



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

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Get Away and Come Together
Escape the daily grind and connect
with your family medicine colleagues



**2014 IAFP
Annual Meeting
November 7-9, 2014
in Gurnee**



President's Message

Edward A. Blumen, MD

Values and Value

I wanted to focus on two similar – yet different – words: values and value. Truthfully, I believe family physicians are overflowing with both of these!

Values: Everyone has them, right? What values encompass family medicine? Or how do family physicians showcase values that cross cultures, individuals and society as a whole?

Family physicians are dedicated to treating the whole person. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. (<http://www.aafp.org/about/the-aafp/family-medicine-specialty.html>)

We value relationships and our values revolve around honoring, respecting and growing those relationships, with patients, colleagues, students, lawmakers, leaders, administrators and the public. Our values are the reason we bring value to the health care system and to society as a whole.

I'd like to introduce you to some of the family physicians I've encountered as IAFP president who embody the values present in some form across the family medicine family.

Corinne Kohler, MD, works in Champaign at an FQHC and teaches at the University of Illinois College of Medicine in Champaign. She's also the IAFP expert on coding for immunizations and has been actively working in her community and statewide to ensure better health care services in rural Illinois. She's also doing amazing work leading Behavioral Health Integration in maternity care, while supervising two mid-levels. Given the incredible importance of high quality maternity care and the desperate need for behavioral health services across the entire patient population, integrating these two vital and demanding services under one program, using a team-based approach, will bring tremendous efficiencies, both in time and spending.

On Chicago's south side, you'll find Kohar Jones, MD, working her magic in a variety of places. She works with high school students, college students and



medical students in her summer service projects. These unique programs take these young people out of the clinic and into the community to learn more about the community they serve and then make a lasting measurable impact. You can follow their progress online at <http://summerservicepartnership.com/>. Kohar is also a gifted writer and humanitarian. She provides thoughtful and educational insights on her *Prevention Not Prescription* blog at www.koharjones.com. From yoga, to prevention to the primary care workforce, she covers our values from many angles. I encourage you to add her to your bookmarks. At times she's had the attention of Chicago through blunt and striking columns printed in the *Chicago Sun-Times*. Her column on the impact of gun violence on the health of her patients and their entire communities can stop you in your tracks. She exemplifies the family physician as a community member and community caregiver. Your visit with that patient will encompass much more than vital signs and physical symptoms. We know how much the community, societal, and socio-economic factors directly impact a person's health. Not only do we know it, we work to improve it. Wellness programs, community health fairs, community gardens in food deserts, fighting for safer streets, helmets, car seats, immunizations, tobacco-free children, mental health services. If it affects our patients, we value our time and effort spent making things better.

We have heard a lot over the last few years about Value-Based Healthcare. But what does it mean? Let me offer some insights from my physician and business brains.

Business may be viewed as a two-sided exchange of value. To maintain a bi-modal loyalty it is necessary to keep this in balance. In health care there are a number of stakeholders in the channels of this exchange. The end user is the patient.

Before the patient, we find the physician, the insurance company (if there is one), network, hospital, laboratory, vendors and the public health and governmental overseers and policy makers. Healthcare delivery may be viewed as a function of the values of all of these stakeholders. Collaboratively this may be interpreted as the values of a nation. Within this we may see two competing and compromising forces.

Equity: The maximum medical care to the maximum number of people

Efficiency: The forces of cost and quality. Value can be defined as benefit divided by cost.

Benefit is both functional and emotional. Cost may be considered as monetary + time + energy + psychic.

For the last few years data collecting systems have been put into place to evaluate the "quality" of our efforts. Though auditing medical records has been around since managed care days, and now data mining is an entirely new profession in healthcare. It is back-office auditing on steroids meant to move us in the direction of desired "quality" and move value in a positive direction.

Looking at ourselves – family physicians - we must interpret what Tal Ben-Shahar, PhD, author of *Even Happier*, calls our "Self-Concordant Goals" to better define our personal values, what will make us "even happier." I suggest we then ask the question posed by Jim Collins: "What Drives Our Engine?" Collins authored *Good to Great and Good to Great and the Social Sectors*, I think the ability to balance our self-concordant goals with the other stakeholders, while maintaining our personal quality of life – will ensure we not only drive our engine, but that it runs smoothly and gets great gas mileage!

As more and more patients enter the healthcare marketplace we family physicians will need to provide Value Based Volume through efficient teamwork. The concepts of the Patient Centered Medical Home have positioned us well for this. Some of the IAFP present and future leaders are taking us in this direction.

I thank all of the thought leaders, committees, committee members and staff of IAFP. We need your continued input and the additional ideas from as many of you as possible, to talk about and draw attention to our value and our values. I hope to see and hear from you at this year's annual meeting at Key Lime Cove in Gurnee, November 7-9. Consider bringing your family and don't forget the added value of bringing your bathing suits!

We are ISMIE.

Exceptional.
Capable.
Talented.



Ashish Chopra, MD, Gastroenterology
Cathy Lomelino McAfee, MD, Internal Medicine
Grant Su, MD, FASOPRS, Ophthalmology

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

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Protecting the practice of medicine in Illinois

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IAFP News

Continued from page 1



ANNUAL MEETING

We're getting out of the (hotel) box and going to the water park for our annual meeting this year. Bring the family and join your colleagues for a fun filled weekend getaway right here in Illinois! Earn CME credits by attending our education programming, complete a SAMs module at one of our many workshops, get caught up with Academy business at the Assembly, attend the Awards banquet, and spend some fun time in the pool with your family and friends!

We've altered our format and schedule to give you time for business, CME and then some YOU time to spend with your family and your family medicine friends!

What you'll experience at the Annual Meeting

- Family Fun Weekend!
- Earn up to 12.5 CME credits with Up-to-Date, fast paced education designed for family physicians!
 - Awards Dinner featuring FP of the Year and Teachers of the Year!
 - SAMs Workshops!
 - Exhibitors with products and services key to family medicine
 - Unmatched networking
- All Member Assembly – governance and leadership

Register to attend – find the link online at www.iafp.com or use the registration form

Fees: Physicians / non-physicians

\$250 – Conference fee – includes sessions, meetings, conference meals, reception and Awards Dinner

\$250 –for each SAMs workshop (make sure you register for each one)

Illinois Resident & Student members are FREE to attend!

Resident fee is \$75 for each SAMs workshop

Hotel Accommodations:

Key Lime Cove Indoor Waterpark Resort

1700 Nations Drive Gurnee, IL 60031

Reservations: (877) 360-0403

www.keylimecove.com

IAFP Room Block Rate – deadline is October 20

Queen Deluxe stateroom - \$139/a night

King stateroom - \$129/a night

*rooms include waterpark passes for up to 4 people per room.

Bring the family! Students and residents might want to double up.

The *fun-shine* starts here — at this 65,000 square foot indoor Lost Paradise Waterpark. There's no need to worry about cold, rain, or snow as it's always a balmy 84 degrees here and the sun shines endlessly, so don't forget to pack your swimwear! The atmosphere of the indoor Waterpark just north of Chicago has been inspired by the Florida Keys and you'll appreciate the thoughtful little touches including bright tropical colors, and a laid-back ambiance.

After surviving the Polar Vortex of 2014, this should be a nice chance of pace this November!

Meet our Plenary Speakers



John Meigs, MD, FAAFP - AAFP Speaker of the Congress of Delegates

Dr. Meigs is our AAFP official for this meeting. He will provide the AAFP Update CME address, present to the Resident and Student Track on Saturday morning and also conduct the official convocation ceremony for our Illinois members who have achieved the Degree of Fellow of the American Academy of Family Physicians (FAAFP).

Meigs was in private practice in Centreville, Ala., his hometown, since 1982. In 2013, he merged with another practice to become a part of Bibb Medical Associates, which is housed in a clinic at Bibb Medical Center, a 25-bed rural hospital in Centreville. He also serves as chief of staff at Bibb Medical Center.

A member of the AAFP since 1979, Meigs has served on numerous commissions and committees, including the Scientific Assembly Resolutions Committee and the Committee on Rural Health. He chaired the Commission on Health of the Public. Prior to his first term as

vice speaker in 2008, he had served as Alabama's delegate or alternate delegate to the Congress of Delegates since 1996.

