ILLINOIS ACADEMY OF FAMILY PHYSICIANS
Devoted to Advocacy, Education & Action

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2014 IAFP Awards Honorees

Family Physician of the Year
Gary Stuck, DO, FAAFP
Lawn Medical Center, Oak Lawn

Family Medicine Teacher of the Year
(Employed Faculty) – Sajjini Thomas, MD
Presence Resurrection Family Medicine Residency Program, Chicago

Family Medicine Teacher of the Year
(Volunteer Faculty)- Alisha Thomas, MD
PCC Austin Family Health Center

Distinguished Service Award
William Nelson, MD
Adventist La Grange Family Medicine Residency Program

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President's Message

Edward A. Blumen, MD

Each year, the outgoing Academy president has the privilege to present a President's Award. It's an opportunity to honor a person or an organization for outstanding contributions that reflect the IAFP's mission to promote excellence in the health and well-being of Illinois families. I certainly had plenty of wonderful people to ponder in selecting my President's Award honoree.

Dr. Janice Benson feeds family medicine. I'm not saying she's a great cook, but she is an amazing educator, motivator and generator in fueling the family medicine pipeline here in Illinois. She fosters the succession plan of our family medicine future. Her entire carrier has been devoted to growing, nurturing and educating family physicians and she brings her boundless energy to fueling the family medicine workforce.
Her academic appointments and relationships have created ties with most of the Chicago area medical schools and residency programs.
Her stellar reputation and constant participation in the national family medicine education circles has spread her message well beyond our state lines.
She has received a number of teaching awards including IAFP's Family Medicine Teacher of the Year honor. During her career she has served on the Board of Directors of the Society of Teachers of Family Medicine, the Association of Family Medicine Residency Directors, the Organization of Program Directors Association, our own IAFP board of directors, and as the President of the Staff at Stroger Hospital of Cook County.
In recent years we have learned a lot about the Patient Centered Medical Home. Dr. Benson has focused her professional life fostering what I call the Student and Resident Centered Medical Home of Family Medicine.
She has personally trained over 300 family physicians, and more than half of them work and teach in medically underserved areas.
As the current Vice Chair of Education and Clinical Associate Professor in Family Medicine at the University of Chicago Pritzker School of Medicine/ NorthShore Health System, she has "gone global" and is bringing the concepts of Family Medicine to Wuhan University, in China along with her colleague Dr. Mari Egan.
Dr. Benson helped create and was the founding Board Chair of the Family Medicine Midwest Foundation. Over its three years in operation, this multi-state partnership has showcased Midwest family medicine to more than 500 students, and has broadened the horizons for more than 300 family medicine resident physicians. The third annual conference in Minneapolis October 10-12 attracted 175 students, 46 residency programs and record sponsorship support. The momentum is growing and I could not be more excited for our chapter to host Family Medicine Midwest 2015 in Rosemont, Illinois.

As I wrap up my term and pass the baton to Janet Albers, MD, I'd like to leave you with my Top Ten List from my year as your president, in no particular order, but categorized by our Academy tagline of Devoted to Advocacy, Education and Action!

Advocacy
- Member Briefings on ACA Exchange and Medicaid Care Coordination (check them out on our web site)
- IAFP's involvement in Alliance for Health, Governors Office of Health Innovation and Transformation (GOHIT), Illinois Workforce Investment Board – more to come from all these endeavors!
- Deborah Edberg, MD providing teaching health center testimony on Capitol Hill at a U.S. Senate Health Education Labor and Pensions (HELP) Subcommittee meeting
- Tobacco and e-cigarette control victories in Chicago and at the federal level

Education
- IAFP provided two SAMs on the Road with three more at the annual meeting
- Lunch and Learn webinars on "hot topics" of e-cigarettes and medical marijuana
- IAFP immunization work as partner to Illinois Department of Public Health

Action
- White Sox Foundation fund raiser attracting over 250 fans and $
- Family Medicine Midwest continues to grow with its largest event ever.
- Our membership numbers continue to grow!

We have a lot to be proud of, and I look forward to our continued success. Have a wonderful holiday season!

Janice Benson shows off the AAFP Foundation Award of Excellence given to Family Medicine Midwest in 2013

As policyholders, we appreciate ISMIE Mutual Insurance Company's dedicated work to keep our reputations and livelihoods intact. From its innovative programs to manage liability risk to providing us with solid coverage, ISMIE Mutual is our Physician-First Service Insurer®. Founded, owned and managed by physician policyholders, ISMIE remains committed to protecting physicians and our practices.

Our talent and skills allow us to deliver exceptional care to our patients; ISMIE Mutual delivers exceptional medical liability coverage for our practice.

Depend on ISMIE for your medical liability protection – so you can focus on the reason you became a physician: to provide the best patient care possible.

Not an ISMIE Mutual policyholder and interested in obtaining a comparison quote for your medical liability coverage? Contact our Underwriting Division at 800-782-4767, ext. 3350, or e-mail us at underwriting@ismie.com. Visit our web site at www.ismie.com.

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The Physician-First Service Insurer®
Protecting the practice of medicine in Illinois

IAFP News

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The IAFP Public Relations Task Force, chaired by Kristin D. Drynan, MD of Geneva, evaluated the nominees for IAFP awards, and are commended for their diligent work. The awards process is only possible because of the wonderful support of the colleagues and patients who took the time to nominate outstanding family physicians and describe the impact these members have in their communities.

Each of these outstanding members will be honored at the IAFP Annual Meeting Awards Banquet on Friday, November 7 at Key Lime Cove.

Family Physician of the Year: Gary Stuck, DO, FAAFP
Lawn Medical Center, S.C. Oak Lawn

Dr. Gary Stuck joined Lawn Medical Center in 1986 after completing his residency training at (then) Rush Presbyterian St. Luke's/Christ Cooperative family medicine residency program with Christ Hospital. He has provided continuous comprehensive care to the Oak Lawn community for nearly three decades.

Dr. Stuck serves as president of this physician-owned group practice, he has engaged in numerous additional leadership roles that have furthered the quality of medical care enjoyed in both his community and the entire Advocate healthcare system. Dr. Stuck was a founding board member of Advocate Physician Partners (APP) and went on to serve as chair for thirteen years. APP is renowned as a model of true partnership between hospitals and physicians, both independent and employed. His experience has been shared in addresses to numerous physician groups, hospital leadership teams, and hospital boards about the clinical integration journey and helped other organizations on their own journey towards integration. He is a graduate with the founding class of the three-year Advocate Christ Hospital Physician Leadership Institute.

Stuck was nominated by Lee Sacks, MD, Executive Vice President and Chief Medical Officer of Advocate Health Care. Sacks is also a past-president of IAFP and knows well the characteristics of a deserving Family Physician of the Year. Sacks has personally witnessed Dr. Stuck's leadership and guidance throughout his career in the Advocate system and as president of the Advocate Christ Physician Hospital Organization. "Throughout these leadership activities, Dr. Stuck has remained fully active in the practice of family medicine and is described by his patients as dedicated, supportive and compassionate."

Patient Cathy McIssac Branigan praised Dr. Stuck's impact in caring for four generations of women her family. "Having a physician who takes a personal interest in you, beyond the medical issues, is another quality of Dr. Stuck's that elevates him to the extraordinary level. He sincerely inquires about aspects of my life that he knows are important to me, often times remembering events or facts that were shared months and even years prior. Bottom-line is he treats us as individuals not just as patients. He has been through the best of times and the worst of times with me; the birth of my daughter, the managing of care times; keeping all of us healthy and directing our care appropriately."

Cathy's letter definitely touched on every aspect of the birth to death, cradle to grave, generations of a family, comprehensive care that defines the family physician of the year honor. As for Dr. Stuck, he remains ever faithful in the future of family medicine, saying, "I hope family physicians remain advocates for our patients and lead the teams of care that are necessary to promote quality care, safety, excellent patient experience, and cost-effective care."

Since 2001, Stuck has been teaching residents at Advocate Christ Family Medicine Residency program and devotes time and expertise to several community causes. He's an Advisory Board Member for the Southside Pregnancy Center and volunteers at the Ronald McDonald House at Hope Children's Hospital.

Away from medicine, he is a Life Member of Trout Unlimited, promoting protection and recovery of trout and salmon river systems and also advocating for clean water and river conservation. He's an avid fly-fisherman.

Dr. Stuck has accumulated several professional honors and awards in recent years as a testament to the quality care he provides:
Advocate Christ Medical Center Service Excellence Award 2014 given for top quartile national rank for inpatient patient satisfaction

Advocate Christ Medical Center Quarterly and Annual Mission, Values, and Philosophy Awards for Stewardship in 2013, which honored Dr. Stuck for leading and supporting patient care coordination and care management effort.

