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

ILLINOIS FAMILY PHYSICIAN

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Finding Family Medicine

Match Day continues to be a lesson in "baby steps" for increasing the pipeline of family physicians. We continue our efforts to attract more of our medical students into family medicine. The need has been well established and documented (see the updated AAFP Robert Graham Center state workforce projections here).The demand for primary care services will grow due to population growth and aging coupled with the new access to coverage from the Affordable Care Act. Primary care services are receiving higher payments from Medicare and Medicaid, for now.

Northwestern students Erin Martin and Jiyeon Jeon

Nationwide, the numbers for family medicine continue to inch up, but we clearly need to cover more ground. Only 42 more U.S. medical school graduates matched into family medicine, while more than half of all residency slots were filled by international graduates. Here in Illinois, we saw a variety of among the eight medical schools. Some increased family medicine graduates, some decreased, and even one campus that produced no family physicians. Overall, Illinois saw a disappointing drop in the percentage of graduates who matched into family medicine, losing what little ground had been gained over the past three years.

"Despite the momentum we've built locally and nationally as family medicine, we still struggle to recruit our Illinois students into family medicine," says IAFP executive vice president Vince Keenan. "To see so many leave for other states is also a warning that we must focus on improving the practice environment in Illinois, because demand for primary care services is growing."

The chart below reveals the numbers for each medical school, and compares this year's statewide statistics to Illinois Match 2013 and U.S rates for 2014. Illinois remains an exporter, with more family physicians leaving the state rather than staying here to train and hopefully practice.

Medical School	# choosing FM (IL residency)	Total number of graduates	% of FM graduates
Rosalind Franklin – Chicago Medical School	8 (2)	193	4
Loyola Stritch School of Medicine	13 (4)	146	9
Northwestern Univ. Feinberg Medical School	8 (4)	162	5
Rush Medical College	7 (3)	122	6
SIU School of Medicine	4 (2)	65	9
University of Chicago – Pritzker	6 (1)	101	6
University of Illinois campuses			
-Chicago	20 (15)	174	11
-Peoria	0	42	0
-Rockford	9 (3)	44	20
-Urbana	4 (0)	16	25
U of I campuses combined	*33 (18)*	*276*	*10.2*
2014 Total	**79 (34)**	**1,065**	**7.4%**
2013 Illinois Schools	99 (35)	1,089	9%
2014 US Seniors totals	1,416	16,399	8.6%

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President's Message

Edward A. Blumen, MD

Fueling Our Workforce

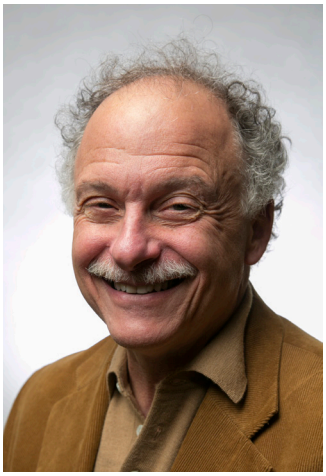
Another Match Day has come and gone, and now we are eagerly gearing up to welcome a new class of family medicine residents to our Illinois programs.

I'm very pleased that our Illinois residency programs have reloaded through a very successful combination of the osteopathic Match and NRMP. In a few months, we will proudly send forth another class of family physicians to the next stage of their careers. We know they are well-trained, well-rounded, and ready to accept the challenges and changes before them. I hope to see their names on a future roster of new members to IAFP. I am counting on our veteran family physicians to mentor this new class and help them find the balance they will need to assure a long and successful professional life.

Now I can also take a broader look at the state of our family medicine work force. Are we inching closer to meeting our workforce goals as a state, and as a nation? Did we succeed in attracting more Illinois students to family medicine and to our programs? Nationally only 42 more U.S. medical school graduates chose family medicine. Here in Illinois we lost some ground, with fewer of our students matching into family medicine, and many of those new family physicians are headed to other states. Yes, there are many things we as an Academy, residency programs, and each of us as individual family physicians can do to reinvigorate and build our future workforce.