At the state level, Meigs served on the Alabama AFP board of directors, including terms as president and chair. He also has served on the Alabama AFP's Executive Committee and chaired both the Public Relations Committee and Education Committee. Meigs also was vice president of the Alabama Academy of Family Physicians Foundation, the charitable arm of the organization, from 2003 to 2008.

He is a member of the Alabama Board of Medical Examiners and the State Committee on Public Health. He also serves on the Alabama Family Practice Rural Health Board and the Alabama Board of Medical Scholarships. This year, he was elected vice-chair of the State Committee of Public Health.

Meigs earned his undergraduate degree from the University of Alabama, Tuscaloosa, and his medical degree from the University of South Alabama, Mobile. He completed his family medicine residency at the University of Alabama Birmingham Selma Family Practice Residency Program in Selma, Ala., where he also served as chief resident.



Kathleen Klink, MD Medical Director, Robert Graham Center

Family Medicine and Primary Care: The Promise and the Challenge in an Era of Health Reform

Kathleen Klink joined the Robert Graham Center in April 2014 as Medical director, participating in research, collaborative management and dissemination functions of the Center and focusing on primary care workforce, quality and access. She represents the Center and its products with collaborators and key audiences. Prior to the Robert Graham Center, Kathleen was the Director of the Division of Medicine and Dentistry in the Bureau of Health Professions, U.S. Department of Health and Human Services, Health Resources and Services Administration. She is also the former Director of the Center for Family and Community Medicine at Columbia University and Chief of Service for Family Medicine at New York-Presbyterian Hospital and served as a Robert Wood Johnson Health Policy Fellow in the office of Senator Hillary Rodham Clinton in 2008 where she played a vital role in the U.S. Public Health Service Act, Title VII reauthorization bill,

"Health Professions and Primary Care Reinvestment Act." She received her MD degree from the University of Miami School of Medicine and completed her family medicine residency training there, as well.

Annual Meeting Schedule of Events

Friday November 7

- 9:00 am Registration opens
9:30 am Committee Meetings: Finance Committee, Public Health Committee, Government Relations Committee, Family Medicine Educators Committee
Any member can attend any committee meeting – please indicate in registration which committee(s) you'd like to attend
- 11:30 pm - 1:00pm Opening Plenary & Lunch
Family Medicine and Primary Care: The Promise and the Challenge in an Era of Health Reform
Kathleen Klink, MD
- 1:00 pm - 2:30 pm Clinically Integrated Networks Task Force Meeting
1:00 pm - 5:30 pm Breakout SAMs Workshop 1 – Health Behavior
1:00 pm - 2:30 pm Breakout CME sessions (see complete schedule starting on the next page)
2:30 pm - 3:00 pm Break w/ exhibits
2:30 pm - 5:00 pm Breakout CME sessions
5:00 pm - 6:30 pm Networking Reception
6:30 pm - 9:00 pm Awards Dinner – Free to members. Join us to honor our Family Physician of the Year and Teachers of the Year, and pay tribute to Executive Vice President Vincent D. Keenan, CAE on his 25 years as our chapter executive.

Saturday November 8

- 7:30 am - 8:30 am Breakfast
8:30 am - 12:30 pm Resident & Student Track (see separate information)
8:00 am - 12:30 pm Breakout – SAMs Workshop 2 – Preventive Health
8:00 am - 9:30 am Breakout CME sessions
9:30 am - 10:00 am Exhibit Break
10:00 am - 12:30 pm Breakout CME sessions
10:00 am - 11:00 am Student & Resident 2 Minutes, 2 Slides, 2 Questions
12:30 - 2:00 pm All Member Assembly & Lunch
Address from John Meigs, MD, FFAFP - AAFP Speaker
Installation of board members and address by new president Janet L. Albers, MD
- 1:00 pm - 5:30 pm Breakout – SAMs workshop 3 – Cerebrovascular Disease
2:30 pm - 5:30 pm IAFP Board Meeting

Sunday November 9

- 7:30 am - 8:30 am Breakfast
8:00 am - 9:00 am Family Health Foundation of Illinois Board meeting
8:00 am - 9:30 am Breakout CME Sessions
9:30 am Break
10:00 am - 12:30 pm Final CME Sessions



CME Lineup

Get your CME in satisfying 30-minute update sized bites. Get up to date, then get back to practice with tools, tips and knowledge you can use right away.

Friday, November 7

1:00pm – 1:30pm

Trials and Triumphs with Shared Medical Appointments and Inter-professional Team-based Care
Speaker: Janice Frueh, PharmD, SIU Center for Family Medicine

- Identify roles of inter-professional team in a diabetes-focused shared medical appointment.
- Describe “lessons” learned about the utility of a shared medical appointment for patient and resident education.
- Discuss how an inter-professional team can be utilized in providing patient care services and resident education for chronic disease care management.

1:30pm – 2:30pm

Immunizing Adolescents against Human Papillomavirus (HPV) and Meningococcal Disease: What You Need to Know
Speakers: Anton Grash, MD, UnityPoint Clinic; Amanda Wright, DO, UnityPoint Clinic – Family Medicine at Prairie Pointe

- Understand the current guidelines for immunizing adolescents against HPV and meningococcal disease.
- Educate patients and their parents/guardians about the importance of immunization.
- Develop an office-wide strategy to improve the immunization rate with adolescent patients (e.g., patient recall and reminder systems, standing orders).

2:30pm – 3:30pm

AAFP Chapter Lecture Series - Obesity
Speaker: Joan Temmerman, MD, MS, FAAFP, Physician, Genesis Health Group; Faculty, Genesis Family Medicine Residency (University of Iowa), Genesis Health System

- Improve adherence to evidence-based clinical guidelines in practice.
- Synthesize appropriate diagnosis and treatment plan for common adult obesity conditions in both outpatients and inpatients settings.
- Demonstrate ability to communicate effectively with the patient and the patient’s caregivers to ensure that diagnosis and treatment recommendations are understood.
- Access cultural factors in the health history and modify management plans to accommodate the patient’s cultural influences.
- Assess the need for and establish plans to acquire training in cultural competency.

3:30pm – 4:00pm

Technically Speaking... When Medicine and Technology Collide
Speaker: Loretta Salzman, MBA, CPHRM, Senior Risk Resource Advisor, ProAssurance Companies

- Identify the impact of emerging technologies on the practice of medicine.
- Revise practice patterns to manage professional liability risks created by data-related technology.
- Develop risk management strategies to enhance patient safety and mitigate the liability risks associated with the electronic health record.

4:00pm – 5:00pm

Priority Updates from the Research Literature
Speaker: Kate Rowland, MD, MS, Faculty, Advocate Illinois Masonic Family Medicine Residency, Clinical Assistant Professor, University of Chicago, Editor-in-Chief, Priority Updates from the Research Literature

- Briefly describe what a PURL is and where they come from.
- Explain several examples of articles from the research literature and how they pertain to primary care practice.
- Describe the motivation to change practice based on new, valid research.

Saturday, November 8

8:00am – 8:30am

HB1 Compassionate Use of Medical Marijuana Pilot Program and what it means to the Family Physician

Speaker: Margaret Millar, MD

- Review endocannabinoid biology.
- Discuss indications for cannabinoid treatment in Illinois.
- Explain side effects and known interactions.
- Identify resources for physicians and patients.

8:30am – 9:30am

ADHD: It's More Than Being Hyperactive...

Speaker: Sanford R. Kimmel, M.D. FAAFP, FAAP, Professor and Vice Chair, Department of Family Medicine, Medical Director, Main Campus Medical Center, University of Toledo

- Describe the diagnostic tools and in office evaluation of children who may have ADHD.
- Discuss the multitude of older and newer pharmacologic medications available for ADHD, including titrating medications to an appropriate dose, adverse effect profiles, duration, drug abuse potential and subpopulations where non stimulant drugs are less likely to be effective.
- Indicate selection of medication taking into account side effects, risks of abuse, need for 24 medication coverage, comorbid conditions, and potential for combination therapies using stimulant and non stimulant drugs.

10:00am – 11:00am

2 Minutes, 2 Slides, 2 Questions

Students and residents will each have 2 minutes, 2 slides, and 2 questions to present a case or clinical pearl to the entire Annual Meeting audience, who will then vote for their favorite presentation (and an awesome prize!) The object of 2 Minutes, 2 Slides, 2 Questions is to present rapid fire learning points (case examples, basic science revisited in practice, brain teasers, practice improvement lessons, etc.). It is meant to be a FUN experience for presenters and the audience!