Advocate Physician Partners Exemplary Performing Physician Award given five times for achieving exceptional health outcomes population management and patient safety, achieving the top 5% of 4,500 Advocate Physician Partners physicians.

Dr. Stuck graduated from the Osteopathic Medical School in Des Moines, IA and then completed his family medicine residency training at Rush-Presbyterian St. Luke's Family Medicine Residency in Chicago.

Teacher of the Year – Employed: Sajjini Thomas, MD – Presence Resurrection Family Medicine Residency Program, Chicago

Sajjini Thomas joined (then) Resurrection Family Medicine Residency in 1997. She's the Obstetrics Coordinator and also chair of the elective rotation on family violence. She's a Clinical Assistant Professor at Loyola University Stritch School of Medicine's Dept. of Family Medicine and a lecturer for the Dept. of Family Medicine at the Chicago Medical School. So her impact is felt across sites and academic levels.

Before arriving in the U.S. she had a career as an ophthalmologist in India and Great Britain.

She's an Advanced Life Support in Obstetrics (ALSO) instructor and current Advisory Faculty for the ALSO program. This variety of educational experiences brings extra credentials to her work with the family medicine residents at Resurrection. "Family medicine is a perfect fit for me as I am able to put to use all my previous training in obstetrics and ophthalmology," says Thomas. "I am able to spread this knowledge to students and residents and make it a one stop visit for most of my patients."

She has taken that caring spirit on Medical Mission trips to Haiti in 2008, 2010 and 2014.

With all the knowledge she possesses, it's her personal touch that is most evident. "Technology and computers can never substitute for the human side of the doctor - patient relationship. A long term relationship that instills trust builds motivation," she says.

Sajjni Thomas is best known around the residency program as "Mama Thomas," a reflection of how much the residents love her as a person. Some of the nurses call her "Amachi" which is Malayalam for "grandmother." According to one resident letter, many of the hospital's nursing staff and cafeteria staff rely on her as their own family physician. And she's always available to them for a side chat during rounds.

The words, kindness, happiness, compassion and caring were repeatedly used by all who sought to teach us about Dr. Sajjini Thomas.

Some quotes from her residents:

"I watched her at a session of prenatal and post-partum care for homeless shelter residents – teaching through conversation, not lecture," reveals Ryan Fitzgerald, DO. "Even if you are the most knowledgeable person in your field, if you are not able to communicate and teach others what you know, that knowledge ends with you."

"Dr. Thomas is the one we go to when we need someone who will advocate going above and beyond the standard of care." Shakil Hafiz, DO

"Dr. Thomas has so many qualities that contribute to why she is not only teacher of the year, but for many of us the teacher of a lifetime." Sonia Sharma, MD.

If you ask Sajjini Thomas, the respect and admiration is mutual. "Primary care physicians are the cornerstone for long term relationships and hence our best hope for the future," says Thomas. "I would call the young family doctors our Rising Stars for the future and will continue to encourage the young doctors to cultivate the human side of medicine."

Dr. Thomas attended Medical School at Madras University in South India and earned her Diploma in Ophthalmology at Dublin

University in Ireland. She completed her Internal Medicine residency intern year at Chicago Medical School followed by her Family Medicine residency training at Resurrection.

Teacher of the Year – Volunteer Faculty: Alisha T. Thomas, MD – PCC Austin Family Health Center

Alisha Thomas, MD* Joined PCC Wellness – Austin Family Health Center upon residency completion at West Suburban Family Medicine Residency Program in Oak Park. Today she serves as the organization's community liaison, representing PCC at local events and health fairs.

She's a groundbreaking teacher, leading the pilot program called Education-Centered Medical Home (ECMH) for Northwestern University Feinberg School of Medicine, providing longitudinal experience in the medical home philosophy. Students report to their ECMH every other week the entire four years of medical school. Her impact has been so profound that Northwestern is spreading the program and making it standard for all students.

PCC Austin Medical Director Dr. Alyssa Jeanne Vest says, "Ever since she was a family medicine resident at West Suburban Medical Center, it has been apparent to all that Alisha is a natural teacher. She is always able to make teachable moments happen during the patient encounter, which makes it memorable to all students involved in the patient's care. Her students are choosing to become family physicians because of her."

The 12 students (M2, M3 and M4) currently under her supervision provided a tremendous group support statement for Dr. Thomas: "Under her guidance, we rapidly became comfortable caring for patients with complex medical and/or social needs, far more quickly than our peers with other preceptors. While her patient- and learner--centered education is fantastic, her character deserves special mention. Dr. Thomas is undoubtedly the kindest and most caring person we have ever met. The love that she has for her patients is boundless, and her words of encouragement are always at the ready. Her enthusiasm is contagious, brightening the clinic each and every day."

Dr. Thomas holds certifications in Basic Life Support, Neonatal Resuscitation, Pediatric Life Support and Advanced Life Support in Obstetrics (ALSO). She graduated from Northwestern University- Feinberg School of Medicine and completed residency training at West Suburban Family Medicine Residency, serving as Chief Resident 2008-09.

*Editor's Note: Alisha Thomas, MD and Sajjini Thomas, MD are not related.

Distinguished Service Award – William Nelson, MD – LaGrange

The IAFP Distniguished Service Award is given at the discretion of the Public Relations Task Force with approval by the Board of Directors. Dr. Nelson was chosen for his lifetime career in education. After starting as a general practitioner in the 1960's and building a successful practice, he decided to join his old partner, Dr. Kenneth Kessel, who started the first family medicine residency training program in Illinois in the 1976. Dr. Nelson was the Assistant Residency Director at MacNeal Hospital's Residency Training Program with Dr. Kessel until he was asked to take over as the Program Director at the Residency Training Program in LaGrange in 1981.

His total career spans 55 years providing patient care in Illinois with 38 years as a family medicine educator.

He was the Director of that Program for over 30 years and at age 82 is still at the program. In his current role as executive director of the residency program, he continues to teach as a vital member of their faculty. He also taught one of the best – his son, Kenneth Nelson, MD – the 2012 IAFP Family Physician of the Year.

His long career educated many family physicians and helped pave the way for family medicine education in our state. He received the 2009 Excellence in Teaching Award from Adventist LaGrange Family Medicine Residency and their Crystal Service Award in 1998.

He continues to teach with the same enthusiasm as when he started. "Whether the resident was at the top of the class or at the bottom, he gave them all equal opportunity to thrive and grow as a physician and a person," says Cindy Hamelka, the office manager of Prairie Medical Group, who has known Dr. Nelson for 30 years and worked as an administrative assistant at the La Grange family medicine residency.

"One thing that Dr. Nelson taught me, that sticks with me to this day, is the ever-present Art of Medicine, which no one in all my training ever stressed to me more than he did," summarizes Eric M. Spratford, MD of Westchester. "Day in and day out, I realize through all my patient encounters that the Art of Medicine may be at the heart and soul of family medicine as it was intended to be."

William Nelson, MD Graduated from Loyola University Stritch School of Medicine in 1959 and completed his general practice residency training at MacNeal Memorial Hospital.

Report to the Membership from the AAFP Congress of Delegates

The delegates, alternate delegates, chapter staff and officers gathered in Washington, DC, for the annual AAFP Congress of Delegates. Delegates Kathleen J. Miller, MD of Decatur and David J. Hagan, MD of Gibson City, along with Alternates Steven Knight, MD of Harrisburg and Ravi Grivois-Shah, MD formerly of Oak Park (now Arizona) represented Illinois in the Congress, and were joined by many Illinois AFP leaders and staff. The Illinois group had vibrant discussions about the resolutions addressing issues that are facing our members. Other Illinois leaders at Congress were President-elect Janet Albers, MD; Board Chair Carrie Nelson, MD; President Edward Blumen, MD; board members Sachin Dixit, MD and Asim Jaffer, MD and past president Carolyn Lopez, MD.

L to R: Steven Knight, MD; Sachin Dixit, MD; Asim Jaffer, MD; Carrie Nelson, MD; David Hagan, MD; Edward Blumen, MD; Ravi Grivois-Shah, MD; Kathleen Miller, MD and Janet Albers, MD

"Coming to Congress of Delegates (COD) is so inspiring," says Dr. Miller. "It is encouraging to be surrounded by so many family physicians who know the value of the profession and are focused on similar goals."

The updates from our AAFP officers, (then) board chair Jeff Cain, MD; president Reid Blackwelder, MD and President-elect Robert Wergin, MD provided enthusiasm and optimism for our big issues, payment reform, PCMH, student interest, and access to health care, with infectious passion and determination for achieving future improvements. There is a lot of talk about the triple aim - better care, better health, lower cost. We can do this and secure the rewards and payments that family physicians deserve in a better health care system," concludes Miller.

