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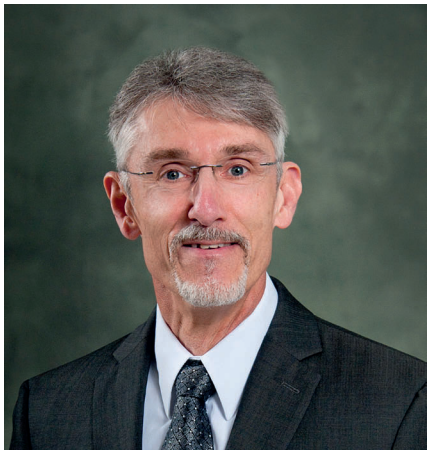
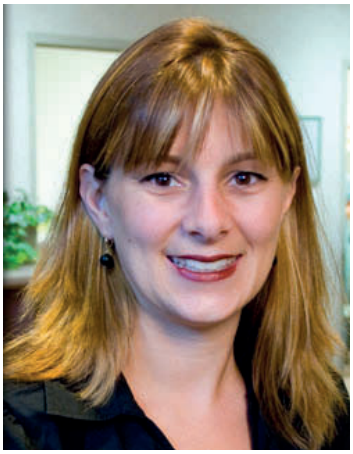
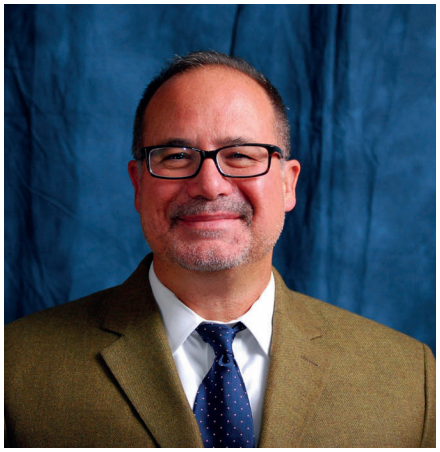
Meet the 2013 IAFP Awards Honorees



Family Physician of the Year
Joseph M. Welty, MD



Family Medicine Teacher of the Year
Careyana Brenham, MD



President's Award-
Stephen Stabile, MD

The IAFP awards process engages family physicians and residents who love to give compliments. So they nominate wonderful IAFP members for our Family Physician of the Year and Teacher of the Year Awards. After agonizingly joyful deliberation by the IAFP's Public Relations Task Force, IAFP gets to award these honors to deserving family physicians that are often reluctant to accept the accolades. It really sums up our family physicians, so quick to give praise and credit, yet so reluctant to receive.

Family Physician of the Year
Joseph M. Welty, MD
KSB Medical Group, Dixon

Practicing medicine, especially family medicine is often compared to running a marathon, not a sprint. The training and the knowledge and the long-term relationships with patients and the community – it can parallel the journey of that grueling 26-mile run.

Our 2013 Illinois Family Physician of Year knows the analogy and the reality. Joseph M. Welty, MD of Dixon has practiced family medicine for 28 years, and also completed several of those 26-mile marathon runs. Dr. Welty is the total package and the selection as our Family Physician of the Year. The IAFP Public Relations Task Force evaluated the three wonderful candidates for the Academy's highest award. And while any of the three nominees absolutely fits the description, it's Dr. Welty who takes the title this year.

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President's Message

Carrie E. Nelson, MD

As my term as your president comes to a close I want revisit my goals and dreams, and give you a sense of what's to come as I pass the torch on to Dr. Ed Blumen as your next president. I picked a really good time to hand things over, just as our patients, and many of us, are trying to work through the next phase of the Affordable Care Act! By the time you read this (perhaps even at our annual meeting November 8 in Naperville), I hope that many of the obstacles have been ironed out, and that we're ready to take on the next challenges of fixing our broken system for the providers who care for these newly insured!

During my inaugural address, I used some radical song lyrics to illustrate my view of family medicine. I chose "I belong in the service of the Queen" from Counting Crows' Rain King to symbolize my purpose every day as a family physician. I also used "Getting crazy with the cheez whiz" from Loser by Beck – and let me re-iterate that I refer to those words only as a metaphor, and in no way believe that the word "loser" describes any aspect of family medicine. AAFP's past board chair Glen Stream, MD likes to use "The future's so bright, I gotta wear shades." And now, one year after my inaugural address, I would use these lyrical words of wisdom:

"*You know the good ole days weren't always good and tomorrow ain't as bad as it seems*" Billy Joel says in his song Keeping the Faith. We doctors are a nostalgic bunch. Just think how many of us have (or wish we had) that Norman Rockwell painting in our homes or offices. But I don't believe things were that good when we worked too

hard every day and kept all our records on paper charts in gigantic shelving units. Do you? Likewise, I believe our tomorrow is better than some of the skeptics forecast. A stronger family medicine foundation will be a better tomorrow for everyone and I am definitely keeping the faith.

One of my personal missions for Illinois family medicine is changing from our historical model of independent practitioners who "see" patients to interdependent professionals and patients who set goals and coordinate treatments together. 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. You know it as the Patient Centered Medical Home. And I still believe it's the right direction for family medicine. In the 2012 AAFP member census, 25 percent of members reported they are practicing in designated medical homes. Over 5,400 Illinois providers are Primary Care Providers in the Illinois Health Connect, Medicaid medical home program. This is one of the few places Illinois physicians are paid a care coordination fee and also annual bonuses for achieving outcomes measures for their Medicaid patients. Many of our members are already operating with the principles of a medical home; even if they haven't completed a formal organization recognition process.

Meanwhile, residency programs are moving to a PCMH model. We see it all over in our Illinois programs that are already NCQA-recognized medical homes. Not only are their patients getting better care in the medical home, their residents are being trained to re-build and replicate those same principles wherever their career takes them after residency.

And that team is led by the family physician. That is exactly what sets us apart and above our teammates in advanced nursing and other midlevel professions. We are not interchangeable. Dr. Stream said we need to "up" our game and elevate ourselves from allied health professions and he's right.

AAFP President Reid Blackwelder, MD deftly explained why family medicine is truly at the top of the game. "It is incredibly exciting that primary care is being mentioned consistently and seemingly almost everywhere. The challenge becomes what is meant by those two words. It is important to be crystal clear that family medicine is the primary care specialty. We are the only physicians who do not have to limit ourselves based on age, gender, diseases, body parts, organ systems, or locations in the hospital." I challenge another provider to top all those qualifications! No way will family physicians be replaced by mid-levels. But we can provide better care working with them than competing with them or waging a turf battle in the public domain.

Our country's health care must be based on a primary care foundation and family physicians are that base. Obviously, payment reform must happen. How we value primary care depends upon significant movement away from pure fee for service (FFS) and toward blended payment models. What we do as family physicians can't be valued appropriately with that system. This transition is and will be challenging.

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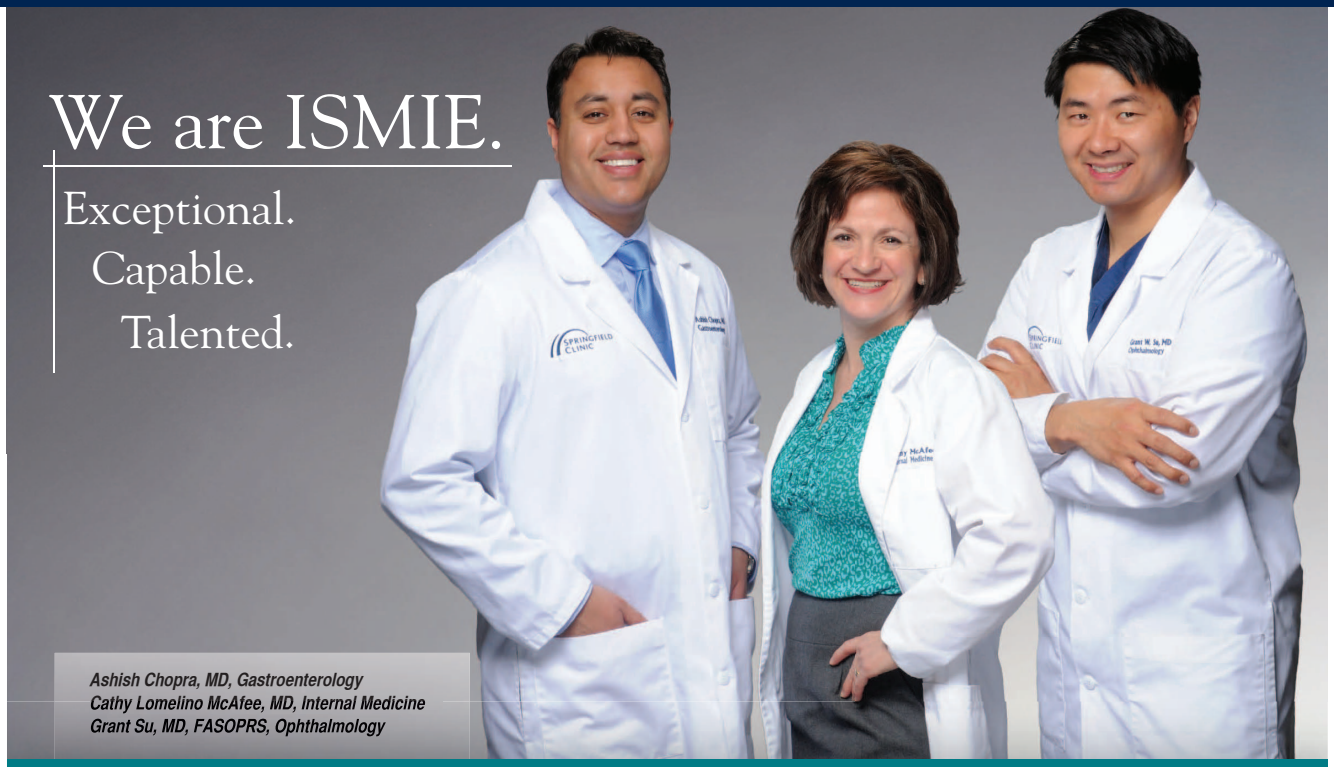

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IAFP News

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He's an avid runner, taking great joy and pride in Dixon's annual Reagan Run each July. The race is a 5K, which is a great distance for beginning runners. To encourage his community, Welty hosts a weekly "Run with the Doc" so that others can get out and join him, with the goal of running in that Reagan Run. It's another way to lead in transforming the wellness of his patients and community. Welty is a lifelong runner who has completed at least 10 marathons. He's also met the qualifications to compete in the Boston Marathon. In fact, he had already finished the race this past April and was just blocks away when two explosions rocked the finish line. He plans to return to Boston to run again in April 2014.