11:00am – 11:30am

AAFP Update – Future of Family Medicine 2.0

Speaker: John Meigs, MD, FAAFP, Chief of Staff, Bibb Medical Center

- Summarize the goals and objectives of Family Medicine for America's Health (formerly known as Future of Family Medicine 2.0)
- Explain to others the concepts of FMAH.
- Plan how they can be involved in the promotion of FMAH

11:30 am – 12:00 pm

Sports Medicine

Speaker: John Hickner, MD, MS, Professor and Chair, Department of Family Medicine, University of Illinois at Chicago

- Review current evidence for the effectiveness or lack of effectiveness of a variety of injection therapies for tendonopathies.
- Review evidence for effective treatments for lateral epicondylitis.
- Review current evidence for the comparative effectiveness of platelet rich plasma injections for knee osteoarthritis.
- Discuss studies published in the past 2 years that provide important evidence about several sports medicine topics important for family medicine practitioners.

12:00pm – 12:30pm

Men's Health: Low T, Andropause, ED, BPH

Speaker: John Hickner, MD, MS, Professor and Chair, Department of Family Medicine, University of Illinois at Chicago

- Review BPH diagnostic criteria and effective treatments.
- Discuss the effectiveness of PDE-5 inhibitors for erectile dysfunction and the limited role of testosterone in treatment.
- Review the limited role of testosterone therapy despite the strong marketing emphasis on "Low-T."

Sunday, November 9

8:00am – 9:00am

Intimate Partner Violence in Your Office Setting

Speaker: Marian Sassetti, MD, FAAFP, Assistant Professor Department of Family Medicine, Rush Medical College, Partner, Lake Street Family Physicians

- Understand the prevalence of IPV.
- Explain the presentation of victims of IPV as they present to you in your outpatient setting.
- Describe appropriate and time saving interventions to address IPV.

9:00am – 9:30am

Behavioral Health

Speaker: Abbas Hyderi, MD, MPH, Associate Professor of Family Medicine and Associate Dean for Undergraduate Medical Education, University of Illinois at Chicago

- Evaluate alternative approaches to management of depression.
- Describe 2 effective approaches to post traumatic stress disorder.
- Summarize a potpourri of recent evidence regarding effective behavioral and medical approaches to a variety of conditions.

10:00am – 11:00am

Flu Vaccination Recommendations for Primary Care

Speaker: Sanford R. Kimmel, M.D. FAAFP, FAAP, Professor and Vice Chair, Department of Family Medicine, Medical Director, Main Campus Medical Center, University of Toledo

- Examine ACIP Immunizations for prevention of influenza in the United States.
- Discuss CDC recommendations for treatment of influenza in the United States.
- Understand why influenza vaccine changes annually and concerns for a bird flu epidemic.

11:00am – 11:30am

Sexually Transmitted Infections

Speaker: Abbas Hyderi, MD, MPH, Associate Professor of Family Medicine and Associate Dean for Undergraduate Medical Education, University of Illinois at Chicago

- Describe new data on HPV prevention.
- Discuss new studies addressing how best to screen/test for gonorrhea and chlamydia.
- Explain new info on HIV prevention.
- Describe Update on HSV labialis treatment and viral shedding of HSV.

11:30am – 12:30pm

Dermatological "Don't Misses"

Speaker: Richard Stringham, MD, Assistant Professor of Family Medicine, University of Illinois at Chicago

- Discuss over 10 potentially serious dermatological conditions that are not seen often but are very important for family physicians to not miss the diagnosis.
- Focus on diagnosis of these conditions based on the skin findings (rash appearance).
- Discuss treatment(s) for these dermatological conditions.

SAM's Workshops

You gotta have them, so why not take care of those SAM (Self-Assessment Module) requirements in the company of your Illinois colleagues – and with the comforting knowledge that you can hit the water park in just minutes after you're finished!

Join us for any or all of these options:

Friday November 7

1:00 pm - 5:30 pm

SAMs Workshop 1 – Health Behavior

Facilitated by Ken Howard, MD - Georgia AFP

Saturday November 8

8:00 am – 12:30 pm

SAMs Workshop 2 - Preventive Health

Facilitated by Sara Malone, MD, & Sharon Smaga, MD
SIU School of Medicine, Carbondale

1:00 pm - 5:30 pm

SAMs Workshop 3 - Cerebrovascular Disease

Facilitated by Kate Rowland, MD & David Jewison, MD
University of Chicago & Advocate Illinois Masonic

Work on a number of **ABFM's Self-Assessment Module (SAM's)** together with your peers in a classroom-like setting and get it done more efficiently! This SAM Workshop offers a convenient and high-quality solution for your busy schedule to complete the American Board of Family Medicine (ABFM) Maintenance of Certification (MoC) Self-Assessment Module (SAM). This workshop takes you through the 60 core competency questions to determine the correct answers. After the session, IAFP staff will report your answers directly to the ABFM. After this session, you will complete the second portion of the module, the Clinical Simulation, on your own. Upon successful completion of this module you will receive 15 MC-FP points in addition to 12 CME credits (through the ABFM, not the IAFP) are awarded for successfully completing each SAM module. To receive credit workshop participants must:

- Be currently eligible for and enrolled in the ABFM MC-FP process
- Have not completed your current MC-FP stage**
- Paid your MC-FP fees to the ABFM prior to completing the Clinical Simulation
- Complete the Clinical Simulation
- Attend and fully participate in the educational discussion for the entire session

Cost: \$250 per workshop.

Register using the IAFP Annual Meeting Registration form at

https://iafp.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_164350

Awards Banquet Celebrates Illinois Family Medicine Stars

Friday night's Awards Banquet will inspire today's family physicians and encourage our future family physicians.

This year we will honor four amazing members and one dedicated executive director:



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

Honoring Vincent D. Keenan for 25 years of service



Vince Keenan was announced as the IAFP's executive director in May 1989. Since that time he's been a trusted face for the Academy and a mentor to many who worked with him from residency to the IAFP presidency. We'll honor Vince and celebrate with those who have known him over this quarter-century.

If you cannot attend the annual meeting, please consider a donation to the AAFP Foundation and the Illinois AFP Foundation. Your donation will be split 50/50 between the AAFP Foundation and the Illinois AFP Foundation. All gifts are tax-deductible and will be recognized by AAFP Foundation. If you make a contribution online please visit www.aafpfoundation.org/donatetoday and type "Vince Keenan 25th" in the comments section.

Your donation will be used to support the future of family medicine:

- AAFP Foundation Scholarships for National Conference of Family Medicine Residents and Medical Students. www.aafpfoundation.org/nc for more information.
- AAFP Foundation Family Medicine Cares initiative that addresses the health care needs of underserved populations in the United States and Haiti. www.aafpfoundation.org/fmcusa and www.aafpfoundation.org/fmci for more information.
- Illinois AFP Foundation support for Illinois medical students to attend Family Medicine Midwest Conference, www.iafp.com/fmm
- Illinois AFP Foundation support for Illinois medical school Family Medicine Interest Groups.

On the All Member Assembly Agenda

As we go to print, there are two resolutions submitted by IAFP members for consideration at the IAFP All-Member Assembly on Saturday, November 8. The deadline is September 23rd to ensure your resolution is voted on by the Assembly. Any resolution submitted after September 23rd is considered a Late Resolution and will only be considered if 2/3 of the voting members agree to bring it to the floor for discussion. Resolutions may be submitted via email to Gordana Krkic, CAE at gkrkic@iafp.com.