The rest of the day was dedicated to the five reference committees, where a total of 52 resolutions were deliberated. In these committee hearings, any member can speak about any resolution, in support, in disagreement, or suggesting improvements in the wording (amending). After the hearing, the committee prepares a report, recommending the action that the Congress should take regarding each resolution, based on the testimony they have heard.

Resolutions cover a broad range of topics; the vast majority of them are focused on improving the access to quality care for our patients, reducing the hassle factors, or improving the pipeline of medical students entering the specialty. Then the Congress delegates reviewed the reports from each reference committee, made a few minor changes, and completed the work of addressing every resolution. In many cases the Reference Committee report is accepted as a consent calendar.

Our Academy has called upon the talents of many of our leaders to study and plan for the future of Family Medicine. On the final day of Congress, the Family Medicine for America's Health was announced to the Congress by past president Glen Stream, MD and by Dr. Wergin at the opening session of the Annual Scientific Assembly. The public launch in Washington, DC took place on Thursday October 23. IAFP member Jerry Kruse, MD of Southern Illinois University Health Care and SIU School of Medicine is on the Family Medicine for America's Health board representing the Society of Teachers of Family Medicine. Our own chapter executive, Vincent D. Keenan, CAE served as the chapter staff representative to this ground-breaking effort. Watch for the **Health is Primary** campaign and spread the message to all your contact and communities.

Election update

The other major function of the Congress is to elect new officers and members of the Board of Directors for the coming year. Illinois was honored to have two of our own members running for AAFP office. Dr. Javette Orgain is serving as the Vice Speaker of the Congress of Delegates this year and ran for the same office for a fourth term. Dr. David Hagan campaigned for a position on the Board of Directors of the AAFP.

Both Orgain and Hagan gave inspiring speeches in their quest for election to the AAFP Board. We are proud to report that Dr. Orgain was re-elected as Vice Speaker and the same day declared her candidacy for Speaker of the Congress for 2015.

In her campaign speech, Dr. Orgain shared many of the events of her life that have shaped her journey, her care and her leadership as a respected figure in health care across a variety of platforms. She has survived the violent death of a young family member, the untimely and avoidable death of her parents due to medical errors, and even her own journey as a patient struck by an acute MI while at the vibrant age of 41.

"These personal stories inspire my work towards health equity as a practicing physician and medical director in a Federally Qualified Health Center at an academic institution. I have helped my patients achieve good health outcomes, with an ability to identify with the struggles they face in an urban environment," said Orgain in her speech. "And, as a family physician leader I have been a front line voice, championing significant public health movements such as global tobacco control at the World Health Assembly in Geneva, Switzerland; the Illinois Clean Indoor Act; and the groundbreaking e-Cigarette legislation in Chicago. Thankfully, I have also had opportunities to give back and pay it forward. The tragedies I have seen are NOT my entire story, only part of my story– contributing to my more than 30 years of leadership. Like you, I am the face of family medicine for my community."

Dr. Hagan was not elected to the board of directors, but ran a spirited, respectful and passionate campaign. Sharing his "Joy for Family Medicine" throughout the campaign. "We have all heard it said, that today is a great day to be a family physician. Almost every day in my long career has been a fantastic day to be a family physician, but I believe our best days are yet to come. I believe that the future of family medicine has never been brighter."

Dr. Hagan has served as our AAFP delegate and alternate, and has held every position in the Illinois Chapter's board of directors. He's the current chair of the Family Health Foundation of Illinois and an integral voice in our state's family medicine future. We congratulate Mott Blair, MD of North Carolina, Lynne Lilly, MD of Minnesota, John Cullen, MD of Alaska and Carl Olden, MD of Washington on their election to the board. Dr. Olden will serve the one year unexpired term.

Javette Orgain, MD delivers her campaign speech.


Carolyn Lopez, MD (front row, right) was honored as the AAFP Foundation Co-Philanthropist of the Year!

David Hagan, MD

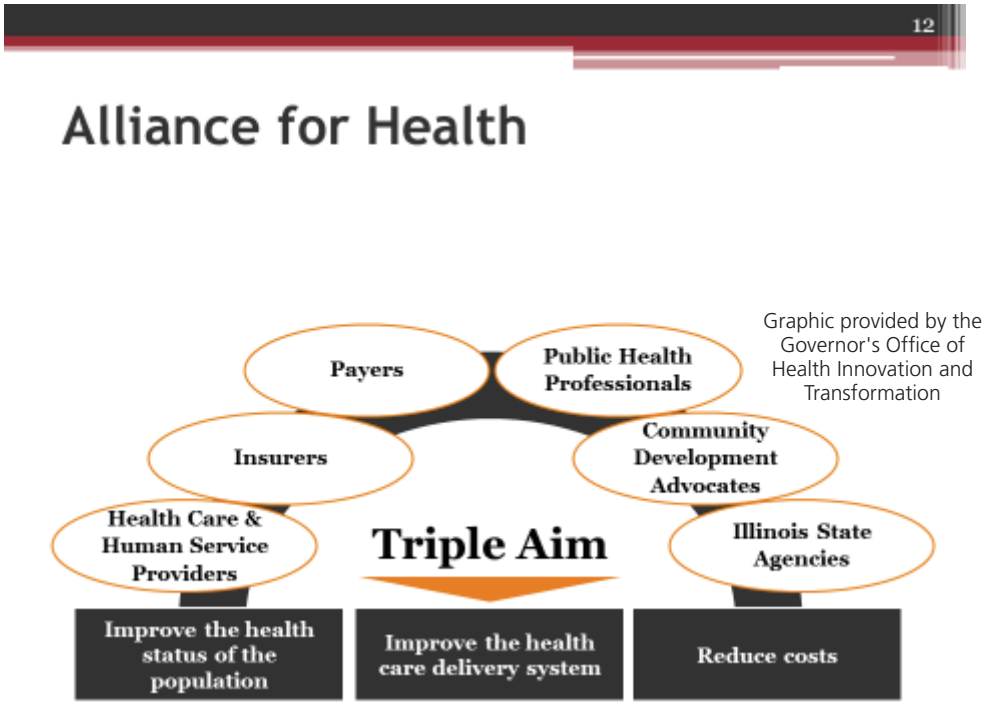

Brenda and Dr. Knight, Dr. Miller and Dr. Dixit at campaign hospitality night


Dr. Orgain with AAFP past president Warren Jones, MD

Government Relations

A look at the current landscape and a look ahead to 2015

Achieving the Triple Aim in Illinois The Governor's Office of Health Innovation and Transformation (GOHIT), created by the Governor's Executive Order, is responsible for directing Illinois' health reform initiatives, particularly those related to the State's Alliance for Health Innovation Plan. The Alliance for Health developed out of a six-month planning grant awarded from the Center for Medicare and Medicaid Innovation. GOHIT is responsible for leading and coordinating implementation of the transformation principles in the Innovation Plan, supporting stakeholder engagement, and creating and operating an Innovation and Transformation Resource Center to provide technical assistance. Several work groups have been established aimed at implementing the innovations in the Alliance for Health Innovation Plan and the 1115 Waiver application. With executive leadership from the Governor's Office, more than 90 stakeholders have allied to help Illinois achieve the Triple Aim as portrayed in this graphic.



Graphic provided by the Governor's Office of Health Innovation and Transformation

IAFP continues to advocate for the Triple Aim and has volunteer leaders and staff participating in the Implementation Work Groups to ensure family medicine's voice is heard. The work groups include:

- Integrated Delivery System Reform
- Services and Supports
- Data and Technology
- Public Health Integration
- Workforce

For detailed information about these efforts, please visit https://www2.illinois.gov/gov/healthcarereform/Pages/GOHIT.aspx

On the Medicaid Front According to Kaiser Family Foundation's latest national survey, states expanding Medicaid under the Affordable Care Act expect 18% enrollment growth in FY 2015, with federal funds picking up most of the cost. The spending growth is mostly driven by the boost in new enrollment that is financed by 100% federal funds. All states are implementing a host of ACA-related changes that require states to streamline Medicaid enrollment and renewal processes, transition to a uniform income eligibility standard and coordinate with new ACA insurance Marketplaces.

Support of Continued Funding for the Children's Health Insurance Program (CHIP)

IAFP expressed its support to the Illinois Dept. of Healthcare and Family Services for continued funding of the federal Children's Health Insurance Program (CHIP) through fiscal year (FY) 2019 to ensure that children, adolescents, and pregnant women are not put at risk of losing coverage as a result of a delay in CHIP funding authorization until the end of the current expiration date at the end of FY 2015. Currently (post-ACA), CHIP helps Illinois finance medical benefits for children in families with incomes above 147% to 318% of the federal poverty level (FPL). CHIP provides an important safety net for many of the children in this income range who might not otherwise obtain health insurance from the Health Insurance Marketplace or their parents' employers.