Tim Appenheimer, MD,Chief Medical Officer at KSB Hospital, has known Welty since he arrived in Dixon nearly 30 years ago. They have served together in numerous teaching, practice and leadership roles. "During his career here in Dixon, Joe has quietly and steadily earned the respect of patients, colleagues and administrators," he says. Welty is currently the only physician member of the KSB Hospital Board of Directors. "As a clinician, Joe is the consummate family physician, committed to compassionate cradle to grave patient care."

Welty has practiced in Dixon since 1985 after completing residency training at MacNeal Memorial Hospital in Berwyn. Over the last 28 years he has served the community around him and built the family medicine workforce to continue his outstanding standard of quality, compassionate care. He was nominated for the award by a former resident, Dr. Emilee Bocker, now a physician at KSB. Welty was her advisor when she started as a resident in the Univ. of Illinois – Dixon Rural Track. As a result of her time with him, she's ready to follow his example. "Working with Dr. Welty, I know that I will have support at any time that I need it, yet independence to truly manage the patient's care myself. He is a wonderful example to residents of what encompasses a well-rounded physician."

Turns out – Dr. Welty pretty much lived out the "what do you want to be when you grow up?" question that every kid is asked! His mother was an office nurse for Dr. Wayne Spenader, a family physician in Welty's home town of Amboy, Ill. Young Joe was always intrigued with the sights and activities of the office and worked there as a teenager washing office windows, emptying trash cans, and helping to clean the waiting area. Because Dr. Spenader's practice covered three different towns, his mother often functioned much like our current day nurse practitioner. "I witnessed the tremendous impact family medicine can have on the lives we care for and about," recalls Welty. "During my high school years I formulated a dream and subsequently a plan to become a family physician, and with the incredible support of innumerable people along the way I continue to live that dream today," says Welty.

To hear him talk about it, being a family physician is indeed a dream job. "The greatest enjoyment that comes from my days as a family physician is the interaction I am blessed to have with the people who have entrusted me with their care and the care of their families. Each of these encounters carries a story, and it is fascinating to discern how these stories impact on the life journeys of the families that I am involved with."

Father Paul White is a friend and colleague who sent his letter of support for Dr. Welty.
"Dr. Welty is the best family physician I have encountered in the 24 years and six communities I have served as a priest. We put our lives in the hands of our family physician and trust he will take care of us. There are many great doctors. There are many great people. There are many great community leaders. I have never met a man who is a better doctor, who diagnosis patients more accurately and quickly, with the humility to find the right specialist available, who is a great man, loving father, caring professional and devoted member of the community."

Welty takes a major role in the care and safety of his community at Neuman Central Catholic High School as the all-sports team physician, a volunteer position. According to athletic trainer Andy Acardi, "He has helped me develop concussion management programs with return-to play protocols long before they were required by the state. Every year, he gives up his personal free time during the summer to help me administer over 100 baseline concussion tests on student athletes. It would be one thing to point out that he does a great job with the medical treatment of our athletes, but he also has an incredibly strong passion for the overall health and care of young men and women. He wants them to be successful on the playing field, but places above all else their well-being now and in the future."

KSB Hospital CEO David Schreiner has also known Dr. Welty for decades and sums him up quite succinctly in his support letter. "The communities that KSB Hospital serves are better for his presence and his unwavering dedication to those he cares for."

So how can someone be so fulfilled in a health care system filled with obstacles and struggles? "The requirements and rules that we struggle with in our increasingly regulated environment lead to balancing on a fine line between what is right for our patients and what

is asked of us by many outside forces," says Welty. "I have found that keeping that focus on doing the right thing for my patients, while often leading to a greater time commitment, always in the end leads to a greater sense of satisfaction with the practice of family medicine.

Winning this award means to me that I have been given a chance and a responsibility to represent all of those who deserve this award along with me. An award like this, I feel, was never meant to be an individual award for it is an achievement that could never be reached without the support of teachers, patients, staff, colleagues, friends, and, most importantly, an incredibly supportive family."

Family Medicine Teacher of the Year
Careyana Brenham, MD
SIU Springfield Family & Community Medicine Residency Program

Dr. Brenham's family medicine career began as a Southern Illinois University (SIU) Medical Student. And just a few months ago, she took over as program director for the SIU Family and Community Residency Program, ensuring that her exemplary career will continue to inspire the SIU community.

She is the only person in the history of SIU School of Medicine to receive the Arnold P. Gold Foundation Humanism in Medicine Award as both a medical student and an attending physician. After receiving the award as a student, Brenham believed the bar, or perhaps the floor, had been set for her future contributions as a physician.

"I love taking care of patients and cherish the relationships I have established in my clinical practice. I however feel like I need more to complete my goals and passion in medicine. Teaching helps me do this," she says. "Working with residents and medical students and seeing the progress they make in their training is inspiring."

Her approach worked on Tabatha Wells, MD now a first-year faculty physician at SIU Family and Community Medicine. "Her excellent teaching style and dedication to her students and residents was one of the strongest motivators in my choosing SIU's Department of Family and Community Medicine for residency training. While I have only been in this position (faculty) for a year, Dr. Brenham has been a guiding hand in helping me to learn how to be an effective teacher and leader."

Dr. Wells uses the I.E. CARES acronym to describe Dr. Brenham's attributes as a top-flight physician and teacher:
Integrity
Excellence
Compassion
Altruism
Respect
Empathy
Service

Family medicine certainly runs in Brenham's blood. Her dad and grandfather are family physicians, and her mother is a family nurse practitioner. "They were always greatly involved in education and I could always see the respect and admiration they had from their students in medicine. My later inspiration came from my program director and mentor in residency training and now in my current job – Janet Albers. She balanced excellent patient care regarded by all, wonderful teaching skills, and a devotion to promoting the specialty of family medicine." That respect runs both ways: it was Dr. Albers who nominated Dr. Brenham for the Teacher of the Year Award.

She's been honored for her teaching locally and nationally. In 2004 she received the Society of Teachers of Family Medicine (STFM) New Faculty Scholar Award and the SIU Springfield Family Medicine Teacher of the Year in 2008.

Being a great family medicine educator requires being a great family physician. "Nothing can compare to the truly personal levels of relationships you develop with entire families when providing them care. It is a unique honor to feel so much a part of the care of an entire family. In addition family medicine has prepared me for doing so many diverse things in medicine that no other medical specialty could do," says Brenham.

Brenham has a very unique and critical role in Springfield and the surrounding communities. She is on call 24/7 for both Springfield hospital emergency rooms to respond for cases of child sexual abuse. She conducts the exam and then provides guidance and counseling for the child and family. She also compiles the evidence and provides expert testimony at trial. This expertise has led to her role as chair of the Children's Justice Task Force, uniting child advocates and experts to provide better services to children who have been physically or sexually abused. She's also been able to build this special training in child abuse and child advocacy into the family medicine and pediatrics residency programs at SIU ensuring that this important work can grow into new areas in the future.

President's Award
Stephen Stabile, MD
Chicago

Each year the outgoing IAFP president may give a President's Award to an individual or organization that he or she feels makes significant impact on advancing patient care and/or the specialty of family medicine. Carrie Nelson, MD has selected Stephen Stabile, MD of Chicago as her President's Award honoree. "Anything with Steve Stabile starts with a smile, because it's hard to find someone who brings more joy to family medicine," declares Nelson.

Whether it's at a Cook County primary care site in the city or a remote village in Mexico, Stabile is there to inspire

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and give the best of family medicine to everyone he encounters. He served on the IAFP Board of Directors from 1999-2004 and continues to be a regular contributor and resource on public health and access issues.

"Steve is the model of all that is right with family medicine," said Nelson. "He has truly delivered on his promise to patients in every setting. He is leader in recruiting and training like-minded family physicians, and he has supported the Academy's work in so many ways throughout his career. And he loves every role he plays in the lives of his colleagues and patients."