What factors are (or appear to be) out of our control, or at least out of our sphere of influence?

Supply and demand are the basic forces of any economy. Health care is expensive and the needs seem to far outweigh the resources available. And we know our demand is going up, due to the combined influences of our growing and aging population coupled with patients who have new access to insurance coverage through the



Affordable Care Act.

With so many Americans gaining new access to health care, AAFP estimates that we face a severe shortage of primary care physicians in the very near future. AAFP's revised workforce report projects a need of 4,747 FPs in Illinois by 2020. That's only six years away, meaning today's M2 needs to be that practicing family physician in 2020!

Without an increase in the workforce pipeline towards practicing primary care, we will increase the burden on our current family physicians, and a concurrent risk of burnout for them. Maybe short of a total burnout, will some face a possible unhappy and shortened career? Family medicine is the greatest specialty in medicine, and outside factors should not drive a dedicated family physician to unhappiness. So we must promote our specialty at the same time we work to change the aspects of the system that are straining family physicians. How can we expect more physicians to join us in providing comprehensive, high-quality, evidence-based family medicine care if we are publicly complaining about our current situation? IAFP and AAFP are willing listeners. Remember the IAFP motto of "Devoted to Advocacy, Education & Action." Students, by nature are learners and observers, so let's show them the joy of family medicine and the future we are building for them.

Family medicine has changed tremendously since its inception in 1969. We were the first to recognize the need for perpetual quality with the creation and requirement of re-certification every seven years. Now the concept of quality has assumed a day-to-day data-driven definition, as judged both clinically by administrators and lawmakers, and also by patient perception.

When we recruit new family physicians we must be cognizant of this culture of quality. We must seek out candidates who are not only interested and competent in science and math, but also have an equal interest in communicating and connecting with people. Another interesting development that I think will help our cause, is that all allopathic and osteopathic residency programs will be under the same accreditation requirements, allowing all MD and DO graduates to train under the same standards and transfer seamlessly if needed.

In the concept of the Patient Centered Medical Home, communication is all about the "team." This team includes the patient and family, and the close and extended healthcare contributors. Communication is truly a requirement for success.

I look forward to these young physicians becoming an interactive part of the family medicine workforce. As they progress through their residency they will learn and emerge ready to assume their places in the succession planning of present day practices.

We must look even deeper into our future. Family physicians have a perfect avenue to initiate a light in the minds of youth towards a career in health care. Those with a spark towards communication, science and math may become a family physician. Mine started in grade school when my cousin, a GP, allowed me to "play" with his real medical equipment during my check up while we discussed my weight and the Chicago Cubs.

I ask all of you to keep your minds, eyes, ears and voices open to the many possibilities among our youth. They are out there, they see you and they hear you. An immediate link to a family medicine residency starts at the medical school. One way you can support our efforts, is to support the Family Medicine Midwest Conference, October 10-12 in Minneapolis. Use this link to donate towards student scholarships, allowing more Illinois students to experience all that family medicine offers, at this premiere regional collaboration of medical schools and residency programs. We need each other's support, our medical student members need your support. Donate today. We are TEAM FAMILY MEDICINE!

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.

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IAFP News

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L to R - Drs. Castillo, Loafman, Dr. Art Vanaganus, a gastroenterologist, Williamson served as mentors.

National Match Rates continue modest climb

Slightly more students overall matched into family medicine this year, with three percent more U.S. medical school graduates (42) matching family medicine and an overall gain for two percent of all students (62 more positions filled nationwide by U.S. and IMG students). Most (87%) of family medicine programs filled in the NRMP Match prior to the Supplemental Offer and Acceptance Program (SOAP), the process by which unmatched applicants are paired with unfilled residency positions through the NRMP during Match Week. You can view full Match analysis from AAFP here. Illinois programs had a strong match season filling all but nine slots (187/196 for a fill rate of 95 percent) via the AOA and NRMP matches, and then filling those final nine quickly through the SOAP process.