At the federal level, AAFP participates in the Partnership for Medicaid – a nonpartisan, nationwide coalition of safety-net providers, counties, labor and health plans which submitted its support of continued funding for CHIP in a letter to ranking members of Congress stating: *"As organizations whose members provide health care to underserved populations, we see first- hand the difference that stable, affordable health coverage makes for children, adolescents, pregnant women, and their families. CHIP serves as a lifeline for many lower-income families that do not qualify for Medicaid and cannot afford private coverage. Expiration of the program would be an extraordinary detriment to the more than 10 million children and adolescents, along with 370,000 pregnant women, who will be enrolled in CHIP during FY 2015. Further, the GAO estimates that if CHIP is not extended, nearly two million children currently enrolled in CHIP – almost 20 percent – could become uninsured due to an unintended consequence in the Affordable Care Act, known as the "family glitch."*

2015 Spring Into Action

Save any one of these days and join other IAFP members in Springfield for Spring Into Action: **Tues., April 21, Wed., April 22, or Thurs., April 23**. We'll provide the background and education on issues winding their way through the process and then take you to the Statehouse to meet with your state representative and senator. You get CME and you'll still be home in time for dinner! You can register by sending an email to Gordana Krkic, CAE gkrkic@iafp.com with your contact information (email address, cell phone number and please use your home/voting address) and the date you'd like to attend. Students and residents have no registration fee, and the fee for active members is only $25. IAFP includes all the education materials you need, plus a continental breakfast and lunch.

Continuing Medical Education

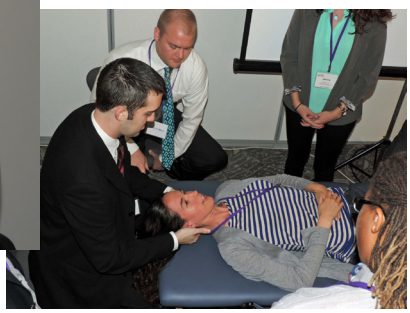
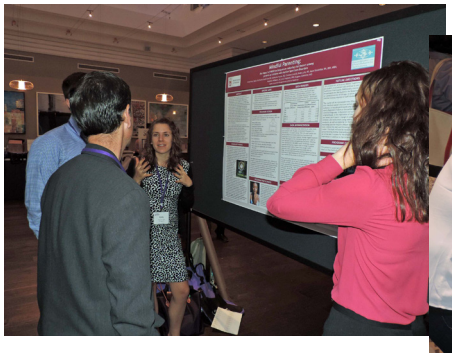
Third Annual Family Medicine Midwest Success

IAFP organized and managed the third annual Family Medicine Midwest Conference October 10-12 in Minneapolis, uniting residents, faculty, physicians and students from 11 states under the family medicine flag to build our future workforce. This multi-state collaboration continues to grow in popularity and reputation! Illinois will host Family Medicine Midwest October 9-11, 2015.

Some statistics: 175 students, 46 family medicine residency exhibits, 34 organizational supporters, and a record breaking 450 total attendees! Everyone enjoyed great plenary sessions, high quality workshops, seminars, research presentation and posters! A speed date luncheon exposed students and residents to the many career possibilities available through family medicine training.
Check out the Facebook page for more great photos!

Some feedback from attendees:
Attending this conference helped me to confirm my personal interest in pursuing a career in Family Medicine. The people that I met during the conference, both students and physicians, are the types of people that I hope to work with in the future. As was said in one breakout session, "the train has left the station" for Family Medicine physicians! – Joanna Curran, Chicago Medical School

Interacting with other passionate physicians and students has inspired me to delve more deeply into the field and to seek out opportunities to learn more about what it means to integrate medicine and community health for the benefit of our patients.
- Barbara Ha, University of Wisconsin School of Medicine and Public Health

Thank you to our Illinois residency programs that exhibited
University of Chicago (NorthShore) Family Medicine
Advocate Christ Family Medicine
MacNeal Family Medicine Residency
University of Illinois at Rockford and Rural Track
SIU Center for Family Medicine - Springfield
University of Illinois at Chicago
McGaw Medical Center at Northwestern and Lake Forest
Adventist Hinsdale Family Medicine
UIC/Advocate Illinois Masonic Family Medicine Residency
West Suburban Medical Center
Advocate Lutheran General Hospital Family Medicine
Cook County Loyola Provident Family Medicine

Thank you to our Illinois scholarship donors

Abbas Hyderi, MD
Adventist Hinsdale Family Medicine Residency
Asim Jaffer, MD
Bharat Gopal, MD
Cook County/Loyola/Provident FM Faculty Dev.
Deborah Edberg, MD
Ellen Brull, MD
Gibson City Clinic
Greg Kirschner, MD
Family Health Foundation of Illinois
Janice L. Benson, MD
John Hickner, MD
Margaret Wiedmann, MD
Rush Medical College Dept. of Family Medicine
Stephen Stabile, MD
Steven Knight, MD
Tabatha Wells, MD
University of Chicago Dept. of Family Medicine
University of Illinois at Rockford Dept. of FM
Vincent D. Keenan, CAE
William Hulesch, MD

WANTED – Speakers and Subject Matter Experts for 2015 CME Programs!

The IAFP CME Committee is pleased to announce that the Call for 2015 Speakers and Presentations is NOW OPEN! This includes, but is not limited to:

- 60 minute webinar presentations
- 30 minute in-person presentations
- 60 minute in-person presentations
- SAMs workshops
- Enduring (web-based or written) materials
- Patient education materials

Are you interested in presenting or developing education in a certain topic area? We welcome you to submit on more than one topic for any and all of the above formats. We want IAFP members to show us their stuff!

IAFP members are the greatest resource of speakers and subject matter experts. Don't hesitate, complete your online submission (http://tinyurl.com/IAFP2015Presentations) today! The IAFP CME Committee will review submissions every 4-6 weeks on a rolling basis.

Janet Albers, MD
IAFP President
CEO Center for
Family Medicine, Springfield
Chair, Dept. of Family and Community
Medicine, Southern Illinois University
School of Medicine

Dr. Albers will be installed as IAFP president on Saturday, November 8 at the IAFP annual meeting.

Why did you choose to be a family physician?
That's all I ever wanted to be and I knew I wanted to go to medical school when I was in middle school. Once I got to SIU, it was very primary care oriented and I loved everything, kids the elderly, delivering babies. It was the one way to incorporate everything that I thought was important.

How do you champion family medicine?
A lot of it is individual relationships with medical students and it's never too early to recruit. I work with kids in high school and even some of my patients. See if they like it and let them know I'm here if they want experiences or ask questions. I think the seed has to be planted when they're little here in the community and working with patients is a good way to do that.

What are your favorite aspects about IAFP?
You're able to share your vision and do what you like to do to serve family medicine. I love the education experiences and the comraderie with people from all walks of life. We all have different backgrounds but very similar visions about what family medicine should be.

What are the prevalent health conditions you're seeing in Springfield?
We're doing a joint venture between the school and public health department and the Center to look at public health needs. I would say diabetes, obesity, chronic illness management are the big issues right now. Getting access to care is still an issue, even with two FQHCs – getting patients to realize we're here and providing those services. And then securing access to the enabling services and pharmaceuticals and transportation and care coordination.

How about your location in the state capital city?
I think being in Springfield has helped me realize the importance of advocating on behalf of organized medicine at the county level, state level and federal. Being so close, we can easily go over to the Capitol and be the voice of family medicine with state legislators whenever we want to, and be a resource for them. I'm on several advisory committees for some of the representatives.

If you weren't a doctor, what would you be doing?
I'd be a teacher, and I'm able to be a teacher as a physician. I teach students, residents and patients. It's a perfect mix for me.

Tell us something that would surprise us!
I got the award from my residents that I would be most likely to be dragged out of a kids' sporting event kicking and screaming!

Dr. Albers with Santina Wheat, MD and Steven Knight, MD about to visit Sen. Mark Kirk on Capitol Hill in Washington, DC.

Members in the News

IAFP Past President **Robert E. Heerens, M.D**., 99, of Rockford, died Sunday, October 19, 2014, in his home. Born July 2, 1915, in Evanston, he attended medical school at the University of Alabama and Northwestern University, graduated from Northwestern Medical School in 1944. He served as a physician in the U.S. Navy assigned to the first Marine Division in the Pacific theater. Robert was a family physician in private practice for 44 years in Rockford, during which time he delivered 3,000 babies. Dr. Heerens received many awards for his service, and served on the board of directors of many organizations, including President of the (then) Illinois Academy of General Practitioners (now IAFP), and the V.P. of the American Academy of Family Physicians. Dr. Heerens worked well into his 90's visiting nursing homes with health education and even teaching Tar Wars in local schools. Family prefers memorials to the Robert E. Heerens, M.D. Endowment, University of Illinois College of Medicine at Rockford, 1601 Parkview Ave., Rockford, IL 61107.