Stabile was a consistent and dedicated preceptor for the IAFP's [now defunct] Summer Externship program. He was the man behind the scenes organizer of the Cook County Health Systems preceptors over the years. Many medical students were able to experience family medicine in the underserved communities of the Cook County ambulatory system thanks to his work enabling externship participation across practice sites. He personally mentored two students in the final years of the state-funded Summer Externship Program. His 2009 extern Kamil Kurkowski, DO is now a family physician in Michigan and 2010 extern Yesenia Valdez, MD is now a family medicine resident at UIC.

Steve has been a mentor to many. Three officers on the 2013-14 Illinois AFP board have been shepherded by Steve (Alvia Siddiqi, MD, first Vice President; Deborah Edberg, MD, second Vice President; and former board member Ravi Grivois-Shah, MD) To this day, he continues to be a centerpiece in the network of family physicians in the community and the Academy.

Steve was instrumental in the process that led to CountyCare and early Medicaid expansion in Cook County. Steve knew that if patients came to the County clinics, they'd get the right care in the right place. The problem was getting them there for care before they ended up in the Stroger Hospital emergency room. If more patients had access to Medicaid insurance, they could have that medical home right in their local Cook County Ambulatory Clinic. As a result, Steve got to work early on the federal Medicaid waiver that paved the way for County Care, providing early enrollment and immediate coverage to low-income childless adults. These are the ones who previously had no options: no job with coverage and no way to afford health insurance on their own. Without a dependent child, these low income workers were ineligible for Medicaid coverage and instead relied on charity care, hiding from bills or just living with illness and without medical care.

Steve's philosophy emulates the best in family medicine leadership and service: *I believe that physician leaders grow, understand and lead best when they are imbedded in the clinical practice of medicine. While I have held various academic and operational leadership roles, I have always maintained a full spectrum practice as a family physician. This is particularly important when serving those who are challenged or marginalized by the health care "system". I am passionate about the patients we are privileged to serve and seek to continuously improve the care of individuals, communities and populations.*

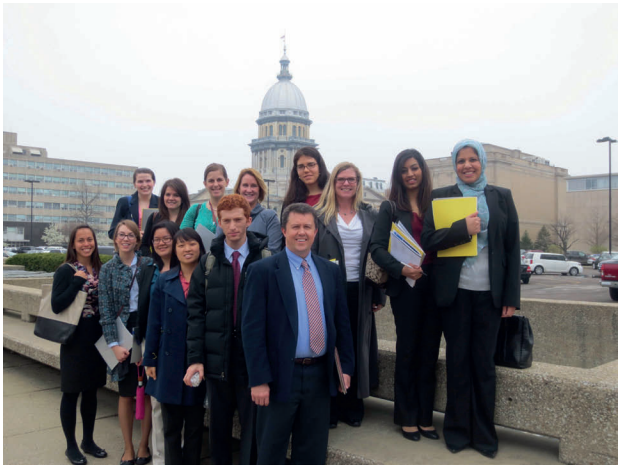
He takes that philosophy everywhere he goes in Cook County, in Illinois and beyond. He's a frequent medical missions veteran who has provided care in remote areas of Mexico and Honduras.

He spent the past six years as the Associate Chief Medical Officer of the Ambulatory and Community Health Network at Cook County Health and Hospitals System, with oversight of eight community-based health centers that focus on primary care and behavioral health care to diverse underserved populations. As Chair of the Quality Council, he managed the clinical quality for 13 community-based and 3 hospital-based primary care ambulatory centers. He was a physician leader in the development of patient centered medical home initiatives, which included implementation of their electronic health record. Meanwhile he practiced full spectrum family medicine including outpatient, inpatient, obstetrical and procedural care and taught it all to residents and students. He spent the six years before that as a division chief at the [then] Cook County Hospital Dept. of Family Medicine, devoting a full 12 years to the Cook County System.

On October 1 – which was already a big day in health care - Steve began a new chapter as Chief Executive Officer for PrimeCare Community Health, Inc. a system consisting of five health centers serving the near northwest side of Chicago. Conceived as a family practice center with obstetrics model and including behavioral health services, PrimeCare prides itself as a provider of health care "Head to Toe"… "Newborns to Seniors."

For Steve, it's the next step on his journey to keep on doing what he loves. "It's always been important for me to be involved, not only in caring for patients, but influencing systems and how we as a society take care of our people. I've always had a passion for caring for people who are in whatever way underserved or marginalized. PrimeCare is a family medicine model community health center which is very distinct and unique and foundational to how we are oriented to serving the community. That's what makes it a perfect fit for me." We think he will be a perfect fit for them, too.

(President's Message con't from page 2)



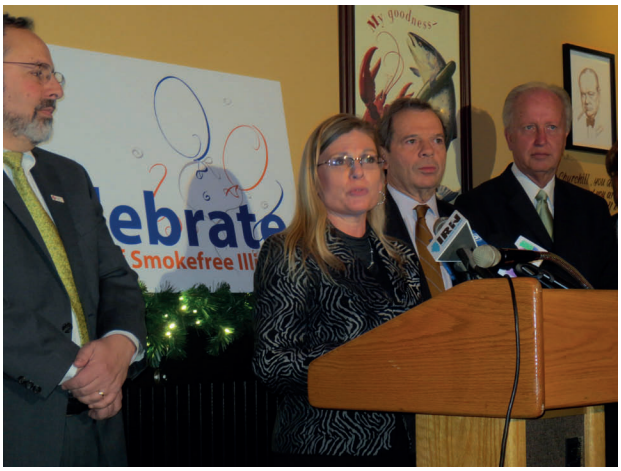
As an example, the amounts offered in per member, per month dollars varies tremendously based on several variables such as practice characteristics, geographic location, and payer. In the Comprehensive Primary Care Initiative (CPCI) models, that amount is $20-$40, yet in regular payer models (such as Illinois Health Connect) it can be as low as $2-$4 per member, per month.

AAFP's long-serving executive vice president Doug Henley, MD really struck some chords in his annual address to the AAFP Congress of Delegates. For family medicine, the blended payment model of a monthly care management fee combined with FFS and pay-for-performance is being accepted by more payers when care is delivered in a PCMH. And because FFS will remain prevalent in the short term and serves as a base to compute actuarial data for new payment models, we will continue our efforts to improve primary care FFS payment through research, advocacy, and supporting alternatives to the Relative Value Update Committee (RUC).

Henley sees two possible options, and we family physicians will have to make a choice in the next five years.
1) Staying with a predominantly FFS payment model - but it will be at best a stagnant payment model and most likely a declining one.
2) As payment models evolve, there will be the opportunity for our members and their practices to be paid differently and better if they demonstrate improved quality and cost efficiency of care. The best avenue to realize this potential is to transform to a medical home.

I think the future of advancing medicine in our country will not be found in the EHRs, MRIs, or high-tech inventions that continue to pelt the health care landscape. Yes, we will see some new technology that will provide some dramatic improvements to specific patients with specific problems. But the true cost savings and advancement in better outcomes will only come from better systems, built on better primary care models, with more family physicians practicing with simpler and better payment systems. As Henley rightly pointed out, skyrocketing health care costs drain money away from other American and family priorities, such as education, safety, and infrastructure, whether it's the federal budget, or the family's budget.

AAFP and the academic family of family medicine met and committed the time, resources, and leadership to start a new Future of Family Medicine project, with a report to the members due this spring. We will talk about it at our annual meeting and send our comments. I encourage you to send comments to futurefm@aafp.org



Although my time as your president is ending, my commitment to our specialty, our patients and our future continues. I may not be the face you see in this newsletter, but I will continue to be the face of family medicine in my practice, my career, my community, within the medical community and to the public. I am a proud family physician and a leader in our health care transformation.

AAFP Congress of Delegates debates range from public health to practice enhancement

The Congress of Delegates is the AAFP's policy-making body comprised of two delegates from each constituent chapter along with representation from special constituencies that include new physicians, residents, students, and other groups represented at the National Conference of Special Constituencies. All AAFP members are welcome to participate in hearings of the five reference committees that convene to discuss resolutions: Advocacy, Education, Health of the Public and Science, Organization and Finance, and Practice Enhancement. More than fifty resolutions were submitted for deliberation. Along with setting policy, the Congress also elects new officers and three members to serve on the AAFP Board of Directors.

Your delegates and alternates to the AAFP Congress of Delegates were joined by much of the IAFP executive committee in San Diego. IAFP's roster included

- Delegates Michael Temporal, MD of Belleville, who served as chair of the Rules Committee and Kathleen J. Miller, MD of Decatur.
- Alternate Delegates David J. Hagan, MD of Gibson City and Steve Knight, MD of Harrisburg, who served as a teller during the AAFP elections.
- AAFP Vice Speaker Javette C. Orgain, MD of Chicago who was unopposed this year and re-elected by acclamation on September 24.
- AAFP New Physician Board Member Ravi Grivois-Shah, MD of Oak Park who finished his one year term on the AAFP board of directors.
- IAFP President Carrie E. Nelson, MD of Wheaton
- President-Elect Edward Blumen, MD of Evanston
- First Vice President Renee M. Poole, MD of Chicago
- Second Vice President Alvia Siddiqi, MD of Rolling Meadows
- Past President Carolyn Lopez, MD of Chicago
- UIC student Mustafa Alavi, who served as part of the student caucus in his role as the National FMIG coordinator.