Match Snapshot: Northwestern University – Feinberg School of Medicine

While the overall picture falls far short of where we need to be, there are bright stars among family medicine's future. This year we take a closer look at the success stories produced by Northwestern University – Feinberg School of Medicine Class of 2014.

"This was a big year for family medicine mentors at the med school," says Mark Loafman, MD, professor of family medicine. "Each class is divided into four colleges for mentorship and advising throughout the four years." This graduating class was mentored by three family physicians out of the four total mentors (Loafman, Tuwanda Williamson, MD from PCC Wellness Center and Frank Castillo, MD from Erie Family Health Center). As a result, three-quarters of the class of 2014 (162 students) spent time learning from a family physician leader. In the end, eight of them chose family medicine and these four will train in Illinois:

Andrea Cabello – St. Joseph, Chicago
Jiyeon Jeon – Northwestern/McGaw, Chicago
Erin Martin - MacNeal, Chicago/Berwyn
Erin Schifeling - West Suburban, Oak Park

IAFP recently spent time with Erin Martin. Martin is originally from California and the first physician in her family. After graduating college from Stanford, she spent eight seasons playing professional soccer in Sweden before entering medical school.

When you started medical school four years ago –what did you want to be when you grow up?

I really didn't know! I came in with a completely blank slate and really had no agenda, although I knew that others did have some idea of what they wanted to do. I just wanted to see what would grab me.

When did that change?

Very late in the game. Most people

Martin as a soccer player at Stanford.

in my class knew what they wanted to do by the end of their third year or had narrowed it down to one or two specialties. I still didn't know. I did a family medicine rotation as the first rotation of my fourth year just last summer. And that's when I said "Oh, this is what I envisioned." This is what I thought being a doctor was really like. I was in Burlington, Iowa with Dr. AbouAssaly (a graduate of West Suburban Family Medicine Residency in Oak Park, IL). I knew this is what I want to do and how I could see the rest of my life.

Describe one amazing patient encounter that you remember?

My fourth year electives were palliative care, HIV management and now I'm doing child abuse and neglect. I picked some really tough electives in the sense that they are heavy or emotional issues. So I have a ton of specific memories of specific patients. One that sticks out is a patient in my palliative care elective, a 30-year old woman whose cancer had spread, and you know she's at the end of her life. I had never actually seen someone die. I had cared for patients who had died, but I'd never actually watched someone die. Her husband was there, and there was like a sense of desperation as she was leaving them. It was the most emotional and

the saddest thing I'd ever seen. I felt helpless at the time, but then afterwards I realized that's the palliative care team's job is to be there and be supportive. And even when you feel you aren't doing much, you probably are in different ways. It was really looking at medicine in a different way. It was probably the worst and the best experience I've had in medical school.

Who were your role models during medical school?
We don't have family medicine here at school. My rotation in Iowa was key. Dr. Mike AbouAssaly. He's like a celebrity there in Iowa and he has a great family. Just being able to see what his day to day life is like inside and outside of medicine. He was definitely the reason why I picked family medicine.

Now what do you want to be when you grow up?
I considered doing psychiatry. Though I liked it a lot, psychiatry seemed kind of limiting, especially with language and cultural barriers. I feel like as a family doctor, you could be dropped off in the jungle and could help just about anyone to a certain extent. A psychiatrist would be more limited. I feel like family medicine is the best way to help the most people.

Why is MacNeal the place for you?
I love that it's in Chicago. I noticed a lot of the faculty there also trained there and have come back. I think that says a lot. What I also think will be important during my training is that it is family medicine there only. So family medicine residents do the OB and work in the ER and are in the ICU. I think it's going to be demanding and phenomenal training because we can have so much responsibility.