Amber Peterson, MD was credited by Western Illinois journalism student Sandra Sepaniak for finding her breast tumor. Sandra gave a first person account of her surprising diagnosis and treatment as a 21 year-old college student with a 15 cm tumor in the October 15 issue of the *Western Courier*.

IAFP past president, **Carrie Nelson, MD**, special projects director for Advocate Physician Partners gave insight into the Advocate physician participation in the Medicaid Accountable Care Entity (ACE) program and how it's a compatible format to their existing ACO systems with Blue Cross Blue Shield and Medicare to provide high quality and low cost care. The article appeared in the October issue of *Modern Healthcare*.

Thomas Cornwell, MD was chosen to receive a Caregiver Action Network (CAN) Award as part of CAN's Advancing Excellence: Best Practices in Patient and Family Engagement Recognition Program. Specifically, he was selected as one of "25 of the Nation's Best Practices in Patient and Family Engagement." The Caregiver Action Network is the nation's leading family caregiver organization working to improve the quality of life for the 65 million Americans who care for loved ones with chronic conditions, disabilities, disease, or the frailties of old age. The award celebrates efforts to work with patients and families to improve healthcare quality, safety and cost savings.

The *Annals of Family Medicine* article featuring the research by the Robert Graham Center on Illinois Health Connect and Your HealthCare Plus in this week's AAFP News, AAFP Smart Brief email on Thursday, and in PCPCC Monthly Review Newsletter.

The Accreditation Council for Continuing Medical Education (ACCME®) will honor **Ronald Johnson, MD, FAAFP** with the 2014 Rutledge W. Howard, MD, Award for Individual Service to the Intrastate Accreditation System. Dr. Johnson was nominated for the award by the Illinois State Medical Society (ISMS) for his outstanding commitment to CME for more than 30 years. Johnson is an IAFP past-president of IAFP and helped to shepherd IAFP's successful ACCME Accreditation and re-accreditation process. IAFP proudly holds Accreditation with Commendation Status thanks in part to Dr. Johnson's leadership.
Dr. Johnson works with regulatory agencies to identify opportunities for accredited CME to support quality improvement and public health initiatives within the state. He currently serves as the Chief Consultant to the State of Illinois Office of Inspector General, Healthcare and Family Services; he has served on the Illinois Medical Licensing Board for over 10 years; and he now serves on the Medical Disciplinary Board; and as the Medical Director of Pike County Health Department. He serves as Board member and Officer of CIMRO-Illinois, CIMRO-Nebraska Quality Review Organization, and most recently of the Great Plains-Quality Improvement Network. Dr. Johnson has served CME on the national as well as state level. He has been a member of the ACCME Accreditation Review committee since 2010 and he served as an ACCME accreditation surveyor from 1994–1996.

SIU Department of Family and Community Medicine's preceptor program was featured in the Oct. 30th *Decatur Herald and Review* for their work in giving community experience to medical students. SIU alum Brooke Ballard, MD was featured along with SIU student Paige Tsuda.

Illinois HIV Care Connect: Reaching Out to Changing HIV-Positive Population improved prognoses, but many still at-risk for infection

News You Can Use

Illinois HIV Care Connect (www.hivcareconnect.com) is taking major strides to reach out to a changing HIV-positive population benefiting from improved prognoses due to advances in treatment and access to care. Seven regional agencies coordinate the services provided through the program, which is funded by the Illinois Department of Public Health (IDPH) and federal grants.

"Many people with HIV are on the go, living full, busy lives in good health," said Tom Hughes, executive director of the Illinois Public Health Association (IPHA), which administers Illinois HIV Care Connect. "There's been quite a change since the epidemic began."

Their good health, however, is dependent on receiving lifelong treatment; otherwise, HIV may lead to serious complications or AIDS. In addition, preventing HIV infection remains a challenge, especially among those who engage in risky behaviors such as unprotected sex or needle sharing and by those who are infected but do not know it. About 25 percent of HIV-positive individuals – about 9,000 of the 36,000 HIV-positive people in Illinois – do not know they are HIV-positive, according to state health experts.

The 20-34 age group has the highest number of HIV diagnoses in the United States, and Hispanics account for about 20 percent of the nation's new HIV infections, according to the Centers for Disease Control and Prevention (CDC). To more effectively reach these demographics, Illinois HIV Care Connect recently launched a Spanish-language Web site (http://www.hivcareconnect.com/index-es.html), mobile Web sites in English and Spanish, and social media pages on Twitter, Facebook and Google+. Social media is especially popular among young people, who also prefer to access the Internet via mobile devices.

Communicating through multiple channels has helped Illinois HIV Care Connect to create enhanced awareness of the medical case management, health care, and support services it provides to people living with HIV. New visitors to www.hivcareconnect.com increased by 38 percent during 2013. Visitors to the Web site can find information about the services the program provides, as well as information about the Illinois AIDS Drug Assistance Program (ADAP), Continuation of Health Insurance Coverage (CHIC) Program and other services.

You can follow, like or join Illinois HIV Care Connect at the following social media pages:

- Twitter (https://twitter.com/ILCareConnect)
- Facebook (English) (https://www.facebook.com/ILCareConnect)
- Facebook (Spanish) (https://www.facebook.com/ILCareConnectSpanish)
- Google+ (English) (https://plus.google.com/+Hivcareconnect)
- Google+ (Spanish) (http://tinyurl.com/ILCareConnectSpanish)

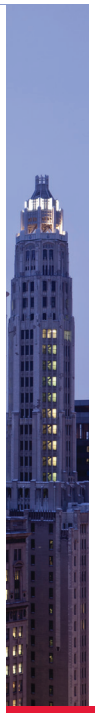
"This effort is all about extending HIV prevention and treatment across Illinois," said Hughes. "By preventing HIV and helping those living with HIV find early and ongoing treatment, we can improve health outcomes and reduce medical costs."

To connect to care or make a referral, go to www.hivcareconnect.com.

it's not too late

GET A FLU SHOT

VACCINATE ILLINOIS



Vaccinate Illinois Week is December 7-13

Thanks to a grant from the Illinois Department of Public Health (IDPH), IAFP has wonderful tools to help educate patients about the need for an annual flu vaccine. Remember, everyone over age 6 months and all health care providers should get an annual flu vaccine.

CME: Practice Guide: Influenza Vaccination for Primary Care can be found at http://www.iafp.com/education/. This CME program is worth 0.5 Prescribed Credits and covers CDC recommendations, types of vaccines available, anti-viral treatment, special consideration for chronic illnesses, and vaccination of health care personnel.

Order these FREE tools for your practice at www.iafp.com/immunization

The Influenza Vaccine for Individuals with Diabetes brochure

The Influenza Vaccine for Individuals with Asthma brochure

Visit http://www.lung.org/lung-disease/influenza/flu-vaccine-finder/ to find a flu shot clinic near you.

Brought to you in part by: Walgreens

Illinois Academy of Family Physicians
Devoted to Advocacy, Education & Action

Goal for Epilepsy Patients: Become Seizure-Free
Innovative treatments offer new alternatives

Patients with epilepsy face unique challenges that impact their every-day existence. According to the NIH, epilepsy is the third most common serious neurological disorder, behind stroke and Alzheimer's disease. While we as physicians have historically helped manage patients' seizures through medication, the side effects and/or inefficacies of these medications are concerning. We had a chance to sit down with Julian Bailes, MD, co-director of the NorthShore University HealthSystem Neurological Institute (NNI) in Evanston, IL, and discuss some of the latest innovations in treatment for epilepsy patients.

Q: How is becoming seizure-free different than managing seizures?
A: For many patients living with epilepsy, the ultimate goal is to reduce the number of seizures they experience. However, our team aims for "Seizure Freedom" as the ultimate outcome for all patients. Seizures are too unpredictable, and that unknown can impact a patient's career, personal life, social life – it's debilitating. As my colleague, Jaishree T. Narayanan, M.D., an epilepsy specialist at NNI says, "One seizure is too many."

Q: What types of options are available to patients?
A: We are now using minimally-invasive surgical alternatives, beyond standard open brain surgery, for certain patients whose seizures cannot be controlled by medications. These advances in surgical techniques provide additional treatment options for patients seeking relief from epileptic seizures and improved quality of life.
One new technique called Visualase is now being used to treat epilepsy by our team at NorthShore and a select number of medical centers around the country. This new procedure using an MRI guided laser is minimally invasive, safe, and poses minimal risk to the patient..
During a standard brain procedure, a laser fiber is inserted through the skull to precisely target areas of the brain causing seizures. Light energy from the laser heats the brain tissue, effectively ablating or destroying it. Once the affected area of the brain is deactivated, seizures usually clear, or patients are able to get off some or all of their medication. Following this treatment, patients are usually discharged the following day, leaving with a small incision requiring only one stitch.