Congratulations to our strong pool of IAFP leaders for providing testimony in all the AAFP reference committees – here are some highlights:

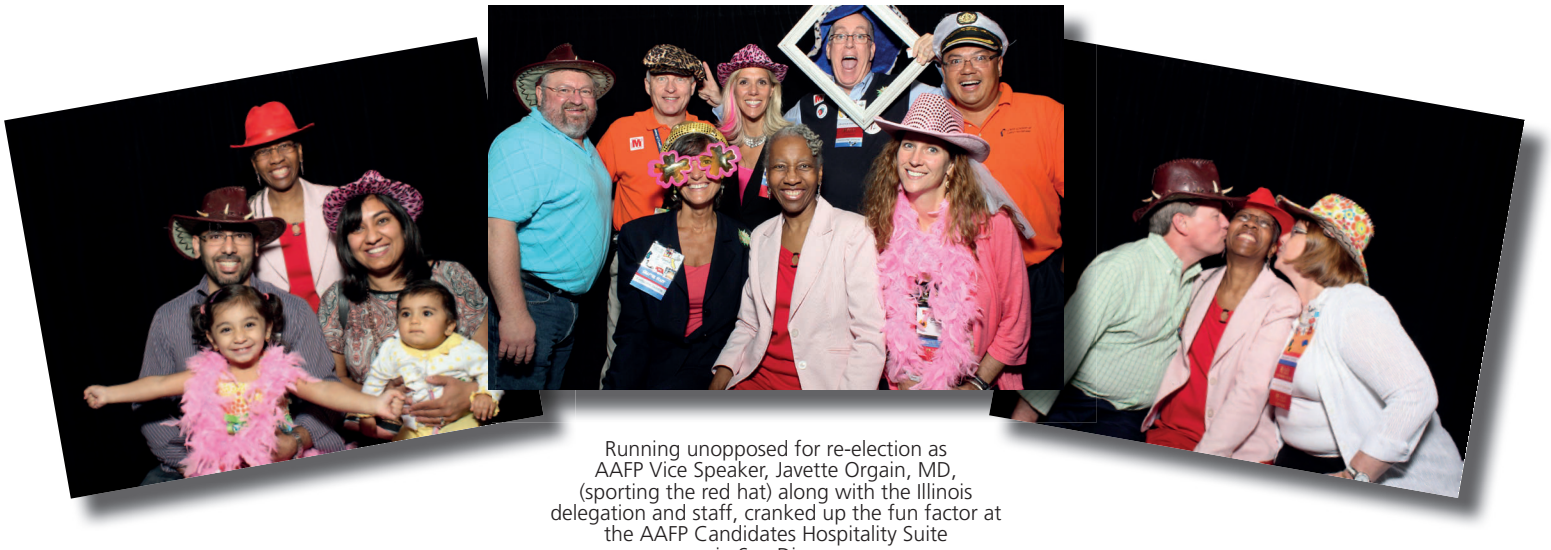
IAFP submitted a resolution on ACOs and liability that was heard in the Reference Committee on Practice Enhancement. Representing the delegation, Dr. Blumen testified in support of the AAFP investigating the issue of ACO liability, and based on the findings, make recommendations for member education and appropriate advocacy. After deliberating, the reference committee recommended referral to the Board to keep attention on the issue and possibly work with other partners to investigate the potential liability issues for members participating in ACOs. The AAFP will then use this information to inform and educate members.

A resolution jointly submitted by seven AAFP chapters — many of which encompass significant populations of medically underserved patients — asked the Academy to encourage CMS to "institute a waiver of penalties to all one- or two-physician private practices whose principals are aged 60 or older." In testimony before the Reference Committee on Advocacy, AAFP members came down on both sides of the issue. Those who supported the measure pointed to the fact that older family physicians — many of whom are the only health care professionals practicing in rural locations — face added challenges implementing electronic health record (EHR) systems. Others objected to what they said amounted to older physicians getting a "pass" on implementing EHRs in their practices. Dr. Hagan testified for the need to move forward and help practices and their physicians stay on course with EHR, meaningful use and other patient safety and information advancements. Such requirements provide better coordinated care for patients. After the reference committee rejected adoption of the resolution, a substitute resolution called for the AAFP to "study EMR (electronic medical record) adoption and PCMH transformation by family physicians that may face additional barriers to change, including, but not limited to, age, practice size and rural location, and determine the best ways to assist them in staying in practice." In the end, delegates voted to accept the substitute resolution.

The reference committee on Health of the Public and Science had extensive debate on several gun control resolutions, including required background checks, registration and policy. Sadly for Illinois, Chicago was frequently cited in testimony for our gun violence headlines. Dr. Lopez testified about the lack of effect registration will have on reducing gun violence in gang and crime areas like Chicago.

The committee recommended a Substitute resolution urging more research into the causes of gun violence, as the current available research is inadequate and underfunded. Background checks and registration requirements were not adopted.

In addition, the reference committee heard testimony that energy drinks pose a danger to children and adolescents because they can lead to dehydration, particularly when consumed with alcohol. Delegates ultimately adopted a substitute resolution that directs the AAFP to work with the FDA to define stimulant drinks, oppose the availability of free or discounted versions of stimulant products to individuals



Running unopposed for re-election as AAFP Vice Speaker, Javette Orgain, MD, (sporting the red hat) along with the Illinois delegation and staff, cranked up the fun factor at the AAFP Candidates Hospitality Suite in San Diego.

younger than 18, and to advocate for a ban on stimulant drinks for individuals younger than 18. Delegates chose to refer a resolution opposing legislative approval of smoked medical marijuana to the AAFP Board, but they did adopt a substitute resolution supporting research into the potential therapeutic benefits of marijuana and expressed concern regarding the efficacy of smoked or burned marijuana as a therapeutic modality. All of the resolutions and transactions of the Congress of Delegates can be found at http://www.aafp.org/about/governance/congress-delegates/2013.html.

But the Congress of Delegates isn't all work and no fun! Dr. Orgain was unopposed in her candidacy for vice speaker. All candidates participate in a Hospitality Reception where delegates and chapter leaders can interact with all the candidates for the board and president-elect as one step towards making decisions on how to vote. The reception has a booth for each candidate with information and often giveaways. This year, the Orgain Campaign "fun" came in the form of a photo booth with silly props, enabling candidates, delegates, families and chapter staff to get a little goofy and take home a photo strip as their memory of their AAFP Vice Speaker. While some photos are here, you can find even more on our Facebook page. Dr. Orgain will run for re-election in 2014.

In fact, next year IAFP will double its fun and run two AAFP campaigns. In addition to Orgain for Vice Speaker, David J. Hagan, MD declared his candidacy for the AAFP board of directors class of 2017. We'll need lots of hands on deck and look forward to the run to Washington, D.C. in October, 2014!

A fond farewell: This Congress marked the last one as an Illinois delegate for Michael P. Temporal, MD of Belleville, who is also the current IAFP Board Chair. Temporal announced his retirement as Illinois delegate and will be relocating to Montana after concluding his term as board chair with the 2013 Annual Meeting. Temporal has been a dedicated and gracious leader at IAFP for many years. We will miss him and wish him well. Our loss is Montana AFP's gain!

Family Medicine Midwest – 2nd Year Success Story

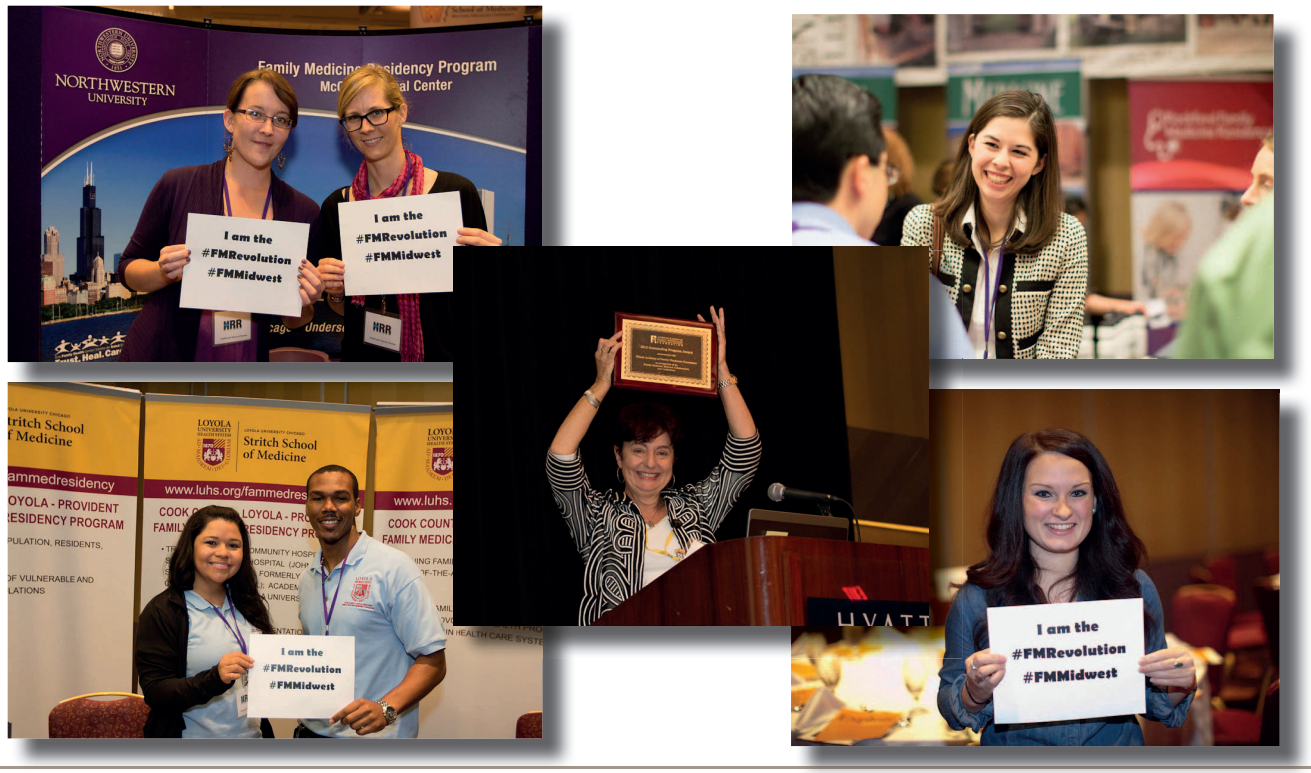
The timing couldn't be much better. Just days after Medicaid expansion and the shaky launch of the Marketplaces nationwide, Family Medicine Midwest united the best in Midwest family medicine with curious and enthusiastic medical students to talk about "Health Care for a Change." Better health starts with family medicine. "I can't think of a better time to gather under one roof as we prepare for the new infusion of patients coming our way," said David M. Deci, MD of the University of Wisconsin, chair of the 2013 Host Committee. "Yes, we are ready to provide high quality, compassionate care – we are ready for the change!"