You're giving a speech for an award in your future… who do you thank?
Dr. Nevin was my college mentor for all four years. We spent a lot of time with her in small group situations. She's smart, generous, fun, caring. She's a pediatric pulmonologist. I've never met anyone so selfless before.

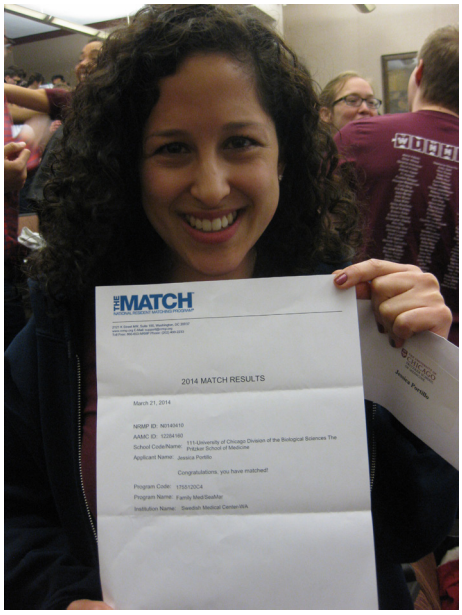
Family Medicine Midwest

IAFP and our family medicine partners will continue our work through the Family Medicine Midwest Foundation (www.iafp.com/fmm) the 12 state collaboration working to promote family medicine and Midwest opportunities to attract and keep more students as practicing family physicians.

After two successful Family Medicine Midwest conferences in 2012 and 2013, we have some good data to report. Of the students who matched in 2014:
-2012 attendees: 14 of 26 matched in family medicine with 11 in Midwest
-2013 attendees: 28/34 matched into family medicine with 22 in Midwest.
Looking back a year, 38 out of 40 students who attended the first Family Medicine Midwest in 2012 and graduated in 2013 chose family medicine. Twenty-seven of them are in Midwest family medicine residency programs now.

Family Medicine Midwest 2014 is Oct. 10-12 in Minneapolis.

Spotlight on a Match



Jessica Portillo, University of Chicago – Pritzker Medical School.

Jessica Portillo attended the 2012 and 2013 Family Medicine Midwest conferences and matched into a family medicine residency program in Washington. She is a first generation Latina American raised in Southern California. Below are Jessica's responses to questions from Public Relations Task Force Member and University of Chicago Professor Kohar Jones, MD. Some answers have been edited to fit this space.

What was your path to becoming a doctor?
I decided I wanted to become a doctor at the age of 11 and have been working toward that ever since. I was fortunate to attend a math and science magnet high school and participated in just about every science/medicine outreach program that was available to me. For undergrad, I decided to go to a small liberal arts school with a strong science program, Scripps College (Claremont, CA), because I knew I was going to be pre-med and I wanted the individualized attention of a small, elite school.

Throughout college, I volunteered for many healthcare-related service activities, seeking to gather as much exposure as I could to the medical field I hoped one day to enter. Despite my steadfast vision, I felt that I was not quite ready for the jump from undergrad to medical school and decided to take two years off. The first year, I worked as a research technician and lab manager for my undergrad advisor and was able to be published as a co-author on her work. In the second year, I obtained an MPH at The University of Southern California to grow my understanding of medicine's complex social and economic context. I finally applied for medical school to enter the 2014 graduating class, and was thrilled to have been accepted into my top choice, Pritzker. There had never been any doctors, nurses, or other medical professionals in my family for me to follow as role models, and yet I have been fortunate enough to have had great mentors along the way in the form of teachers, professors, and counselors who closely guided and encouraged me throughout the process.