We also treat patients who have frequent seizures but are not candidates for the surgery. They often benefit from another minimally invasive technique called ***Vagus Nerve Stimulation*** (VNS). VNS is a unique treatment that is delivered through an implanted device similar to a pacemaker that gives periodic stimulation to the brain that helps prevent or interrupt seizures. The device is implanted in the chest through a minimally invasive procedure and does not involve brain surgery. Patients have seen a reduction in seizures by up to 70 percent and also improvement in cognition and symptoms related to depression.

Q: At what point is it appropriate to refer a patient?
A: As soon as possible. The fact is, nearly one third of patients with epilepsy are considered medically refractory (resistant to treatment). These patients fail multiple Anti-Epileptic Drugs (AEDs) and combinations either due to inefficacy or side effects. If two AEDs have failed, the third will work only about 20 percent of the time. We all know the side effects caused by these medications - cognitive impairment, depression, kidney stones, fatigue and other debilitating reactions. But new, innovative answers are available through an epilepsy specialist or neurosurgeon.

Q: Where do I send patients who meet these criteria?
A: It's important to find a medical center that has a specific resource dedicated to treating epilepsy, as often they are ahead of the curve with their approaches to treatment. At NorthShore we have an Epilepsy Program that has onsite staff specializing in identifying the source of the seizures through NNI's Epilepsy Monitoring Unit (EMU).
Minimally invasive techniques are not options for all epilepsy patients. Proper screenings determine which options are available to the individual patient, and potential side effects factor into the treatment decision. We employ an Epilepsy Protocol MRI, a special magnetic resonance imaging, which is a thin cut through the brain including the temporal lobe to find out if any structural abnormalities were missed on a standard MRI.
The patient is then brought into the special epilepsy monitoring unit where a team of neurologists reduce or stop medication to determine in what region of the brain seizures are occurring. Some patients, who are considering surgery, undergo a pre-surgical evaluation known as the WADA test. Performed by epilepsy specialists, including epileptologists (neurologists specializing in epilepsy), neuroradiologists and neuropsychologists, this test helps determine which side of the brain controls language (which varies from individual to individual) and memory function.

If the MRI and EEG suggest the patient has a well-defined structural lesion, the seizures are localized to one area, and other tests point in the same direction, the patient would be considered for Visualase.

Q: What's next on the horizon?
A: New promising treatments for medically refractory patients are underway and awaiting FDA approval. Clinical trials using deep brain stimulation (SANTE - Stimulation of the Anterior Nucleus of the Thalamus for Epilepsy) resulted in a 68 percent reduction in seizures within three years. And, responsive neuro-stimulation, the latest innovation, uses a device implanted in the cranial near the seizure focus which detects and records the seizures. Once a seizure is recognized the neurostimulator delivers electrical stimulation to the focal point to suppress future seizures.

Q: What is my continued role in the process, as their primary care physician?
A: You are your patient's advocate. Odds are, patients who have been struggling with epilepsy may not realize there are options that will work toward "seizure freedom." The concept itself is a new one – it's moving from acceptance with status-quo to zero tolerance. Only 50 percent of patients in our Epilepsy Program are referred from their primary care physicians, so it is imperative that we continue the conversations between primary care physicians and specialists.

Julian Bailes, M.D.
Surgical Director, NorthShore Neurological Institute
Chairman, Department of Neurosurgery

Dr. Bailes is a nationally recognized leader in neurosurgery, with special emphasis on brain tumors and the impact of brain injury on brain function. Dr. Bailes is also one of the first neurosurgeons in the Chicago area to use the minimally-invasive NICO BrainPath as part of the Six Pillars approach, offering promising outcomes for patients with otherwise inoperable brain tumors. Dr. Bailes was a founding member and director of the Brain Injury Research Institute, which focuses on the study of traumatic brain injuries and their prevention. He has over 170 scientific peer-reviewed publications or book chapters concerning various aspects of neurological surgery and brain injury, including five books on neurological disease.

Exam Room and Medical Equipment Accessibility Survey Results Provided to IAFP from the Illinois Department of Public Health

Submitted by the Illinois Department of Public Health

Today, 56 million (18.7%) Americans live with disability[1]. In Illinois, the prevalence of disability for adults may be even higher at 22.5 percent[2]. The number of people with disability will continue to increase due to advances in medicine that allow people with disability to live longer as well as increasing numbers of seniors with age-related functional limitations. Just like those without disability, people with disability need access to a full range of primary health care services to delay or avoid onset of illnesses, to continue to be independent and stay healthy and to participate in community life as much as they want[3]. When accessing primary health care, however, people with disability may encounter barriers that prevent them from receiving the full benefit of the services. These include physical barriers that make it difficult to navigate within the facility (e.g., lack of clear path to and within exam rooms and narrow door width at entrances), communication barriers (e.g., difficulty in communicating with providers), attitudinal barriers (e.g., focusing on a person's disability rather than their need for routine preventive care services), and programmatic barriers (e.g., policies, practices and procedures that prevent full and complete access to health care services)[4].
Accessible health care facilities with accessible primary, diagnostic, and imaging equipment are important in allowing early detection and treatment of health problems and avoidance of more serious illness, increased complications, worse prognosis and longer hospital stays.

To raise awareness about disability barriers and increase accessibility of primary health care to people with disability, the Illinois Department of Public Health Disability and Health Program collaborated with statewide disability advocacy organizations to develop a health care facility exam room and medical equipment accessibility survey. The survey was distributed to providers by the Illinois Primary Health Care Association, Illinois Academy of Family Physicians and Illinois Chapter of the American Academy of Pediatrics, conducted for three weeks in August 2013.

Results of the survey showed:

- A total of 160 responses were received.
- Approximately 70 percent of respondents were located in northern Illinois.
- The majority (77%) of respondents were physicians, 76 percent reported serving 100 or more patients a week and 29 percent estimated that 10 percent or more of their daily patients were people with disabilities.
- Approximately 70 percent reported having some familiarity with the Americans with Disabilities Act requirements pertaining to medical service for people with disabilities.
- Most (79% to 91%) respondents reported that the path of travel leading to the exam room, the space inside the exam room and the doorway width were accessible to people with disabilities.
- Fewer (65%) reported having door hardware easily usable by people with limited grasping.
- Less than half the respondents reported having at least one height-adjustable exam table and approximately one-fourth reported the availability of accessible weight scales. Only eight respondents (5%) reported having a patient lift.
- Less than one-fourth of the respondents reported having stabilizing elements (e.g., rails, straps, pillows, etc.) and only about 1 in 5 reported having a transfer board and gait belt to assist the patient during transfer and while on the table.
- One-third of respondents reported having staff at all times who were trained in how to properly assist with patient transfers and approximately 1 in 4 have staff at all times that were trained in the proper use of accessible equipment.

This survey looked only at accessible primary medical equipment, such as accessible weight scales and patient lifts, and transfer equipment, such as gait belts and transfer boards. However, it is important for a facility also to have accessible diagnostic and imaging equipment and to ensure appropriate policies, practices and procedures are in place. In addition, staff need to be fully trained and available to facilitate full and complete access to health care services for people with disabilities. An encouraging aspect of the survey is the finding that the majority of respondents reported sufficient access to and within the exam room for people with disabilities. However, many of the findings highlight the need for raising awareness about the importance of having health care facilities and medical equipment accessible to people with disabilities. The majority of respondents indicated a considerable need for accessibility improvements, particularly in regards to the availability of accessible primary medical equipment and other elements within the exam room, as well as staff properly trained in the use of accessible medical equipment. Although the survey did not look at policies, practices and procedures of health care facilities, it also is important to note providers need to go one step further and ensure that these are reasonably modified or created. They also need to provide training so staff understand how to make available and use the accessible equipment, unless the provider can demonstrate that such modification or creation of a new policy will fundamentally alter the nature of the services[5].

Several Illinois agencies are willing to assist facilities to increase accessibility. The Great Lakes ADA Disability Business Technical Assistance Center provides information, materials, technical assistance and training on the Americans with Disabilities Act of 1990 (ADA). They can be reached at 312-413-1407 (V/TTY) or 800-949-4232 (V/TTY). Disability advocacy organizations within Illinois also are willing to assist in increasing accessibility. Illinois' 22 Centers for Independent Living (CILs) work within their communities to bring about positive change in attitudes and accessibility, creating an open and welcoming environment for citizens with disabilities. Visit www.incil.org to find a complete listing of the CILs and a list of the counties they serve. The Illinois Department of Public Health Disability and Health Program will provide additional tips and recommendations in future articles and will to provide technical assistance in increasing health care facility accessibility. The program may be reached at 217-782-3300.