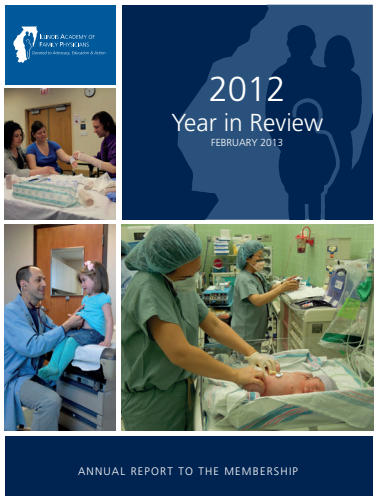
In only its second year, this Midwest regional gathering of networking, recruiting, research and collaboration drew a total of 338 attendees from across the area, making this event the Midwest launching pad for the family medicine revolution.

The Family Medicine Midwest Foundation was officially established as a 501 (c) 3 organization earlier this year. IAFP member Janice Benson, MD of the University of Chicago/NorthShore Health Systems serves as the chair of the board of directors. IAFP is the contracted meeting management organization for Family Medicine Midwest and the hub of the operation. We are off to a great start; the Illinois Academy of Family Physicians accepted a 2013 AAFP Program of Excellence award for the Family Medicine Midwest 2012 Conference and the growing Family Medicine Midwest Foundation. IAFP Second Vice President Alvia Siddiqi, MD accepted the honor at the American Academy of Family Physicians Foundation annual banquet last September in San Diego.

IAFP and Family Medicine Midwest would like to thank everyone involved in this event,
-Our Host and Planning committee members and our supporting organizations,
- The 43 residency program exhibitors from nine states, 15 of them from Illinois
- Our conference sponsors
-Three amazing plenary speakers, Richard Roberts, MD; Cynthia Haq, MD and Illinois' Jerry Kruse, MD
-Our 61 dedicated session presenters
-Everyone who provided a total of over $64,000 in student scholarship support
-135 fabulous students for giving us a weekend to illuminate what family medicine in the Midwest is all about.

The Minnesota Academy of Family Physicians will host the 2014 FMM Conference October 10-12, 2014.
Learn more at www.iafp.com/FMM.





Illinois Family Physician 2014 New Publication Schedule

Illinois Family Physician is an interactive e-magazine with on screen page-turning, faster downloads, improved navigation, and more features.

View our archives online at http://www.iafp.com/newsletter/
Digital conversion is done by Graphics Plus of Lisle, Ill.

Illinois Family Physician will be published four times per year
February – Annual Report printed and mailed to all 2,600+ active members and published online
May – e-magazine online only – link will be emailed to all IAFP members in all categories
September – printed and mailed to active members and published online for all
November – e-magazine only with hard copies available at the IAFP Annual Meeting

Health Insurance Marketplace Now Open

"Get Covered Illinois" is the state's marketplace. In partnership with the federal government for 2014, Illinois will operate the plan management and in-person consumer assistance functions while the federal government will take care of all other marketplace functions. Illinois will participate in this state-federal partnership for the first year. Pending legislative action, Illinois plans to move to a state-based marketplace for 2015.

"Get Covered Illinois" officially opened on October 1st. However, the federal website has been plagued with technical difficulties that have hampered many consumers from purchasing coverage, but the window remains open through Dec. 15th to sign-up in order to have insurance coverage start Jan. 1, 2014. Here's the timeframe:

Health Insurance Plan Purchase Date	Coverage Start Date
Oct. 1, 2013, through Dec.15, 2013	January 1, 2014
Dec. 16, 2013, through Jan. 15, 2014	Feb. 1, 2014
Jan. 16, 2014, through Feb. 15, 2014	March 1, 2014
Feb. 16, 2014, through March 15, 2014	April 1, 2014
March 16, 2014, through March 31, 2014	May 1, 2014

How to apply for health coverage through the Marketplace:

- **Apply online.** Visit HealthCare.gov or getcoveredillinois.gov to get started. Until the technical issues are resolved, consumers will need to be patient and persistent.
- **Apply by phone.** Call 1-800-318-2596 to apply and enroll over the phone. (TTY: 1-855-889-4325)
- **Apply in person.** Visit a trained counselor in your community to get information and apply in person. Find help in your area at LocalHelp.HealthCare.gov or call 866-311-1119.
- **Apply by mail.** Download the paper application form at HealthCare.gov., complete it and mail it in.

Categories of Coverage: There are 5 categories of insurance plans in Get Covered Illinois: Bronze, Silver, Gold, Platinum, and Catastrophic. **ALL** Marketplace insurance plan categories offer the **same set of essential health benefits**. The categories do not reflect the quality or amount of care the plans provide. The category you choose affects how much your premium costs each month and what portion of the bill you pay for various benefits like hospital visits or prescription medications. The category of coverage also affects your total out-of-pocket costs —the total amount you'll spend for the year if you need lots of care. More information describing benefits and coverage options will appear in subsequent briefings that will be posted on www.iafp.com and shared with members by email.

Applicants can talk (at no cost) to qualified assisters about coverage options and for help with applying. They are available to meet face-to-face or over the phone as indicated below:

Certified Assisters: Specially trained counselors that are available to help answer your questions and find coverage for you or your family. **You can click here https://localhelp.healthcare.gov/ to find an assister or call (866) 311-1119.**

If you do not have access to certified assisters at your practice location there are grant funded organizations with assisters who are ready and willing to help anyone needing help with the application and enrollment process. These trained and certified assisters encounter the same technical difficulties with the web site, but are extremely valuable in helping patients

Continued on page 14

understand the process and submit a valid application. For example PrimeCare Community clinics in Chicago have a team of nine people working with consumers on site at their clinics and even at the local library. Austina Reed leads the team of staff who are enrolling patients into the system. She shares that the personal assistance is invaluable to people who have never had insurance to even understand the terminology and assure them the process will benefit them. "These patients trust us and their provider, but they don't necessarily trust the system or the government."

For some patients step one means creating an email account and teaching them how to use it. The PrimeCare team has created a system of six 15-minute appointments that will get a patient from start to finish. As of this writing, they've been able to create accounts and submit some applications online. When the web site isn't working, they've also used the phone. However, when you submit the application by phone or mail, the income verification and subsidy eligibility and amount can take 6-8 weeks from there before the consumer will be able to determine exactly what each plan will cost them out of pocket.

Other enrollment sites include:
SIU-Center for Family Medicine - Springfield
PCC Wellness Community Health Centers in Chicago (West side)
Access Community Health Network (Chicago South)
Erie Family Health Centers (Chicago NW side)
Near North Health Centers, Chicago
Friend Family Health Center (Chicago South)
Chicago Family Health Center (South)
Crusader Clinic in Rockford
Campaign for Better Health Care – Chicago South Loop and Champaign offices
Southern Illinois Healthcare Foundation – many locations
Many local health departments

Agents or Brokers: Licensed professionals who are registered with the Marketplace and can help recommend specific health insurance plans for your family. Click here http://www.nahu.org/consumer/findagent2.cfm to go to the National Association of Health Underwriters (NAHU) website to search for an agent or broker near you.

Remember to stay connected with IAFP via email and our web site for more updates in the coming months. More links are below, as well as a link to a member survey where you can tell us how we can help you.

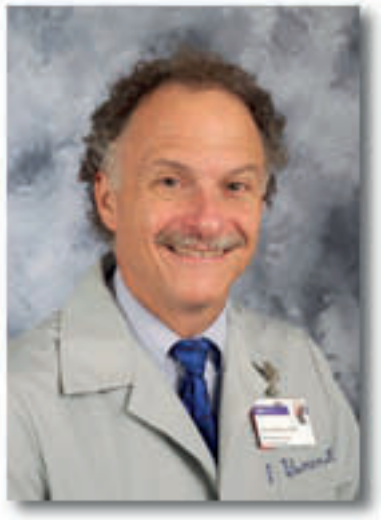
We want to hear from YOU -
Click here to complete a three-question survey.

https://www.surveymonkey.com/s/HealthcareReformBriefing-1

Contact Gordana Krkic, CAE, with any questions or future topic suggestions – gkrkic@iafp.com

COMING SOON: Medicaid Expansion

HELPFUL LINKS
Marketplace Illinois www.getcoveredillinois.gov
Premium Calculator www.kff.org/interactive/subsidy-calculator/
Premium Subsidies www.healthcare.gov/will-i-qualify-to-save-on-monthly-premiums/
Illinois Health Matters http://illinoishealthmatters.org/
AAFP http://www.aafp.org/advocacy/act/aca.html



Edward A. Blumen, MD
NorthShore University Health Systems, Evanston
IAFP President

Why did you choose family medicine?
I chose family medicine because I was interested in relationships, continuity of care and the breadth of the specialty.