Prohibiting Sale and Distribution of Raw or Unpasteurized Milk and Milk Products Submitted by: Rashmi K. Chugh, MD, MPH

Whereas, the American Academy of Family Physicians currently has no policy regarding the sale or distribution of raw milk or milk products, and

Whereas, the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration, the American Medical Association, and the American Veterinary Medical Association all strongly advise against human consumption of raw milk since it may contain a wide variety of harmful bacteria – including *Salmonella*, *E. coli* O157:H7, *Listeria*, *Campylobacter* and *Brucella* -- which may cause illness and possibly death, and

Whereas, because of the potential for serious illness, federal law prohibits dairies from distributing raw milk across state lines in final package form (i.e., packaged so that it can be consumed), meaning that raw milk can only be distributed across state lines if it is going to be pasteurized or used to make aged (over 60 days) cheese before being sold to consumers, and

Whereas, each state makes its own laws about selling raw milk within the borders of the state; in about half of states, sale of raw milk directly to consumers is illegal, and in the remaining states, raw milk may be sold to directly to consumers, and

Whereas, reports received by CDC from 2007 to 2012 indicate 81% of outbreaks were reported from states where the sale of raw milk was legal in some form; only 19% occurred in states where the sale of raw milk was illegal

Whereas, the rate of outbreaks caused by raw or unpasteurized milk and products made from it was 150 times greater than outbreaks linked to pasteurized milk, according to a study reviewing dairy product outbreaks from 1993 to 2006 in all 50 states, published by CDC in February 2012, and

Whereas, among dairy product-associated outbreaks reported to CDC between 1998 and 2011 in which the investigators reported whether the product was pasteurized or raw, 79% were due to raw milk or cheese; from 1998 through 2011, 148 outbreaks due to consumption of raw milk or raw milk products were reported to CDC, which resulted in 2,384 illnesses, 284 hospitalizations, and 2 deaths, and

Whereas, it is important to note that a substantial proportion of the raw milk-associated disease burden falls on children; among the 104 outbreaks from 1998-2011 with information on the patients' ages available, 82% involved at least one person younger than 20 years old, and

Whereas, the American Academy of Pediatrics approves a ban on the sale of raw or unpasteurized milk and milk products throughout the United States, and

Whereas, human consumption of nonpasteurized dairy products cannot be considered safe under any circumstances, therefore be it

Resolved, that the Illinois Academy of Family Physicians support prohibiting the sale and/or distribution of all raw or unpasteurized milk and milk products for end-user human consumption in the United States, by educating physicians, and by promoting implementation and enforcement of regulations by appropriate government agencies.

Resolution Regarding ADEA Exemption Resolution Submitted by: David Hagan, MD, Gibson City

Whereas, there are over 80,000 practicing physicians over 65 years of age which is 18% of all practicing physicians.

Whereas, dementia has an 8-11% prevalence among individuals over 65 years of age.

Whereas, routine peer review processes and quality assurance programs are not adequate to identify issues prior to patient harm occurring,

Whereas, the Age Discrimination Employment Act (ADEA) prohibits testing of individuals age forty years or older, therefore be it,

Resolved, that the IAFP bring resolution to the AAFP Congress of Delegates 2015 to ask AAFP to work with the appropriate federal policymaking authority to allow credentialing organizations to enact dementia screening programs, thereby creating an exemption to the Age Discrimination Employment Act.

Also on the schedule:

-Resolution of Commendation for Bechara Choucair, MD, Commissioner, Chicago Department of Public Health

2014 IAFP Bylaws Amendments

At the upcoming 2014 IAFP Annual Meeting, November 7-9 at Key Lime Cove, Gurnee, the All Member Assembly must consider and vote on any changes to the Academy Bylaws. All active members are being apprised in writing of any proposed changes that must be considered.

There is one broad area of change: suggested changes by the AAFP legal counsel in response to the considerable changes made to the IAFP bylaws in 2013.

The changes are described below, with hyperlinks to the actual redline changes on the IAFP website at <http://www.iafp.com/Annual%20Meeting/proposedbylawchanges.pdf>. The full redlined bylaws are too lengthy to publish in our Family Physician Newsletter, so the website is the best place to view them before the meeting. The changes will also be available on-site at the All Member Assembly. You can link to the full current IAFP bylaws at www.iafp.com/about

The five changes suggested by the AAFP lawyer to the IAFP bylaws and administrative rules, are as follows:

- Chapter 1, Name and Affiliation, Section 3, delete reference to AAFP charter issued to IAFP
- Chapter 3, Classes of Membership and Election, Section 4, delete section as it is contained in AAFP bylaws
- Chapter 5, Ethics, delete current language and insert update AAFP Chapter 14
- Chapter 6, Dues and assessments, Section 5, delete as AAFP manages billing
- Administrative rules, delete last three paragraphs as AAFP manages billing.

The red-lined 2013 IAFP bylaws shows changes that the AAFP lawyer recommends.

Vote online for the 2014-15 IAFP Board of Directors

The Leadership Development Task Force met August 13 and slated the following candidates for the online election, which will be open for voting September 9 through October 10. All active and life members have the privilege to vote. IAFP members with a valid e-mail address on file, will receive an email with a link to the online survey. If you do not have an e-mail address on file, you can log in and vote using this website address <https://adobeformscentral.com/?f=SI155M1-urmSgA6dpSR4wA>.

Candidates for 2014-15 Illinois Academy of Family Physicians Board of Directors

President-elect, 2014-15,



Alvia Siddiqi, MD
Inverness

First vice president, 2014-15,



Donald Lurye, MD
Glen Ellyn

Second vice president, 2014-15,



Asim Jaffer, MD
Peoria

Board class of 2017

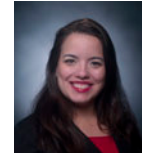
(three candidates for three positions)



Monica Fudala, MD
Mount Prospect



James Valek, MD
Chicago



Tabatha Wells, MD
Springfield

AAFP Delegate, 2014-16



Kathleen Miller, MD
Decatur

AAFP Alternate Delegate, 2014-16



Asim Jaffer, MD
Peoria

New physician Class of 2016

(one candidate for one position)



Santina Wheat, MD
Chicago

Meet your new board members

Over the summer months three new faces joined the IAFP board of directors. With the turnover of medical school and residency graduations, our resident and student president-elects move up to join the board of directors effective July 1. Both participated in their first board meeting on August 27.



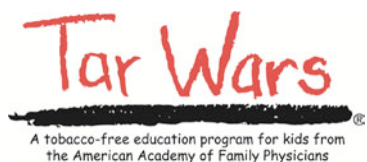
Resident board member: Emma Daisy, MD. Emma graduated from the Northwestern McGaw Family Medicine Residency Program at Erie Family Health Center (that program's first graduating class!). She is currently enrolled in the research fellowship program at the University of Chicago Pritzker School of Medicine. Emma has been active with IAFP throughout her residency, completing a government relations internship through IAFP and actively engaging with lawmakers in Springfield and Washington, D.C.



Student board member: Kristina Dakis is a fourth year student at the University of Illinois at Chicago. She's been a Family Medicine Interest Group leader at UIC, when that FMIG received an AAFP Award of Excellence in 2013. She's been an integral member of the Family Medicine Midwest committees, helping to establish the brand name of our regional workforce building foundation. She's also an avid and talented musician. You can learn more about her in this issue's Member Spotlight on page 22.



Class of 2015: Rachel M. Klamo, DO is a faculty physician at the Adventist Hinsdale Hospital Family Medicine Residency Program. She joined the IAFP board of directors class of 2015 to fill the unexpired term created when Carrie Holland, MD relocated to Michigan. Klamo is the chair of the IAFP Family Medicine Educators committee and has helped lead the formation and implementation of the IAFP's annual Resident Research Webinar. Her team spirit is evident in helping to design and implement the Illinois Family Medicine Residency block at the AAFP National Conference exhibit hall.



Illinois Tar Wars winner goes to DC

Jarrett Robertson of Moweaqua represented Illinois in the National Tar Wars Poster Contest July 21-22 in Washington, D.C. He spent Monday meeting with poster winners from around the country, and then enjoyed the poster contest banquet and awards ceremony. Jarrett received Special Recognition honors for his poster.

Tuesday he headed to Capitol Hill with his parents Craig and Brandi for a special meeting with Sen. Dick Durbin in the Capitol Dome followed by a guided Capitol tour. Sen. Durbin even tweeted his congratulations and this photo from his office. The Robertson's finished off the day visiting with staff from Sen. Mark Kirk's office and headed home to Illinois with amazing memories and photos like this!



"It was an honor to represent Illinois at the Tar Wars conference," said Jarrett after returning from D.C. "I got to see the White House, Lincoln Memorial, Washington Monument, Ford's Theater and the Capitol. It was so nice to meet Senators Durbin and Kirk."

Jarrett's trip to Washington, DC was possible thanks to a grant from Pfizer Charitable Contributions to the Family Health Foundation of Illinois to cover their travel expenses. The Robertson family even made a donation back to the Family Health Foundation of Illinois.