Respondents to the accessibility survey were provided a link to the U.S. Department of Justice publication "Americans with Disabilities Act: Access to Medical Care for Individuals with Mobility Disabilities," which can be found at http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm.

NOTE: This survey focused on primary care and pediatric care practices in Illinois. The findings cannot be generalized to other medical specialties or other areas of the country. In addition, the medical practices were selected on the basis of willingness to participate. It is not known how the findings compare to non-participating practices within the state or across the country.

References

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2. Illinois Department of Public Health. (2013). Illinois Disability and Health Data Report: Demographic and Health Profile of Illinoisians with Disabilities 2011. Springfield, IL.
3. Lollar, D. J., Hartzell, M. S., & Evans, M. A. (2012). Functional Difficulties and Health Conditions Among Children With Special Health Needs. Pediatrics, 129(3), e714-e722.
4. Mudrick, N., & Yee, S. (2007). "Defining Programmatic Access to Healthcare for People with Disabilities." Retrieved April 14, 2014, from http://dredf.org/public-policy/health-access-to-care/defining-programmatic-access-to-healthcare-for-people-with-disabilities/.
5. Americans with Disabilities Act, Title III, C.F.R. §28 36.302, September 15, 2010

Accessible Examination Rooms

The following information is an excerpt from the U.S. Department of Justice document, "Americans with Disabilities Act: Access to Medical Care for Individuals with Mobility Disabilities, Part 3: Accessible Examination Rooms." The full document may be viewed or downloaded at www.ada.gov/medcare_mobility_ta/medcare_ta.htm or copies may be obtained by calling 800-514-0301 (voice) or 800-514-0383 (TTY).

An accessible examination room has features that make it possible for patients with mobility disabilities, including those who use wheelchairs, to receive appropriate medical care. These features allow the patient to enter the examination room, move around in the room, and utilize the accessible equipment provided.

The features that make this possible are:

- an accessible route to and through the room;
- an entry door with adequate clear width, maneuvering clearance, and accessible hardware;
- appropriate models and placement of accessible examination equipment; and
- adequate clear floor space inside the room for side transfers and use of lift equipment.

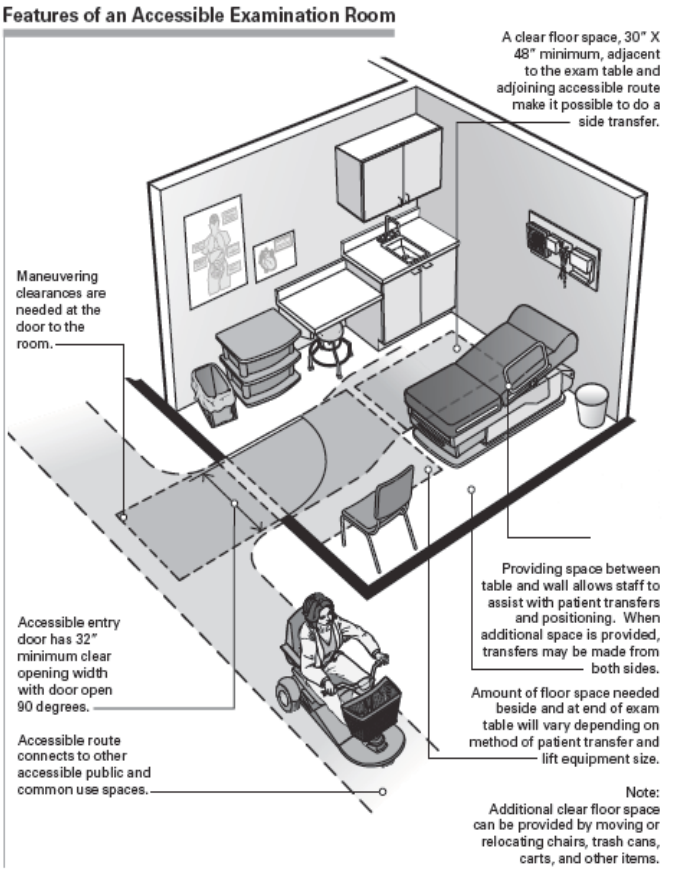
New and altered examination rooms must meet requirements of the Americans with Disabilities Act (ADA) Standards for Accessible Design. Accessible examination rooms may need additional floor space to accommodate transfers and for certain equipment, such as a floor lift.

The number of examination rooms with accessible equipment needed by the medical care provider depends on the size of the practice, the patient population, and other factors. One such exam room may be sufficient in a small doctor's practice, while more will likely be necessary in a large clinic.

Entry Doors
Under the ADA Standards for Accessible Design, an accessible doorway must have a minimum clear opening width of 32 inches when the door is opened to 90 degrees. Maneuvering clearances on both sides of the door must also comply with the ADA Standards. In addition, the door hardware must not require tight grasping, tight pinching, or twisting of the wrist in order to use it. Keep in mind the hallway outside of the door and the space inside the door should be kept free of boxes, chairs or equipment, so they do not interfere with the maneuvering clearance or accessible route.

Clear Floor and Turning Space Inside Exam Rooms
In order for accessible equipment to be usable by an individual who uses a wheelchair or other mobility device, that individual must be able to approach the exam table and any other elements of the room to which patients have access. The exam table must have sufficient clear floor space next to it so an individual using a wheelchair can approach the side of the table for transfer onto it. The minimum amount of space required is 30 inches by 48 inches. Clear floor space is needed along at least one side of an adjustable height examination table.

Because some individuals can only transfer from the right or left side, providing clear floor space on both sides of the table allows one accessible table to serve both right and left side transfers. Another way to allow transfers to either side of exam tables, particularly when more than one accessible examination room is available, is to provide a reverse furniture layout in another accessible examination room.

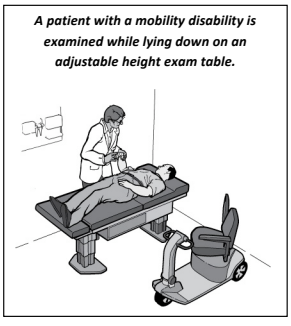


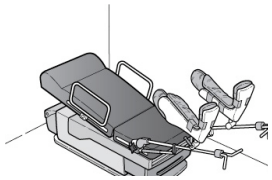
The room should also have enough turning space for an individual using a wheelchair to make a 180-degree turn, using a clear space of 60 inches in diameter or 60 inch by 60 inch T-shaped space. Movable chairs and other objects, such as waste baskets, should be moved aside if necessary to provide sufficient clear floor space for maneuvering and turning.

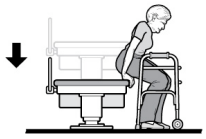
When a portable patient lift or stretcher is to be used, additional clear floor space will be needed to maneuver the lift or stretcher. Ceiling-mounted lifts, on the other hand, do not require additional maneuvering clear floor space because these lifts are mounted overhead.

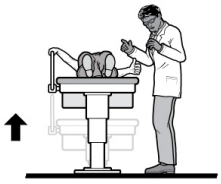
Accessible Medical Equipment
Availability of accessible medical equipment is an important part of providing accessible medical care, and doctors and other providers must ensure that medical equipment is not a barrier to individuals with disabilities. Such equipment includes adjustable-height exam tables and chairs, wheelchair-accessible scales, adjustable-height radiologic equipment, portable floor and overhead track lifts, and gurneys and stretchers.

It is essential that a person with a disability receives medical services equal to those received by a person without a disability. For example, if a patient must be lying down to be thoroughly examined, then a person with a disability must also be examined lying down. Likewise, examinations which require specialized positioning, such as gynecological examinations, must be accessible to a person with a disability. To provide an accessible gynecological exam to women with paralysis or other conditions that make it difficult or impossible for them to move or support their legs, the provider may need an accessible height exam table with adjustable, padded leg supports, instead of typical stirrups. However, if the examination or procedure does not require that a person lie down (for example, an examination of the face or an X-ray of the hand), then using an exam table is not necessarily important to the quality of the medical care and the patient may remain seated.


A patient with a mobility disability is examined while lying down on an adjustable height exam table.







A patient with a mobility disability is examined while lying down on an adjustable height exam table.

Exam Tables and Chairs

Traditional fixed-height exam tables and chairs (also called treatment tables or procedure tables) are too high for many people with a mobility disability to use. Individuals with mobility disabilities often need to use an adjustable-height table which, when positioned at a low height, allows them to transfer from a wheelchair. A handle or support rail is often needed along one side of the table for stability during a transfer and during the examination.