How do you champion family medicine?
Family medicine is the quintessential manager of health care. I manage a staff and a team of people to help me provide health care.

How do you balance your career and your own well-being?
With diversification, much how I might also balance my finances, I diversify what I do. I'm interested in a wide variety of things. Family comes first and we do a lot of activities together.

What conditions are you seeing in your patient population?
Overindulgence and under-activity. Also a problem I call patient-based health care literacy. They don't understand the clinical aspects of health care or the system of health care that is happening today.

So why did you want to be President of the Academy now?
With my history, a lot of the concepts that are coming about now, go back to previous managed care concepts and I come from a managed care background. After residency I entered a managed care organization and all I wanted to do was take care of pateints. I then learned that I needed to understand some of the economics and business of medicine to be able to take care of the patients effectively. I then transitioned to a large group with multi-contracts. I feel I have the background to guide current family physicians through the transitions which are coming about.

How do you envision the family physician 10 years from now?
I see them as the quintessential manager of health care What I hear from the students and residents is that they get an excellent education in clinical medicine, but they have to get some balance with the economics of medicine. The biggest problem that physicians have coming out is the anxiety over the economics, not anxiety over patient care. I'm here to stamp out the big A. That helps to balance you towards a future and towards a worthwhile and self-worthy career.

If you weren't a family doctor, what would you be?
I'd be an educator of some sort. I'm an educator, doctors are educators. If I wasn't in the health care field I'd be educating somewhere else.

Anything would surprise us:
My wife and I travel. Last year in Southeast Asia, I tried Deep Fried Tarantula and it was crunchy!

Dr. Blumen with fellow board members Sachin Dixit, MD; Asim Jaffer, MD and David Hagan, MD at Spring into Action lobby day.

Members in the News

Thomas Duhig, MD is one of the primary physicians providing coverage at Illinois State University athletics home events under a new agreement with Advocate BroMenn Medical Center announced in the September 18 Bloomington *Pantagraph*.

Kristen Scott, MD was featured in a *Chicago Tribune* article examining controversy of a book where the author (who is not a health care professional) endorses drinking alcohol during pregnancy. Dr. Scott, also a new mom, disagrees.

Opella Ernest, MD authored a column in the September 14 *Lawndale News* in her role with BlueCross Blue Shield of Illinois looking forward to better health and access to care.

Jean Howard, MD wrote a column for the September 14 Oak Brook *Doings* on choosing the right birth control method.

Tom Miller, MD – program director at SIU Quincy Family Medicine Residency was quoted in an extensive *Quincy Herald Whig* article on September 15 examining the extreme shortage of Primary Care docs in rural outposts and how it's not getting any easier to fill those vacancies.

Sean Rardin, MD was profiled in the *Tribune-Naperville* on September 16 about how he opened a successful practice in Naperville.

IAFP VP of Communications Ginnie Flynn was quoted in the September 24 *Kane County Chronicle* giving perspective to the lack of awareness about the upcoming next phase of the Affordable Care Act.

Sasi Royyuru, MD of Bloomington was quoted in a *Pantagraph* article reminding readers to get their annual flu shot and also providing information on the differences between the trivalent and quadrivalent vaccines and various options for vaccination.

First Vice President **Renee M. Poole, MD** of Chicago provided input in a Sept. 29 *State Journal Register* story which examined the many benefits of embedded behavioral health services directly within primary care clinic sites.

David Gill, MD – now the Asst. Director of the Illinois Department of Public Health, participated in an Affordable Care Act panel discussion in St. Charles on Sept. 26 which was covered by the *Daily Herald*.

Lianne Holloway, MD of Seneca was featured in the Oct. 8 Joliet *Herald-News* about her advocacy for the Million Step challenge, which requires a commitment to 10,000 steps per day. Holloway originally kicked off her challenge on October 1 to prepare for the extra food and fun of the holiday season. She invites anyone interested to join her Facebook Page and join the conversation.

Taylor Moore, DO of Quincy was quoted in an Oct. 14 *Quincy Herald-Whig* article looking at the expansion of e-cigarettes into the U.S. market. Moore laments that the e-cigarette manufacturers use fruit and candy flavored cartridges that can be attractive to a younger crowd. Fortunately, local retailers say that e-cigarettes have not been a big seller and local health advocates report that the devices have not caught on with area teens as much as nationwide statistics from the CDC have reported.

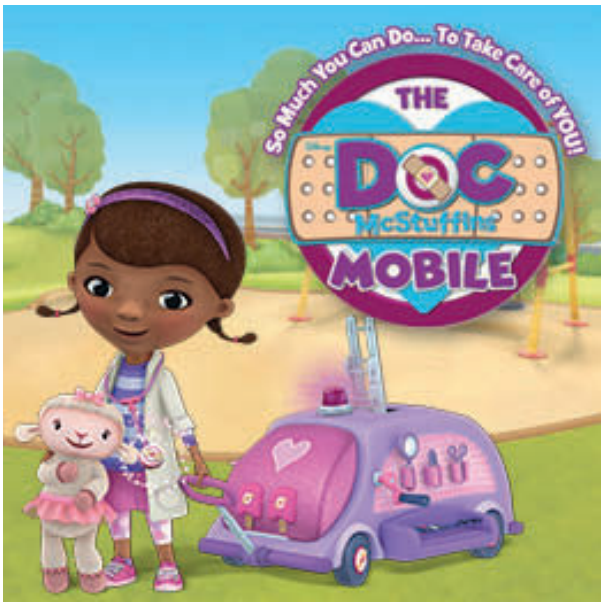
Bruce Bell, MD of Fox River Grove and **Stewart Segal, MD** of Lake Zurich are featured in an Oct. 23 *Northwest Herald* article looking at their limited use of the direct primary care model. For each practice a small percentage of the patients have elected the direct primary care model using an annual fee for unlimited access.

Tom Golemon, MD and **Jeffrey Leman, MD** were featured in in the October 30 Peoria *Journal Star,* not only for their holistic approach to patient care, but also their own work in providing nutrition and cooking classes for their residents at the Univ. of Illinois Methodist Medical Center Family Medicine Residency program, ensuring those residents are better trained to help patients going forward.

John Devaney, MD, of Antioch, president-elect of the Medical Staff of Vista Health System, accepted the Patient Safety Award by Community Health Systems (CHS) on behalf of the hospital. The Patient Safety Award recognizes hospitals that have consistently achieved improvements in quality of care and patient safety. Vista currently is completing its second year of intense focus on High Reliability Safety to prevent errors and harm. The story ran in the Oct. 30 *Daily Herald*.

Catherine Plonka, MD has assumed the position of program director at UIC/Advocate Illinois Masonic Family Medicine Residency Program, following the long career of Margaret Wiedmann, M.D., who continues as Associate Director.

Dr. Poole and Doc McStuffins



Renee M. Poole, MD has found a fun way to combine patient care, community service and role modeling all in one place. She spent a sunny Sunday in August this summer at Navy Pier rolling with the DocMcStuffins' DocMobile, an event led by Disney Jr. and an organization of African American female physicians, called the Artemis Medical Society.

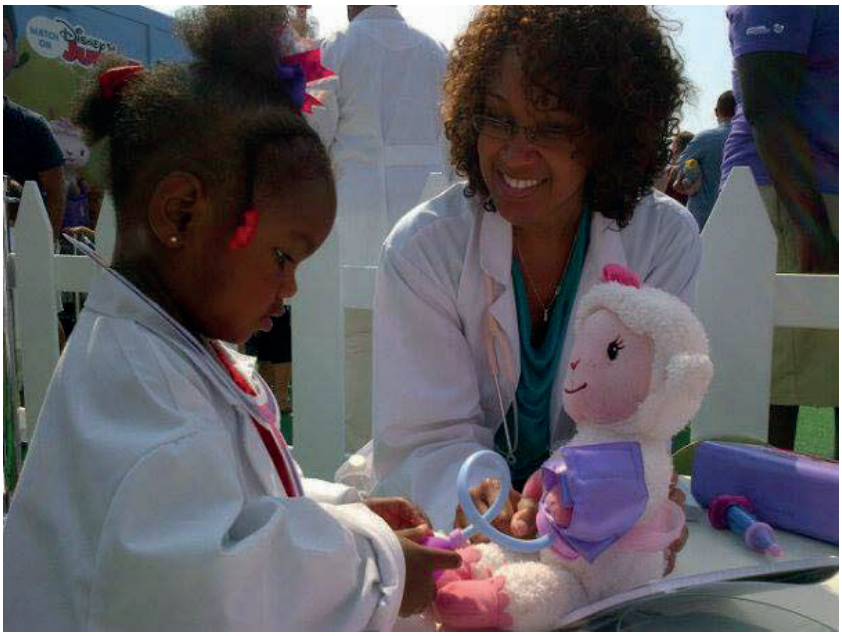
"I enjoy being involved with activities that focus on community outreach," says Poole. "Our group of African American female doctors participated as real life Doc McStuffins; exemplifying a character that many children already know and trust."