Tar Wars Today

After more than 25 years as the family medicine flagship program for youth tobacco prevention, Tar Wars is undergoing an update and evolution to meet the changing landscape. Tar Wars has reached millions of fourth- and fifth-grade students with tobacco-free education. This important program will not go away. *While the Tar Wars program will continue, the AAFP Tar Wars National Conference and the national poster and video contests will be discontinued in order to focus funding and resources on the comprehensive efforts aimed at tobacco and nicotine prevention and cessation for all ages.* AAFP and IAFP will focus on promoting Tar Wars to more family medicine residents, family medicine interest groups, and medical students, to present the program in their communities. Tar Wars educational materials will be available online at www.tarwars.org and any individual is encouraged to continue to use this program for fourth and/or fifth grade students at in-school or extra-curricular opportunities.

Fortunately, family physicians have real power in the fight against tobacco and nicotine. We reach the entire family, over the entire life span, all over the United States. It's time to leverage that reach. Research shows that family physicians have a tremendous opportunity to impact tobacco use, since at least 70% of the people who use tobacco products in the United States see a physician each year. If you're looking for an outstanding compilation of tobacco and nicotine resources, The AAFP Board approved a revised "Preventing and Treating Nicotine Dependence and Tobacco Use" Position Paper, available at: <http://www.aafp.org/about/policies/all/tobacco-prevention.html>

School is back in session and it's a great time to teach Tar Wars in your local school. Just five simple steps:

1. Download the newly updated Program Guide from www.tarwars.org with everything you need to know and prepare.
2. Contact Tar Wars coordinator Ginnie Flynn at gflynn@iafp.com to join the list of volunteer presenters.
3. Contact the school where your children or patients attend and offer to teach the program to 4th or 5th grade classrooms.
4. Bring your enthusiasm and a few props and photocopies and deliver a vital, tobacco-free message.

Family Health Foundation's annual White Sox game

The seventh annual Foundation fundraiser on August 15 brought out our biggest crowd ever. Over 250 baseball fans flocked to U.S. Cellular Field to see the White Sox down the Toronto Blue Jays 11-5 on a gorgeous summer evening that included country music and capped off with fireworks. With these cool "Family Medicine Rocks" flashing pins on each fan, our group stood out in the crowd!

Thanks to the record number of fans and the support of our six event sponsors, the one night of fun raised \$5,600



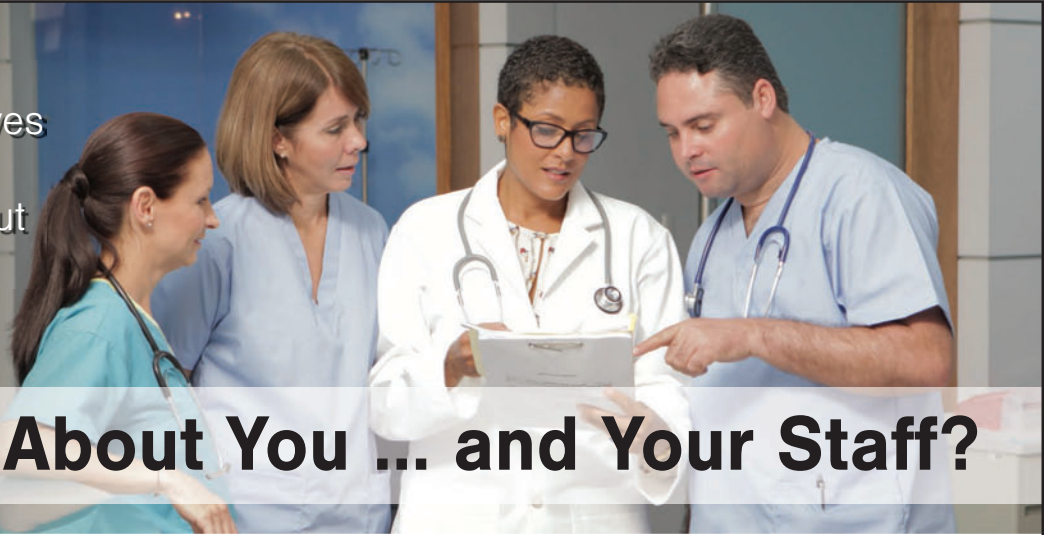
for the Foundation's ongoing efforts to support student and resident activities

throughout the year. Thank you to ProAssurance for hosting the members' pre-game social before the game and a high-five to all of our corporate supporters.



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- Cigna-HealthSpring
- Healthcare Associates Credit Union
- Healthy Interactions
- Molina Healthcare
- ProAssurance Professional Liability Group

Half of all workers would find themselves in financial trouble after a month without a paycheck.*



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*CDA 2013 Employer Disability Awareness Study

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Government Relations

State Issues Summer Recap

Election Day is Nov. 4. Go vote!

The 98th Illinois General Assembly adjourned on May 31st. All 511 bills that passed both chambers were sent to the Governor. Once the Governor has received a bill, he has sixty days to act on it by approving it or vetoing it. If he does nothing, it automatically becomes law.

Bills that IAFP actively followed this session include:

Psychologists prescribing SB 2187 has been signed into law. The bill was amended to include provisions that allowed IAFP to remove opposition:

- no prescribing to those under 17 and over 65 or to pregnant women.
- no prescribing to patients with serious medical conditions, such as heart disease, cancer, stroke, or seizures, and with developmental disabilities, and intellectual disabilities
- no prescriptive authority for benzodiazepine Schedule III controlled substances
- adds two physician members to the Clinical Psychologist Licensing and Disciplinary Board, one of whom is a psychiatrist and the other a primary care or family physician.

Epi-pens HB 5892 has been signed into law allowing for students to carry and self-administer epi-pens and for trained personnel to also use them. IAFP offered comments to the Attorney General's office toward the final language of the bill that addressed provider concerns which resulted in IAFP being neutral on the bill.

POLST SB 3076 has been signed into law. The bill provided updates to the Physician Orders for Life Sustaining Treatment (POLST) DNR form. The streamlining is expected to lead to wider use of the form. The law will authorize delegated physician assistants, nurse practitioners and second-year medical residents to sign the order.

Community Health Workers HB 5412 has been signed into law. This bill formally establishes the scope of practice and core competences of a Community Health Worker (CHW) and creates an Advisory Board for these frontline workers. The Advisory Board is expected to be appointed sometime in September.

Transparency and Medical Exemptions HB3638 has been signed into law and will require that insurers make information about benefits, including drug formularies, cost sharing structures, and provider directories, available on their company website and on the marketplace website. It will also require that insurers must approve or deny prior authorization requests within 72 hours and include a reason for the denial and an acceptable alternative medication.

Omnibus Medicaid Bill: The [Omnibus Medicaid bill](#), was signed by the Governor on June 16th. The law provides critical restorations to the Medicaid Program that had been cut to save money in 2012 as a part of the SMART Act. It will cost roughly \$220 million but will draw in \$2.4 billion in federal funds for the state and providers. Some key provisions include:

- Funding for the poison control center
- Hospital assessment tax
- Restoration of adult dental services
- Elimination of the four prescription drug prior authorization limit for antipsychotics
- Network adequacy for Managed Care Organizations

Medicaid Managed Care Rollout Half of the state's 2.9 million Medicaid recipients must be enrolled in some form of managed care by 2015 under Governor Quinn's Medicaid overhaul. The updated HFS Care Coordination Expansion map <http://www2.illinois.gov/hfs/SiteCollectionDocuments/CCExpansionMap.pdf> provides additional details on which health plans will be available in each of the mandatory Family Health Plans (children and families) and ACA Health Plans regions. According to the revised rollout map, 77 out of 102 counties in the state will have at least one ACE and/or MCO option. Please link to the important notice below from HFS to providers on Care Coordination Enrollment for Children, Families, and ACA Adults <http://hfs.illinois.gov/assets/052314n.pdf>

Illinois Workforce Investment Board (IWIB)

IAFP 1st Vice-President Alvia Siddiqi, MD and Deputy Executive Vice President Gordana Krkic, CAE are members of the Illinois Workforce Investment Board (IWIB) Health Care Task Force. The Governor's Health Care Reform Implementation Council and the Illinois Dept. of Public Health have partnered with IWIB to develop a report with recommendations stemming from the collective findings of five working groups

1. Effects of Change in Health Care Delivery on Occupational Demand
2. Scope of Practice Issues
3. Front-line paraprofessionals
4. Inter-professional education and practice
5. Regional Strategies to Address Workforce Shortages

The Task Force's chief finding during this project has been that the provision of healthcare is in the midst of a structural shift in the provision of services to the population. This shift is being driven by a fundamental restructuring of reimbursement models, and by the implementation of healthcare policy changes – both governmental and non-governmental -- across society. This shift will result in an increasing importance for the ambulatory care sector of healthcare. As greater emphasis is being placed on encouraging and incentivizing health rather than responding to sickness, greater emphasis will be placed on those services that increase overall community health, assist populations in non- medical settings, and encourage the provision of non-intensive services by non- professional staff. IAFP submitted our comments (available online at <http://www.iafp.com/board/Newsletter/IAFPcommentsIWIBTaskForce.pdf>) on the final draft report which will be presented to the full task force on Sept. 19th.

