat MD
 Ginny Lynn Hendricks MD
 Virginia Hernandez MD
 Masaya Higuchi MD
 Prince Lolonyo Hodogbey MD
 Sabrina Lauren Hofmeister MD
 Jessica Aleah Holmes MD
 Jean Ann Howard DO
 Jose Luis Huerta Suarez MD
 Matthew Warren Hurley MD
 Abdulhamid Hussein MD
 Pil Bin Im MD
 Sabrina Antonina Indyk DO
 Brian Ethan Jacover MD
 Simran Jit MD
 Uwva Kalu MD
 Bridget A Kampman MD
 Neha Kapil MD
 Sashil Singh Kapur MD
 Maneka Kaul MD
 Jasleen Kaur DO
 Tamayo Kawai MD
 JaCara Kelley-Muhammad MD
 Hina Ahmad Khan MD
 Mohammed Mudasser Khan DO
 Ejaz A Khan MD
 Andrea Mina Khosropour MD
 Sarah Jahns Kidder MD
 Peter J Kiefer MD
 Jane C Kim MD
 Jonathan Roger Kirkwood MD
 Katherine Anne Kirley DO
 Emily A Kroening MD
 Abena Appeadua Krow MD, MPH
 Mukesh Kumar MD
 Sandhya Tiwade Kurian MD
 Tony Limbil MD
 Elmer Lawrence Linboom MD
 Joanna De Jesus Lo MD
 Lauri Fick Lopp MD
 Heather Michele Ludwig Akers MD
 Nichole Suzanne Lupei MD
 Whitney N Lyn MD
 Melissa A MacVenn MD
 Jessica Danielle Madden MD
 Sarah M Madrid MD
 Michael Magidow MD
 Tamar Gibli Marcotte MD
 Robert F Martin MD
 Kojiro Matsumoto MD
 William Devlin McCarthy MD
 Laura Gayle McIntyre MD
 Nathan McLaughlin MD
 Brian Thomas Michalsen MD
 Deborah Elizabeth Midgley MD
 David Randall Miller MD
 Mariola Mjaltaj MD
 Anette Ks Mnabhi DO
 Rahul R Modi MD, MPH
 Jaini Viren Mody MD
 Shahab Mohiuddin MD
 Syed Mazher Mohiuddin MBBS
 Mydhili Moorthie DO
 Guillermo Fernando Mora DO
 Calvin Moy MD
 Lacey Marie Moy MBBS
 Leah Mugo MD
 Lindsey Multack MD
 Elizabeth Phuong Nguyen DO
 Linda Hoa-Mi Nguyen MD
 Priti Vijay Nikte MD
 Josie Lillian Norberg MD
 Daniel Novella MD
 Lalin Nuth MD
 Bernadette Obmaces MD
 Cynthia Y Ohata MD
 Chidinma Ify Osefo DO
 Laura Ann Oswald DO
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IAFP's Fiscal Affairs

The Finance Committee is currently chaired by Treasurer Soujanya Pulluru, MD and its charge is to ensure the integrity of the fiscal affairs of the Academy, including: overseeing budget development and regular financial reporting. IAFP has an annual audit of its financials and the auditors have not brought any concerns to the Finance committee or Board regarding any aspects being audited. The Academy has an Audit Task Force to review the audit as well as the annual tax return.

IAFP earns its revenue from member dues, meeting sponsorship and registration and education projects. In 2012, nearly 50 percent of IAFP revenue came from membership dues. Other non-dues revenue included meeting sponsorship, print advertising, member services benefits and education projects. About 37 percent of 2012 revenue was from the pharmaceutical industry, mostly in education grants and meeting sponsorship, while 15 percent came from non-pharmaceutical industry companies and organizations. A complete report was given to the IAFP All-Member Assembly at the annual meeting. To request a copy of this report, contact deputy executive vice president Jennifer O'Leary at joleary@iafp.com, or 630-427-8001.



Thank you 2012 Family Health Foundation of Illinois donors! These contributors donated a total of \$11,967

-  2012 Foundation fundraising events included the annual Chicago White Sox game (216 fans!) and the Annual Meeting Wine & Gifts auction.
-  The Family Health Foundation donated \$2,225 to the town of Harrisburg after an EF4 tornado caused widespread damage to the town on February 29, 2012. Members donated directly to this effort.
-  Twenty-four individual IAFP members and regional groups also contributed \$6,750 in scholarships to the Family Medicine Midwest Conference enabling at least 27 students to attend this inspiring conference.

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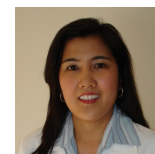


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MacNeal Family Med. Residency - Berwyn



Lareina Pedriquez, MD (2014)
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American Academy of Family Physicians – www.aafp.org
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Society of Teachers of Family Medicine – www.stfm.org
The Robert Graham Center (Policy studies in family medicine and primary care) – www.graham-center.org
American College of Osteopathic Family Physicians Illinois Chapter: www.acofpil.org
Kaiser State Health Facts: www.statehealthfacts.org

Physician Licensure website: www.idfpr.com/dpr/
Illinois General Assembly- www.ilga.gov
State of Illinois website: www.illinois.gov
IFMC–IL (quality improvement organization for Illinois) www.ifmc-il.org

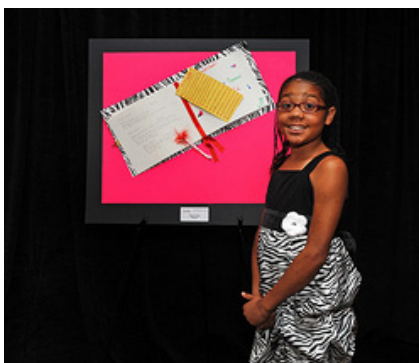
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IL-HITREC – all of Illinois outside of Chicago: www.ilhitrec.org
CHITREC- City of Chicago only: www.chitrec.org
Physician EHR Incentive Payment programs
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Patient Education

AAFP patient education www.familydoctor.org
Tar Wars www.tarwars.org
Health care reform (AAFP, AARP and other organizations) www.healthcareandyou.org
Federal health care information www.healthcare.gov
Illinois Dept. of Insurance (Health Insurance Reform Information Center) <http://insurance.illinois.gov/hirc/>
Illinois Health Connect – Medicaid Medical Home www.illinoishealthconnect.com
Fuel Up to Play 60 Program www.midwestdairy.com



Illinois Tar Wars state poster contest winner Taylor Coley of Bolingbrook took 5th place in the National Poster contest in Washington, DC. You can present [Tar Wars](#) in your local schools!

SAVE THE DATE
Family Medicine Midwest
October 4-6
Milwaukee

IAFP Annual Meeting
November 8-10
Hilton Lisle/Naperville



Illinois hosted the first ever [Family Medicine Midwest](#) in Itasca November 10-11, attracting over 150 medical student to showcase why family medicine in the Midwest is best!