Why do medicine as a career? Why do family medicine? I decided early on that I wanted to do something meaningful with my life, something that benefited others and that I could look back on one day and be proud of. I had a great pediatrician growing up, someone I admired and aspired to be like. When he passed away, I knew I wanted to follow in his footsteps and fill the void he had left. I decided on family medicine because I believe in the medical value of continuity of care, community health, and caring for entire family units. I'm interested in underserved medicine and health education, and I want to be a multifaceted physician who is an integral part of the community I serve. I think family medicine is the perfect field in which to integrate such broad social values. Additionally, I had great family medicine mentors during medical school that really opened my eyes to how great this field is, and to the endless opportunities and possibilities it holds for me. As I went through the path to becoming a doctor, I realized that, as a bilingual Latina who wants to focus on helping underserved Latino patients, I am greatly needed. My community needs doctors like me whose intentions align with specific populations, who are willing to come back to the communities they come from and give back to the people who brought them up.

What do you hope to learn in residency and accomplish after as a physician-leader? My hopes for residency are that I learn to be the best physician I can be, learn to effortlessly communicate with my patients in a way that is meaningful and impactful for them, and to incorporate evidence-based medicine alongside health education into my daily practice. I further want to explore my interests in women's health, community medicine, and health education, and to discover my niche in family medicine. I hope residency shapes my future practice to live up to standards of maximum effectiveness and patient sensitivity, to put a human touch on everything I do. Most importantly, I hope to find my voice and discover how best to be an advocate for my patients. If possible, I will help lead a community health center in an urban underserved area to reach those who need the most care, incorporating my public health training with my medical degree to best serve the community at large. Community programming is near and dear to my heart, and I have high hopes and aspirations for the types of programs I hope to one day get off the ground. Because mentorship has played such an important role in my own life, I hope to be a mentor myself, and help stoke the ambitions of other young, aspiring physicians. In short, I seek to take on the role of community preceptor, helping in whatever way I can to inform and shape future generations of physicians and the next wave of healthcare professionals.

Meet IAFP's two candidates for AAFP Board

The Illinois Chapter has doubled the fun. We have two long-time leaders campaigning for the AAFP board of directors this year. The election will be October 22 at the AAFP Congress of Delegates in Washington, D.C.

Javette C. Orgain, MD, MPH, FAAFP for re-election as Vice Speaker
Dr. Orgain is seeking a third term as AAFP Vice Speaker. Dr. Orgain recently left her post as medical director for University of Illinois Mile Square Health Center (MSHC) to continue practicing through home visits and nursing home care. She is a former assistant dean of the Urban Health Program at the University of Illinois at Chicago (UIC) College of Medicine. She joined the department of Family Medicine in 1991 and is an associate professor of Clinical Family Medicine. Recently she helped lead successful efforts in Chicago for tougher laws on e-cigarettes, flavored tobacco and menthol-infused products.

Dr. Orgain was elected Alternate, then Delegate to the AAFP Congress for the Illinois Academy of Family Physicians after her tenure as president and board chair. This is the first time she has had an opponent; Arizona AFP Alternate Delegate Ed Swearingen, MD has announced his candidacy for vice speaker.

Dr. Orgain has been chair of the Illinois State Board of Health since 2003. She served as the 100th president of the National Medical Association (NMA) in 2000 and vice-chair of the NMA Past Presidents Council from 2008-2012. In her mentorship role, she is the first female physician life member of the Student National Medical Association (SNMA). Dr. Orgain was elected to the Board of Directors of the Illinois Public Health Institute February 2013.

She has traveled extensively to examine other health systems, visiting China, South America, East, West and Southern Africa, the Caribbean, Cuba, Laos, and Myanmar. In June 2009, she was selected for the Proctor and Gamble *My Black is Beautiful* Pioneer Woman Award. The National Medical Fellowships honored Dr. Orgain as a distinguished alumnus in November, 2011.

From her personal statement: *AAFP continues to effect positive change throughout the health system, staying true to family medicine values during this era of significant reformation. My tenure as the Academy's vice speaker is truly rewarding. This role allows me to engage with many members and mentor emerging family medicine leaders. Our system is far from ideal, but I believe we have reason for optimism. We must maintain our positive push for change.*

David J. Hagan, MD for the AAFP Board of Directors Class of 2017.
Dr. Hagan is synonymous with the town of Gibson City. His solo family medicine practice sits on the end of the block in the city's small downtown, next to the neighborhood pharmacy.