Several other issues remain unresolved

Hep C Screening In April, IAFP president-elect Janet Albers, MD testified against mandated Hep C screening in a subject matter hearing of the Senate Public Health Committee (testimony is online at <http://www.iafp.com/legislative/albers2014.pdf>). Meanwhile, the Centers for Medicare and Medicaid Services will reimburse for hepatitis C virus screenings for two target populations, including baby boomers. That decision comes amid controversy surrounding the costs of treatment that could result from screening, since screening may identify asymptomatic people who carry the virus but may not need to be treated. The CMS said it will only reimburse for screening for beneficiaries who fall into two categories:

1. Individuals who are considered at high risk for the disease, including individuals who have a current or past history of illicit injection drug use or those who had received a blood transfusion prior to 1992.
2. Individuals who were born from 1945-1965. This group was singled out since about two-thirds of patients with hepatitis C were born between these years, according to the U.S. Preventive Services Task Force.

The coverage determination brings Medicare into alignment with private insurers who have already been reimbursing for screenings for these individuals. Meanwhile the Illinois Medicaid program announced eligibility guidelines they will use to determine coverage for Sovaldi treatment regimen for Illinois patients. View the notice at <http://www.hfs.illinois.gov/assets/080814n2.pdf>.

Pharmacists as Vaccinators EverThrive Illinois held a meeting to hear provider concerns regarding pharmacists as vaccinators. As of 2012, pharmacists can administer all routinely recommended vaccines to persons 14 years and older as well as influenza and Tdap vaccines to persons 10 years and older. In addition, pharmacists must notify the patient's physician and maintain appropriate record retention. To date, they are not recognized as vaccine providers by Illinois Medicaid.

The primary concerns voiced by providers included the need for strengthened accountability and reporting into the ICARE registry. And the pharmacists' primary contention was an across-the-board mandate to report into the ICARE registry.

For more information on any of these issues, please contact Gordana Krkic, CAE, deputy executive vice president, at 630-427-8007 or gkrkic@iafp.com.

SAVE THE DATE

Spring into Action Lobby Days - Join us April 21, 22 or 23 in Springfield



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Update on the Safe Prescribing Program www.iafp.com/SafePrescriber

Breaking News – New Regulation Making Hydrocodone a Schedule II Product

On August 21, 2014 The Drug Enforcement Agency announced that it was rescheduling Hydrocodone Combination Products (HCPs) from Schedule III to Schedule II of the Controlled Substances Act, effective 45 days from the date of the announcement. This change will limit prescriptions to an initial 90-day supply and will require patients to see their physician for each subsequent refill. Schedule II controlled substance require a written prescription signed by a practitioner.

Overdose Prevention Medical Education Workgroup

Heroin addiction often starts with prescription opioids. Heroin and prescribed opioid- related overdose deaths are at epidemic levels nationally and in DuPage County.

The DuPage County Health Department is exploring solutions to the problem in that county with a newly created overdose prevention medical education workgroup and CME event. This workgroup includes partners from the DuPage County Coroner's Office, DuPage County State's Attorney's Office, the Joint Commission, Illinois Academy of Family Physicians, DuPage County Medical Society and other healthcare professionals.

The medical education workgroup's efforts are aligned with the U.S. Centers for Disease Control and Prevention goal, to reduce abuse and overdose of opioids and other controlled prescription drugs while ensuring patients with pain are safely and effectively treated. The two local goals of this workgroup are: 1) to educate the medical community about safe and appropriate opioid prescribing practices, and 2) to reduce heroin overdose deaths through prevention education and enhanced, appropriate naloxone prescribing and access.

Opioid Safety Seminar: Safe Prescribing and Overdose Prevention Education for Medical and Dental Professionals

The workgroup, led by IAFP Public Health Committee chair Rashmi Chugh, MD, MPH, presented the inaugural "Opioid Safety Seminar: Safe Prescribing and Overdose Prevention Seminar" at Elmhurst Memorial Hospital in May. The event began with a sobering presentation from the DuPage County Coroner, Richard Jorgensen, MD, FACS, outlining the increasing number of deaths due to opioid and heroin overdoses. Additional speakers included Daniel J. Castillo, MD, MBA, who explained The Joint Commission's Standards on Pain Management, Ted Parran, MD, FACP, whose topic covered balancing safety and efficacy when prescribing opioids, and J. Michael Patton, who explained the importance of enrolling in the Illinois Prescription Monitoring Program (PMP).

For many, the highlight of the program was Nick Gore, a recovering heroin addict, who spoke about his journey from prescribed opioids for his hockey injury, to opioid abuse, to ultimately slipping into heroin addiction. Attendees commented that "This effective and inspirational presentation made me feel inspired to ask deeper questions and also deny a prescription if the facts don't line up," and "Every time I prescribe opioids, I will think of Nick."

To listen to presentation recordings, or to download materials, please visit: <http://www.dupagehealth.org/opioidsafety>



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reputation and your patients.***



What do you like most about being involved with IAFP?

I've loved getting to know the people involved here. My favorite experience so far has been going to the AAFP National Conference [of Residents and Students] participating in the student Congress and seeing how changes are made at the national level, and learn how to write a resolution. I think patient advocacy and family medicine advocacy is important and this was a great way to get my feet wet.

Where do you think family medicine will be five years from now?

I think it will continue to grow! I think the country is finally realizing how important primary care is, especially family medicine. I think we're going to have a larger role in health care than we do already.

What are the most prevalent health conditions you've seen during your school experience?

I'm seeing a lot of chronic conditions; diabetes, heart disease, hypertension, the things that require a primary care physician to be involved. And things that require behavioral changes. I've found myself doing a lot of counseling already as a student, which I find really rewarding.

Kristina Dakis
IAFP Student Board Member – UIC
Family Medicine Midwest Conference Host
Committee 2014

How do you balance the demands of school, extra activities and your own well-being?

I have a wonderful support system, family and supportive friends. I try to do non-medical things, like I love playing music. I love cooking and trying new foods. And I love exploring Chicago (she's originally from Naperville).

What are some of the highlights of your med school experience?

I am really involved with the college of medicine artist group, as the group's

president. And I started a volunteer program where musicians take turns playing at the pediatrics clinic once a week for the patients. I also organize a Christmas Caroling outing where we went to the family medicine clinic and sang.

If you weren't going to be a doctor...

I would probably be a music teacher! I play clarinet, saxophone and piano, and I really do love teaching. Editor's note: She is also an alternate with the Naperville Symphony

What would surprise me?

One of my side hobbies is home brewing beer. I really like IPAs a lot.



Photo provided by Kristina Dakis

Moving Mountains in honor of a pediatric patient



Matthew Plofsky, MD of Deerfield lost a long-time patient, 8-year old Sam Sommer to leukemia last December. Dr. Plofsky hosted a photography exhibit on July 20 at the Heller Nature Center in Highland Park, a favorite location of Sammy's. About 75 people – patients, family and friends and photo club members and Sammy's grandmother attended and viewed his 22 photos on display.

Members in the News

Throughout Sam's cancer battle, Dr. Plofsky was there as his family physician, the doctor who has cared for him since he was born. "He was getting care in Milwaukee – I just tried to make a point to stay involved make sure he's okay and I visited him," says Plofsky "I focused on doing what I could as a person rather than the one making medical decisions. That's what family medicine is all about."

Plofsky has devoted the past eight years developing his high level photography into a passion, where he finds opportunities for those amazing photos. "Even with medical conferences I can go places and get photos," he said. "My interest in photography stemmed somewhat from the technical challenge it presented and evolved more to the creative exploration it has become. When I'm taking pictures in nature, I have the opportunity to creatively record what I have seen and can present it to others. I find this both challenging and rewarding. Spending time outdoors is also relaxing and spiritually uplifting."