Doc McStuffins is a Disney Jr. character - an African American child who plays doctor with her stuff animals. Her mother is also a doctor. Doc's backyard playhouse becomes her clinic where she uses her special ability to communicate with toy friends to help them when they have physical or emotional bangs and bruises.

The Doc McStuffins' DocMobile is now on a national tour. Thousands came out to Navy Pier with their small children to visit the DocMobile and simulate examining their toys. They also learned about hydration, nutrition and exercise healthy living. By connecting with children through their interactions with the dolls and stuffed animals, physicians can educate children and remove some of the anxiety they might feel about going to the doctor. At the same time, parents can get valuable information about healthy behaviors and how to be aware of signs, symptoms and signals in their children.

Poole also recognizes the important role this event plays in role-modeling as a community driven, successful physician. Her outreach and service in such a public event ensures that children see the potential they have and the success that is possible through dedication and education.

"It was awesome! I feel it is important for the youth, and their parents to see that African American female doctors do exist. I want to be a role model, a source of inspiration," says Poole. "Ironically, I was asked if I was an actress and even had to convince one parent that I was actually a real doctor."



Artemis Medical Society members are Women of Color from all medical specialties. The group was formed last year, inspired by the Doc McStuffins show. Learn more about the society at http://artemismedicalsociety.org/about-us/.

Team Based Care on Wheels

IAFP is proud to share news of an award given to a program headed by one of our members. Maria I. Brown, DO serves as the volunteer medical director of Pilsen Homeless Services, which received a special award from Chicago's VNA Foundation for its outstanding work addressing the unique health and social service needs of homeless Hispanic individuals and families. The Anne M. Davis Mobile Health Award, named in honor of a longstanding VNA volunteer and Board member, recognizes a Foundation grantee that uses mobile health services in a particularly innovative, effective and/or impactful way.

By positioning itself as an intermediary between hospitals and patients, Pilsen Homeless Services is able to find and treat people who otherwise would have sought care in the emergency room—a choice both more expensive and less effective than community-based care. In addition to a clinic that it operates from the Freedom Center on the city's west side, Pilsen Homeless Services' health professionals perform "street outreach," offering care in Chicago's soup kitchens and shelters. An outreach van helps coordinate the education, counseling and referral efforts, and the volunteers who staff the van provide the support necessary for patients to follow through on referrals.

"I have been heartened over the years at the degree of improvement some clients make," notes Dr. Brown. "What they have in common is the ability to re-engage with a system [from which] they had been alienated." In this spirit, the work done by those working from the van is much more than a "pit stop" in delivering meaningful care to those in need, but connecting them to community resources and access to the health care system.

Healthcare services offered through Pilsen Homeless Services are provided by an interdisciplinary team of volunteers. Staffed by a physician, nurse practitioner and community health worker, Pilsen Homeless Services also provides opportunities for graduate level nurses and medical students from Rush University to learn how to provide healthcare to vulnerable, hard-to-reach patients.

Pilsen Homeless Services (PHS) was founded as a 501(c)3 organization in 1994 in response to the needs of the homeless people in the Pilsen community. Its services have adapted as demographics of the area have changed, and today it offers street outreach and provides care in area soup kitchens, shelters and other settings where people impacted by homelessness congregate.

PHS emphasizes health education combined with primary care, and by meeting people on their level it tries to restore human dignity. For more information, go to www.pilsenhomeless.com.

AAFP Continues Choosing Wisely, Unveiling Part 3

News You Can Use

The AAFP created its latest Choosing Wisely list of clinical recommendations via the AAFP Commission on Health of the Public and Science, which evaluated and approved each item using sources such as reviews from the Cochrane Collaboration and evidence reports from the Agency for Healthcare Research and Quality. Learn more and see the whole list at http://www.choosingwisely.org/

The most recent list adds the following five recommendations:

- **Don't routinely screen for prostate cancer using a PSA test or digital rectal exam.** There is convincing evidence that PSA-based screening leads to substantial over-diagnosis of prostate tumors. Many tumors will not harm patients, while the risks of treatment are significant. Physicians should not offer or order PSA screening unless they are prepared to engage in shared decision making that enables an informed choice by patients.
- **Don't require a pelvic exam or other physical exam to prescribe oral contraceptive medications.** Hormonal contraceptives are safe, effective and well tolerated for most women. Data do not support the necessity of performing a pelvic or breast examination to prescribe oral contraceptive medications. Hormonal contraception can be safely provided on the basis of medical history and blood pressure measurement.
- **Don't prescribe antibiotics for otitis media in children aged 2-12 years with non-severe symptoms where the observation option is reasonable.** The "observation option" refers to deferring antibacterial treatment of selected children for 48 to 72 hours and limiting management to symptomatic relief. The decision to observe or treat is based on the child's age, diagnostic certainty and illness severity. To observe a child without initial antibacterial therapy, it is important that the parent or caregiver has a ready means of communicating with the clinician. There also must be a system in place that permits reevaluation of the child.
- **Don't perform voiding cystourethrogram routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months.** The risks associated with radiation (plus the discomfort and expense of the procedure) outweigh the risk of delaying the detection of the few children with correctable genitourinary abnormalities until their second UTI.
- **Don't screen adolescents for scoliosis.** There is no good evidence that screening asymptomatic adolescents detects idiopathic scoliosis at an earlier stage than detection without screening. The potential harms of screening and treating adolescents include unnecessary follow-up visits and evaluations due to false positive test results and psychological adverse effects.

"These recommendations demonstrate the ability of our Academy and others to look at evidence that may go against some of the established perceptions out there," AAFP President Reid Blackwelder, MD said. "And while they are obviously not absolutes, owing to the fact that we treat individual patients, they are good evidence-based guidelines."

The American Council of Emergency Physicians added their five "Choosing Wisely" recommendations also:

- **Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.** Minor head injury is a common reason for visiting an emergency department. The majority of minor head injuries do not lead to skull fractures or bleeding in the brain — which would need to be diagnosed by a CT scan.

- **Avoid placing indwelling urinary catheters in the emergency department for either urine output monitoring in stable patients who can urinate on their own, or for patient or staff convenience.** These catheters are used to assist when patients cannot urinate, to monitor how much they urinate, or for patient comfort.

- **Don't delay engaging available palliative and hospice care services in the emergency department for patients likely to benefit.** This is medical care that provides comfort and relief for patients who have chronic or incurable diseases. Early referral from the emergency department to hospice or palliative care services can benefit patients, resulting in both improved quality and quantity of life.

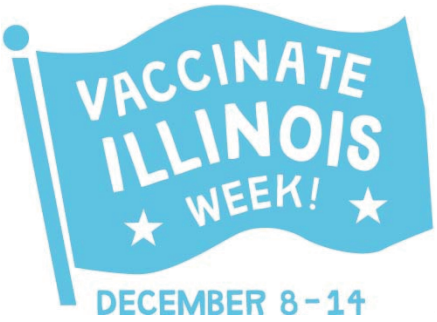
- **Avoid antibiotics and wound cultures in emergency department patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up**. Skin and soft tissue infections are a frequent reason for visiting an emergency department. Some infections, called abscesses, become walled off under the skin. Opening and draining the abscess is the appropriate treatment; antibiotics offer no benefit.

- **Avoid instituting intravenous IV fluids before doing a trail of oral rehydration therapy in uncomplicated emergency department cases of mild to moderate dehydration of children.** Many children who come to the

Continued on next page

emergency department with dehydration require fluids. To avoid pain and potential complications, it's preferable to give these fluids by mouth instead of the use of an IV.

ACEP's five recommendations were developed through a multi-step process that included research and input from an expert panel of emergency physicians and the ACEP Board of Directors. ACEP previously declined to participate in the campaign because of potential conflicts of this approach with the unique nature of emergency medicine as compared with office-based practices, and because of concerns that advocacy for medical liability reform is missing from the campaign.
To date, more than 50 medical specialty organizations have joined the effort, identifying a list of more than 160 tests and procedures physicians and their patients should question. Other lists will be released throughout 2013 and 2014. (www.abimfoundation.org).



Something for Everyone: Preventing Influenza

Marie Brown MD, FACP, Rashmi Chugh MD, MPH, FAAFP, Julie Morita MD, FAAP, Maura Quinlan, MD, MPH, FACOG

Everyone, of all ages, is at risk for acquiring influenza infections. The Centers for Disease Control and Prevention (CDC), the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG) and the American College of Physicians (ACP) recommend annual influenza vaccination for everyone, six months of age and older. Every clinically active healthcare provider should incorporate into their routine clinical practices 1) assessment of their patients' influenza vaccine status and 2) recommendation and provision of/referral for influenza vaccines to all appropriate, consenting patients. If healthcare providers choose not to administer influenza vaccine to their patients, they should recommend vaccination and refer their patients to other healthcare providers (e.g., pharmacies) that can administer the vaccine, annually.