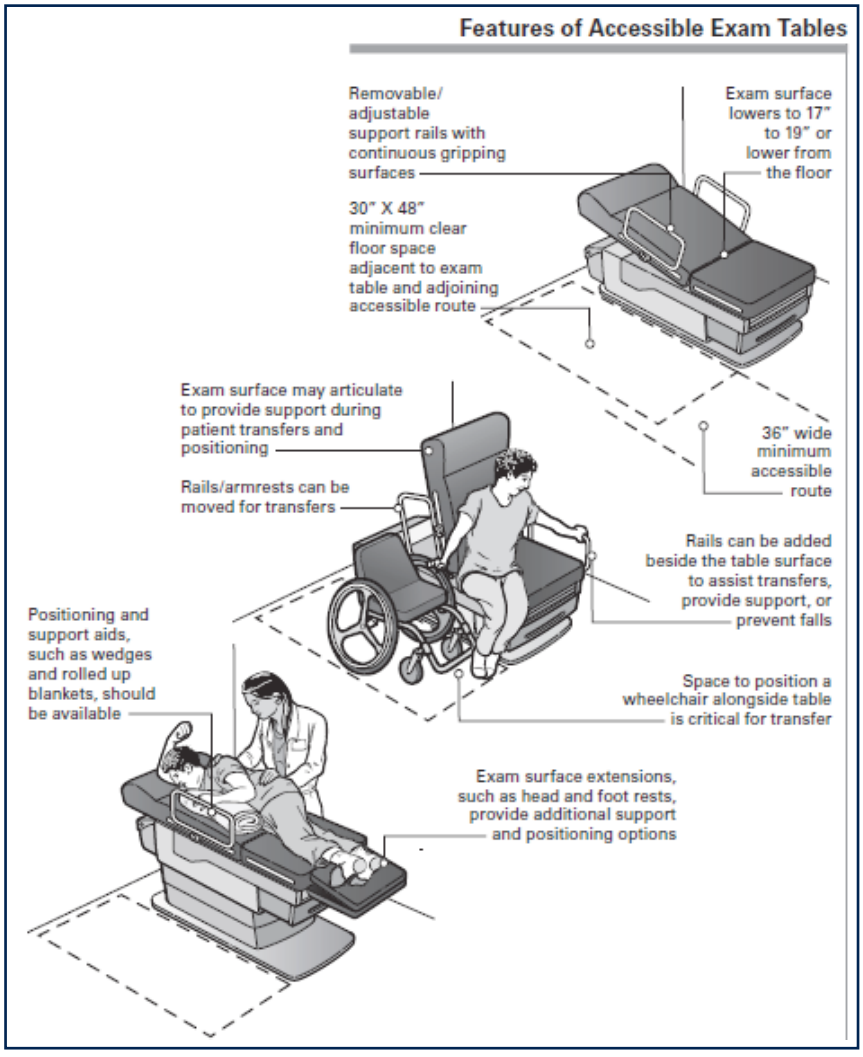
Individuals transfer to and from adjustable-height exam tables and chairs differently. Some will be able to transfer on their own by standing up from a mobility device, pivoting, and sitting down on the exam table. Those using walkers may simply walk to the exam table and sit down, while others with limited mobility may walk more slowly and need a steadying arm or hand to help with balance and sitting down. Some people using wheelchairs may be able to independently transfer to the table or chair, while others will need assistance from a staff member. Transfers may also require use of equipment, such as a transfer board or patient lift.

An accessible exam table or chair should have at least the following:

- ability to lower to the height of the wheelchair seat, 17-19 inches, or lower, from the floor; and
- elements to stabilize and support a person during transfer and while on the table, such as rails, straps, stabilization cushions, wedges, or rolled up towels.

Once a patient has transferred, staff should ask if assistance is needed -- some patients may need staff to stay and help undress or stabilize them on the table. Never leave the patient unattended unless the patient says they do not need assistance.

Different types of exam tables are used for different purposes. Some exam tables fold into a chair-like position; others remain flat. Either type can be used by people with disabilities with the right accessible features and table accessories. Pillows, rolled up towels, or foam wedges may be needed to stabilize and position the patient on the table. Tilt, adjustability, and headrests, footrests, and armrests may make the examination more accessible for the patient and also easier for the doctor.



Illinois Poison Center Resources

In 2013, the Illinois Poison Center (IPC) received almost 45,000 calls (62% of all exposure calls) involving children and adolescents 18 years old and younger. With this in mind, the IPC would like to provide the following FREE resources to family physicians/staff and their patients/caregivers re: poison prevention as well as how and why the IPC's 24/7 toll-free helpline 1.800.222.1222 can be of help:

- *My Child Ate…* **(MCA)** *online resource library: the only online resource of its kind focused on the most common substances involved in a pediatric poisoning exposure (click here to download the MCA widget for your website, e-communications, social media, etc.)*

- *Online Poison Prevention Education Course and Resource Center* **(PPERC)***: Provides basic information about poison prevention and insight into how U.S. Poison Centers can help medical professionals and their patients. For healthcare professionals and general public 18 years and older. After completing the course, persons can order/download a variety of information and materials to distribute to patients, family, friends and community (stickers, magnets, fact sheets, prevention activity sheets, posters, etc.)*

Questions and/or comments, contact Vickie Dance, IPC Public Education, at vdance@ilpoison.org or 312.906.6125.

Rx Theft and Forgery: How It Happens and What You Can do About It

By Jeremy A. Wale, JD, ProAssurance Risk Resource Advisor

Prescription medication abuse is rampant throughout the United States. According to the Centers for Disease Control and Prevention (CDC), 16,500 people died in 2010 from overdoses tied to common narcotic pain relievers.[1] In 2009, 15,500 people died from opioid painkiller overdoses, more than deaths from heroin and cocaine combined.[2] According to the CDC, approximately 1.4 million ED visits in 2011 were a result of pharmaceuticals misuse and/or abuse.[3]

Who is stealing prescription drugs?

Pharmacists, pharmacy techs, nurses, receptionists, doctors, patients, and even police officers have been caught stealing or forging prescriptions, stealing prescription pads, or stealing prescription medications. It can happen anywhere, by anyone.

How does this affect you?

Prescription theft or forgery by an employee in your practice may have legal and ethical ramifications for all professionals employed by the practice. If the practice fails to take proper precautions to prevent these actions, an injured person may attempt to sue for negligence. If you have a medical practitioner practicing medicine under the influence of narcotics, there are myriad negative ramifications affecting patient care, patient safety, or staff safety. You may also discover recordkeeping errors or inaccurate medical records.

A healthcare provider also may encounter issues with the federal Drug Enforcement Administration (DEA) if there is suspected drug diversion going on in the practice. A DEA investigation could result in suspension or even revocation of a healthcare provider's DEA license.
Prescription theft and/or forgery could lead to loss in business, unhappy staff, increased medical errors, increased malpractice exposure, and more challenging defenses of potential malpractice claims.

What can you do?

Electronically prescribing medications can help limit the availability of paper prescription pads in your office. Electronic prescriptions also may have the added benefit of preventing pharmacy staff from making alterations to the prescription.

One of the best ways to prevent prescription pad theft is to keep them under lock and key. Only trained healthcare providers with prescription-writing authority should have access to prescription pads. It is also a good idea to avoid pre-signing prescription pads.

In addition, most states have an electronic drug monitoring program aimed to combat prescription drug abuse. These programs track prescriptions given to each patient. Some states allow practitioners to request a patient's prescription data to help determine whether the patient may be abusing prescription drugs. If you have a patient displaying possible drug-seeking behavior, you may want to consider obtaining data from your state's electronic program to help determine if there is an issue. Be sure to check your state's laws regarding access to this information; you may need to submit a formal request. Some states will not dispense this information to healthcare providers.

Maintaining accurate medication lists and limiting refills are also good ways to help determine whether a patient is abusing prescription medications. You may want to consider using NCR (no carbon required) prescription pads so your practice has accurate records of exactly what was prescribed and to whom.

Being proactive about the process of prescribing controlled substance will help limit your practice's susceptibility to prescription theft and/or forgery.

1. Koba M. Deadly epidemic: prescription drug overdoses. USA Today. July 28, 2013. http://www.usatoday.com/story/money/business/2013/07/28/deadly-epidemic-prescription-drug-overdoses/2584117/. Accessed September 3, 2014.
2. Buntin J. America's biggest drug problem isn't Heroin, it's doctors. http://www.governing.com/topics/health-human-services/gov-biggest-drug-problem.html. June, 2014. Accessed September 3, 2014.
3. Prescription drug overdose in the United States: Fact Sheet. Centers for Disease Control and Prevention Web site. http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html. Updated July 3, 2014. Accessed September 3, 2014.

This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

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