This photo of the bears was taken in Alaska during a 10-day trip with 15 photographers. Plofsky says he was about 15 feet away from these bears taking the photo as the mother bear was digging for clams at low tide. Through the Moving Mountains fundraising effort for St. Baldrick's, Plofsky found an avenue to use his photography talents to help future children. He has taken care of the entire Sommer family for over a dozen years, as the physician for both parents and all four children. "Seeing those kids grow up, I can't help but form strong connections (he and his wife have four kids, also). The connections that are created as I care for individuals and families are a daily reaffirmation of why I went into medicine. With Sam's love for nature and my photography, I thought that dedicating my photo exhibit to his memory and using it to raise money for St. Baldrick's would be a perfect way to help.



Photos provided by Matthew Plofsky, MD

You can learn more, and contribute to his fundraising efforts using these links.

Move Mountains campaign for Pediatric Cancer Research

You can make direct donations to St. Baldrick's in Sam's honor at

<https://www.stbaldricks.org/fundraisers/mypage/402/2014>

If you would like to view and order one of Dr. Plofsky's amazing photos, please use this link to choose a photo and set up your framing order. All the artist's proceeds go directly to St. Baldrick's. <http://www.americanframe.com/artist/Matthew-Plofsky.aspx>

The artist's proceeds will go to St. Baldrick's Foundation, which raises money for basic research on childhood cancers. Childhood cancer is particularly elusive. In 80 percent of kids, cancer has already spread to other areas of the body by the time it's diagnosed. You can read about "Superman" Sam Sommer, on the blog written (and continually updated) by his mother, Phyllis at <http://supermansamuel.blogspot.com/>.

Congratulations to **Timothy Ruetten, MD** of Sycamore for his honor receiving the Outstanding Physician Humanitarian award from Kish HealthSystem according to the Aug. 15 *Sandwich Free Press*.

Kaveh Rhamani, MD of Crestwood authored a column urging Medicare patients to utilize the annual Medicare Wellness Visit to keep up good health and for all patients to commit to healthy changes. His column appeared in the August 19 *Southtown Star*.

Tim Ott, DO of Quincy was interviewed on tape Friday Aug, 1 and live on WGEM-TV morning show on Monday Aug. 4 discussing the predicted primary care physician shortage, what can be done to avoid it and how SIU-Quincy Family Medicine Residency program trains and retains family physicians in the community.

Craig Davenport, MD, to fill the position of director at the Rural Medical Education (RMED) Program at the University of Illinois at Rockford. Dr. Davenport is from Pittsfield, Ill., in rural Pike County. He is a 1995 graduate of Pittsfield High School and a former patient and extern of IAFF past-president **Ronald Johnson, MD**. The announcement appeared in the July 23 *Rockford Register Star*.

IAFF past president and past AAFP Speaker **Carolyn Lopez, MD** chronicles the success of the Chicago Department of Public Health's Healthy Chicago initiative and spotlights the significant contributions of family physicians to their advocacy efforts in this week's [AAFP Guest Editorial](#) published July 23. Lopez is president of the Chicago Board of Health

Janet Albers, MD, IAFF president-elect, has been selected to be the chair of the Department of Family Medicine at SIU School of Medicine. She began her new position July 1, replacing John Bradley, MD, who retired effective June 30. Dr. Albers will continue as CEO for

the SIU Family Health Center FQHC until her replacement is hired.

IAFF past-president **Edward A. Hirsch, MD** had been named Vice President and Chief Medical Officer for Children's Hospital of Illinois in Peoria. He will have overall responsibility for planning & directing care strategy, enhancing quality & safety, promoting effective use of resources and clinical integration, and will lead Children's Hospital's relationship with the University of Illinois College of Medicine at Peoria (UICOMP).

William Bird, MD has been named New Chief of Quality and process for CGH Medical Center according to the June 23rd *Sauk Valley News*

Dr. Steven Befus died in 2003 at age 51. But his medical missionary work in the midst of Liberia's worst civil wars made a lasting impact in the family medicine residency program at the University of Illinois College of Medicine at Peoria. According to the June 26 Peoria Journal-Star, UICOMP officials presented the first the first Befus Humanitarianism Award to his widow, Sue, during the residency program's graduation ceremonies. The honor includes a \$1,000 donation from UnityPoint Health-Methodist Proctor Foundation to the charity of the recipient's choice. Befus, his wife, and three children, all under the age of 5, left for Liberia in 1981, soon after he completed the family medicine residency at Methodist. He returned to Peoria periodically, either to raise money or to renew his visa. During those intervals, he taught at UICOMP. [Read more here](#)

Anad Salem, MD has been voted Mentor of the Year by the SIU School of Medicine first year students in Carbondale. Salem was one of 14 nominees, according to the July 10 *Southern Illinoisan*.

Bernard Ewigman, MD, MSPH, endowed chair of family medicine at

University of Chicago NorthShore, has accepted a position on the ADFM Board (Association of Departments of Family Medicine) and as Chair of one of their Strategic Committees.

The Rural Medical Education (RMED) Program of the University of Illinois College of Medicine at Rockford was awarded the Illinois Rural Health Association's (IRHA) 2014 Award of Merit. RMED was recognized for its 20-plus years of recruiting medical students from rural communities across Illinois and successfully educating them with the goal of returning to rural Illinois to practice. The program has graduated nearly 260 students, with more than 70 percent practicing in rural Illinois.

Dr. Craig Davenport, RMED director and IAFF member, accepted the award. The award was covered in the *Rock River Times*.

Mustafa Alavi, M4 at University of Illinois at Chicago, is the new student board member for STFM. Mustafa has served as AAFP FMIG Regional Coordinator in 2012-13, and AAFP FMIG National Coordinator in 2013-14.

In Memoriam: **LeBaron Paul Johnson, MD**, 93, died July 19 after a short illness. He was a charter Fellow of the American Academy of Family Physicians, and founder and Director of the Family Practice Residency and Emeritus Professor of Family Medicine at the University of Illinois at Rockford. He was instrumental in bringing a regional medical school to Rockford, founding the Residency in Family Practice on the Rockford Campus, and was head of the Department of Family and Community Medicine as Professor until retiring as Emeritus Professor of Family and Community Medicine. Later, the L.P. Johnson Family Health Center, a comprehensive family medicine teaching facility associated with the University of Illinois College of Medicine was established.

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Demetrius Maraganore, MD and Julian Bailes, MD

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- Multiple Sclerosis
- Neuromuscular
- Neurophysiology
- Neuroradiology
- Sleep
- Spine Surgery
- Stroke

Understanding Concussions: 2014 Update for Family Physicians

News You
Can Use

With the start of the new school year comes the usual influx of sports injuries to physician offices. Concussions are perhaps one of the more challenging injuries that present for evaluation. Knowing how to appropriately manage a concussion, including when it is appropriate to refer the patient, will make for a more efficient and effective visit with the injured athlete.

Standardizing the Approach:

When an athlete presents for a probable concussion, the visit often is one of patient, and parent, education. Many people have an inaccurate understanding of what a concussion is and how it should be approached due to the deluge of media attention concussions have received in recent years. Taking the time to listen to concerns and to provide more accurate information on the first visit will save time in the long run. Reminding parents and the patient at the outset that each concussion is unique, that the timeline to recovery varies and that care must be individualized based on symptoms is essential in managing expectations.

A consideration is to schedule the initial concussion evaluation for an hour, billing by time, to allow time for a thorough evaluation in addition to the necessary counseling. During this time, focus should be placed on obtaining a detailed history of the event that includes the mechanism of injury, any loss of consciousness, amnesia or immediate symptoms such as headache, nausea, vomiting or dizziness. One should also review the mechanisms, symptoms and duration of any prior concussions as well as discuss other potential confounding factors such as a history of headaches/migraines, depression, learning disabilities or attention deficit disorders.

While 80-90% of sports-related concussions resolve within two weeks, patients presenting with more symptoms in the acute setting tend to take longer to recover than those with fewer symptoms. A history of headaches, particularly migraines, tends to complicate recovery, as does an underlying mental health disorder.

The patient should complete a symptom checklist at each visit as a means to monitor symptoms in a consistent fashion. The SCAT 3 is a well-established paper and pencil concussion assessment tool that can be used for both symptom monitoring and to evaluate the patient objectively on memory, concentration, balance and coordination based on a scoring system associated with the tool. It comes in both an adult and pediatric version for patients ages 5-12. The SCAT 3 can also be repeated at future visits to monitor for improvement of the measured parameters.