Certain people (e.g., young children, older adults, pregnant women and those with underlying health conditions) are at increased risk for serious complications from influenza infections. However, everyone can get influenza infections. Vaccinating everyone, 6 months of age and older, optimizes influenza prevention by directly protecting everyone who receives the vaccine. In addition, individuals who are too young to be vaccinated (i.e., <6 months), individuals who cannot be vaccinated (e.g., anaphylactic reaction to vaccine component) and individuals whose immune responses to the vaccine are suboptimal (e.g., immunocompromised) are less likely to acquire influenza infections when their friends, family members, colleagues and other close contacts receive their influenza vaccines.

This year, there are more influenza vaccine options than ever before. While this helps to assure a larger and more stable vaccine supply, it can make it confusing for healthcare providers to select the most appropriate product for their patients. Providers should reference this table to clarify their options: http://www.cdc.gov/flu/protect/vaccine/vaccines.htm. The major changes include 1) the availability of live attenuated and inactivated, quadrivalent vaccines that include two influenza B strains in addition to two influenza A strains and 2) the availability of a cell culture-based trivalent formulation and a recombinant hemagglutinin vaccine. These new vaccines are acceptable alternatives to other previously licensed vaccines that are indicated for their respective age groups.

In the United States, on average 5% to 20% of the population is infected with influenza and more than 200,000 people are hospitalized from seasonal flu-related complications. Between 1976 and 2006, estimates of influenza associated deaths in the United States ranged from a low of about 3,000 to a high of about 49,000 people. Vaccination efforts play an important role in minimizing the morbidity and mortality of these annual influenza outbreaks. The following are some effective strategies healthcare providers can incorporate into their practices to prevent influenza infections:

1. Lead by example and get vaccinated!
   a. AAP, AAFP, ACOG and American College of Physicians (ACP) have endorsed policies supporting healthcare personnel (HCP) influenza vaccination.
   b. Immunizing HCP prevents influenza infections, hospitalizations, and deaths among the patients they care for, as well as preventing workplace disruption due to absenteeism.

2. Make influenza vaccine available to your staff.
   a. Although coverage levels were highest among HCP who had an employer requirement for vaccination, requirements may not be feasible in all patient care settings.

b. In the absence of requirements, healthcare facilities can increase vaccination coverage by offering vaccination onsite, free of charge and on multiple days.

3. Review your patients' influenza vaccine records and discuss contraindications (e.g., anaphylactic reaction to a prior dose of influenza vaccine or eggs)
   a. Recombinant hemagglutinin (FluBlok®) vaccine can be administered to patients with a history of severe egg allergies if the patient is 18-49 years of age.
   b. Additional guidance regarding egg allergies is available at http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm

4. Strongly recommend influenza vaccine for all patients without contraindications.
   a. Several studies have found that patients are more likely to accept vaccines if their healthcare provider recommends the vaccine.
   b. More than 70% of pregnant women who received a provider recommendation and were offered vaccine, received an influenza vaccine. Of the pregnant women who did not receive a provider recommendation and were not offered an influenza vaccine, only 11% received an influenza vaccine.

5. Recommend and/or administer influenza vaccine to all consenting patients without contraindications throughout the influenza season
   a. In general, providers should begin offering vaccination soon after vaccine becomes available.
   b. Providers should continue to recommend/administer influenza vaccines as long as influenza viruses are circulating in their communities.

Influenza vaccines provide the best protection from influenza infections. The universal recommendation to vaccinate everyone 6 months of age and older, the robust and diverse vaccine supply and the availability of evidence based approaches for improving influenza vaccine coverage should make it easier for HCP to minimize the impact of future influenza outbreaks. Pediatricians, family physicians, obstetricians/gynecologists and internists that take advantage of these opportunities will help their patients and communities remain healthy this influenza season.

The Family Physician's Year-End Financial Planning

The end of the year is typically spent buying holiday gifts, spending time with family, and cramming in last minute CME courses. Add a year-end financial review to your agenda and take advantage of a variety of opportunities.

Investment Planning
There is a reasonable chance that your retirement portfolio has gotten riskier over the course of 2013. As of the writing of this newsletter, U.S. stocks have performed well, while bonds have lost ground. U.S. stocks, as represented by the S&P 500 Index, have advanced nearly 20% through September 30, 2013. (S&P Dow Jones Indices) On the other hand, investment grade bonds, as represented by the Barclays Aggregate Bond Index, have declined 2.9% during the same time period. (Barclays Live) Given these returns, a portfolio that started 2013 with a 60% allocation to stocks and a 40% allocation to bonds would have shifted to consist of 65% stocks and 35% bonds. The relative strong performance of stocks and the weak performance of bonds have caused the overall asset allocation to skew towards stocks.

Behaviorally, it can be challenging to sell anything that has performed well and made money, but given the deviation from the target allocation of stocks and bonds, the current overweight to stocks has introduced a greater amount of risk to the portfolio. The current portfolio is now a riskier portfolio that could suffer greater losses if stocks experience a decline in prices. The process of rebalancing the portfolio by selling stocks (the overweight) and buying bonds (the underweight) would return the portfolio to its target allocations. This process of rebalancing maintains the appropriate levels of risk in the portfolio and allows one to "buy low, sell high".

In addition to rebalancing, now would also be the time to review amounts saved in workplace retirement plans. For 2013, employees are allowed to contribute up to $17,500 into 401(k)s and 403(b)s. Employees older than age 50 are also allowed to make additional catch-up contributions of $5,500. If you are not on track to make the maximum contribution for 2013 and you are able to save more, it could be beneficial to boost your contributions for the remainder of the year to save the maximum amount you can.

Flexible Spending Accounts (FSA)
FSAs suffer from a use-it-or-lose-it mentality. If you don't use the money you've set aside for 2013 medical expenses, you will lose the money in your FSA. If you currently have any money in the account, now is the time to order those contact lenses, purchase a new pair of glasses, refill medication or complete any other medical activity that could be conducted in 2013.

Tax Planning
Depending on the amount of income earned in 2013, several different tax planning strategies may be appropriate. There are specific strategies to consider in the event that 2013 was a low income year or a high income year. In order to be effective for 2013, these strategies would have to be implemented before year-end.

If 2013 has been a year of low income, this could be the year to convert all or part of an IRA into a Roth IRA. In the year of the conversion, ordinary income taxes will have to be paid on the amount converted, so this strategy makes sense when one is currently facing low tax brackets and has the money outside of the IRA to pay the taxes. The rationale to convert would be to pay low taxes now instead of potentially higher taxes later. The ideal amount to convert would be an amount that would not cause taxable income to breach the threshold in which marginal income moves from a low tax bracket into a higher tax bracket.

If on the other hand, 2013 has been a banner year for income, tax minimizing strategies would potentially be more beneficial. One way to reduce taxes is through charitable giving. If your portfolio includes an investment with a sizable taxable long-term capital gain, this investment, instead of cash, could be donated into a Donor Advised Fund (DAF) which would allow for a complete taxable deduction of the amount of the donation. Additionally, the donated investment, when sold within the structure of the DAF, would not trigger any capital gains tax. Going forward, the cash generated from the liquidation of the investment can be reinvested into a diversified portfolio inside the DAF, and then distributed to charitable organizations at the discretion (year and amount) of the donor. Additionally, all future gains in a DAF grow tax-free. In summary, the contribution and taxable deduction to the DAF would occur in 2013, but the actual donations to charitable organizations could occur in any year.

Another strategy to minimize taxes is to sell investments that have suffered a loss to offset any realized investment gains in 2013. However, this could be challenging given the strength of the stock market this year. Another strategy would be to delay selling any winning investments until January 2014. This will allow the delay of paying capital gains taxes until 2015.

All of the aforementioned strategies are designed to be implemented in 2013 – leaving you only six weeks left to act. Implementing these strategies in a timely fashion before the end of 2013 could result in increased savings and tax minimization.

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Pathways.org Offers Free and Innovative Resources on Child Development

Pathways.org is a national not-for-profit educational foundation that is dedicated to providing free resources and information for parents and health professionals on children's sensory, motor, and communication development. By sharing these free educational resources, Pathways.org hopes to increase knowledge of the importance of early detection and early intervention.

The Assure Baby's Physical Development free brochure offers a clear and concise chart to plot out development for the first year of life. Endorsed by the American Academy of Pediatrics, the American College of Osteopathic Pediatricians, the National Association of Pediatric Nurse Practitioners, and the Pediatric Section of the American Physical Therapy Association, the brochure is a great tool that parents can use to track a child's developmental milestones and discuss any concerns with a health professional. This brochure is offered in 15 languages and can be downloaded, copied, and shared for free.

The extensive Pathways.org video library contains 40+ free videos, available in multiple languages covering topics such as: early motor development, tummy time, sensory integration, the importance of pediatric therapy, and more. Most of the videos have accompanying handouts that provide an outline to help individuals follow along with the video and offer talking points for discussion.

For health educators, Pathways.org offers the free "2, 4, 6 Month Motor – Course to Go", an educational tool distributed to help teach others about typical/atypical infant development and the importance of tummy time. The course is loaded on a silicone USB flash drive and contains an entire educational presentation including Power Points, scripts, outlines, handouts, and videos on topics key to identifying early motor delays. The course covers: an introduction to Pathways.org, the importance of early detection and Early Intervention, parent/doctor communication, and resources for referring children for a developmental screening. The most impressive feature of the course is the video comparisons of typical and atypical motor development between children at 2, 4, and 6 months of age. Anyone willing to teach the material to others and provide feedback can receive the course for free. Visit Pathways.org to check out the site's many offerings or email them at friends@pathways.org.

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