At the conclusion of the initial visit, a detailed plan with instructions for both school and sports should be provided. The patient is to be held from sports, PE and any independent exercise as long as they are experiencing symptoms. Once symptom free for greater than 24 hours, consideration can be given for a graduated return to play (RTP) progression. (See example below) If symptoms recur during the RTP progression, the patient should rest for 24 hours and then repeat the last day that did not cause symptoms.

Graduated return to play example:

1. Day One: Stationary bike for short duration
2. Day Two: Increased aerobic activity such as running
3. Day Three: Sport specific noncontact activity - Running through drills but no hitting/contact. 50% effort and intensity
4. Day Four: Practice allowed, including contact.
5. Day Five: Return to game play allowed. *Always do a practice before game play.

If the patient is experiencing only a few symptoms, school can be attempted immediately as tolerated. Patients with more severe symptoms may benefit from a few days off depending on the situation. Consideration for allowing extra time for assignments and perhaps holding on testing in the early weeks is an appropriate option. Long periods away from school and prolonged modifications of schoolwork expectations tend to make reintegration more difficult. Weekly follow-up visits work well to continuously adjust restrictions as symptoms improve.

When the Concussion Persists

Often, the stimulation of either the school setting or a trial of return to more intense exercise will exacerbate symptoms due to vestibular, ocular or cervical issues associated with the concussion. Increased or persisting symptoms should prompt evaluation of the eyes, vestibular system and neck for possible referral to physical therapists trained in the management of concussion care.

One must also keep in mind that a select group of patients may be more somatic and will never achieve a "zero" symptom score. Undiscovered learning disabilities may also hinder a patient's recovery. Knowing what the patient was like prior to the injury is certainly helpful in managing a concussion, but many times discerning between a concussion and baseline issues can be difficult.

Another issue that may present itself is to clear an athlete with an "abnormal" computerized concussion test. Many high schools, and some club teams, now offer computerized concussion tests to establish a "baseline" on the athlete as well as a means to monitor resolution of symptoms. Collaborating with providers well versed in the interpretation of such tests is essential in the proper utilization of these screening tools. Often times, the test can be inappropriately administered or misinterpreted leading to confusion for all parties involved. Local concussion experts can assist in managing these tests and provide recommendations on timing of administration and use.

In all of the above situations, partnering with a neuropsychologist with concussion expertise can be a welcome addition to the treatment team. The neuropsychologist can also provide extensive concussion education that may not be feasible in the midst of a busy clinic day.

The Role of Neuropsychologists in Concussion Management

Family physicians may be experienced in referring their patients for neuropsychological evaluations for a variety of conditions. However, the role of a neuropsychologist in concussion management is different than in many other disorders/injuries. A neuropsychologist who is experienced in working with individuals who have suffered concussive injuries focuses on three various tasks; providing education to patients and family members, assessing cognitive functioning, and evaluating and treating any affective conditions.

Like our family physician colleagues, sports neuropsychologists spend a great deal of time educating patients and their family members about concussions. Almost all of our patients today have heard a plethora of information and misinformation about the management of these injuries. Patients will also frequently have questions about possible long-term sequelae of a concussion or multiple concussions, problems with academic functioning after a concussion, sports specific prevention of injuries, and a number of related concerns. With the extensive media focus on concussions, it is vital to spend the time to provide accurate and up-to-date education.

We cannot simply rely on the athlete's self-report of their symptoms. Objective data from balance testing and cognitive assessment are invaluable in determining when a concussed individual has recovered from their injury. However, assessment of acute concussive injuries does not require lengthy cognitive evaluations. Most assessments focus on assessing the discrete cognitive functions that can be impaired after a concussive injury; memory, attention, processing speed and reaction time. This can be done through several commercially available computerized tests or standard paper-pencil tests.

One of the most significant concerns with the computerized tests is the improper interpretation of the test results. While most individuals can be easily trained to administer the test, the correct interpretation of the test requires a solid understanding of both the neurocognitive change expected with any given disease or injury and the psychometric properties of the particular test administered. Many individuals today believe these computerized tests can be used to quickly make a decision about recovery ("red light, green light" approach) but fail to consider the many reasons a cognitive test score may be impaired. An inexperienced person may misinterpret scores as intact and prematurely return an athlete to play or may incorrectly believe a score is impaired and caused increased anxiety and frustration in the patient and family. Experience in the interpretation of any cognitive measure is vital when making return-to play decisions or when utilizing cognitive data to make recommendations for academic accommodations or other treatment recommendations.

There are times, however, when more comprehensive neuropsychological evaluations are warranted. This includes patients with a history of multiple concussions and complaints of persistent cognitive dysfunction. Individuals with suspected learning disabilities or Attention Deficit Disorder would also benefit from more testing than a cognitive screening examination. Patients who are suspected of feigning or exaggerating their cognitive complaints will also require additional testing to rule out malingering or Factitious disorder. Finally, patients with additional medical conditions or psychiatric illness require more extensive testing to distinguish between pre-existing cognitive impairment and those related to the concussion.

Affective disturbance, such as depression and anxiety, and more serious psychiatric illness, such as Bipolar Disorder, has an effect on cognitive functioning. Understanding the role of these conditions on cognitive tests results is important in interpretation. Individuals with these pre-existing conditions may also take longer to recover from a concussion. Additionally, a clinician working with concussion patients, particularly youth athletes, needs to monitor the patient closely for any evidence of a depressive reaction or increased anxiety during the recovery period. Students can become quite anxious when they are missing school or falling behind on their schoolwork because of a concussion. They can also become depressed when they are not playing their sports and spending time with their teammates and friends. Proper monitoring of affective symptoms is important in students, particularly those with protracted recoveries.

It is recommended to find a neuropsychologist who has the appropriate experience in working individuals who have suffered concussions, especially with athletes. One resource is the Sports Neuropsychology Society (www.sportsneuropsychology.com).

Take home points

1. Concussions require individualized and objective management approaches
2. Persistent symptoms often warrant referral
3. Partnering with local concussion experts can improve care

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Understand diagnosis of concussion and tools to assist evaluation in the office.
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Promoting Safer Sleep

By Pathways.org

While the incidence of SIDS has decreased since the launch of the Back to Sleep campaign in 1992, the number of infant deaths resulting from accidental suffocation, asphyxia, and entrapment has increased in recent years¹. In 2011, the American Academy of Pediatrics expanded its recommendations to promote a safer sleep environment for infants.

However, a recent study presented at the Pediatric Academic Societies annual meeting in Vancouver, British Columbia indicated that a significant number of parents continue to engage in high-risk sleeping behaviors.² Of the 1,030 mothers surveyed, almost 20 percent reported sharing a bed with their infant and 10 percent reported routinely putting their infant to sleep on their stomach.

Physicians and hospital staff should set a clear example of safe sleep practices in the inpatient setting. Parents and caregivers are more likely to model the actions demonstrated by their healthcare providers rather than follow verbal instructions. Encourage caregivers to follow the ABC's of safe sleep: Alone, Back, Crib.

- The safest place for an infant to sleep is in the same room as their caregiver but not in the same bed.
- Infants should be placed on their backs to sleep and their tummies to play.
- Use a crib or bassinet that meets current safety standards
- Provide a firm sleep surface.
- Keep loose bedding, bumpers, and toys out of the crib.
- Do not let an infant overheat.

In addition to promoting safe sleeping environments, healthcare providers must also convey to parents the importance of practicing [Tummy Time](#) while their infant is awake to support motor development³ and prevent positional plagiocephaly and torticollis.

Founded in 1985, Pathways.org empowers parents and health professionals with free educational resources on the benefit of early detection and early intervention for children's motor, sensory, and communication development. For more information, visit www.pathways.org or email friends@pathways.org. Pathways.org is a 501(c)(3) not-for-profit organization.

[1] Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. 2011; 128(5): 1030-39.

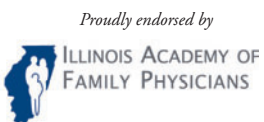
[2] Colson E, et al. Reports of infant sleep behaviors from a national sample of mothers: the study of attitudes and factors affecting infant care (SAFE). Platform session presented at: Pediatric Academic Societies Annual Meeting; 2014 May 3-6; Vancouver, British Columbia.

[3] Pin T, Eldridge B, and Galea MP. A review of the effects of sleep position, play position and equipment use on motor development of infants. *Development Medicine and Child Neurology*. 2007; 49: 858-67.

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