After medical school at the University of Illinois – Rockford and residency training in Dayton, Ohio, he returned to Illinois in 1983 and joined Dr. Paul Sunderland in Gibson City, a rural town 30 miles from the University of Illinois-Champaign. Since then, he's been instrumental in building a high-quality health care system in a small town, obliterating the myth that rural areas can't provide top-tier care as well as their urban counterparts.

Dr. Hagan continuously welcomes medical students into his practice, and into his many roles in the local community and Academy life. He's active throughout Gibson City, and therefore many of his patients are also colleagues and friends.

Hagan has been a long-time leader with the Illinois Academy, serving two separate three year terms on the board, then treasurer and then ascending trough the positions of president and board chair. He precepted many medical students through the Illinois Summer Externship program, inspiring bright minds to be family physicians. He's taught Tar Wars to the only school in his home town of Niantic. Today he continues to serve as the Foundation's chair of the board.

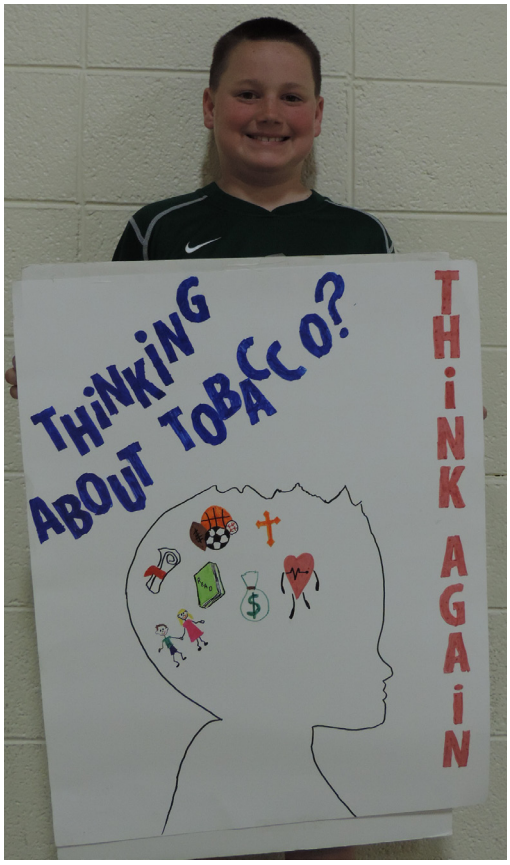
At both the state and federal levels, Hagan has been an active and astute advocate for family medicine. He's able to work well with lawmakers and candidates from both political parties, and has years of experience, both at the AAFP Family Medicine Congressional Conference and the Illinois state-based Spring into Action lobby days. He's served on the AAFP Commission on Insurance and Finance, has been an alternate and is a current delegate for Illinois to the AAFP Congress of Delegates.

Hagan is a sports enthusiast and an active runner. He's currently training for his 2nd marathon and also competes in half marathons. He's a dedicated Illini football and basketball fan, as well as a long-suffering Cubs fan.

Look for their candidate web pages to launch on the AAFP web site in June and support them at every opportunity!

Tar Wars®
A tobacco-free education program for kids from the American Academy of Family Physicians

Moweaqua Student Wins Annual Tar Wars Statewide Poster Contest



Jarrett Robertson of Moweaqua is Illinois' newest tobacco-free spokesperson. He designed the winning poster in the Family Health Foundation of Illinois Tar Wars Poster Contest, held April 11 at the University of Illinois at Chicago during the Essential Evidence Topics CME conference. Jarrett's "Thinking About Tobacco… Think Again" poster beat out eight other finalists. Illinois Academy of Family Physicians (IAFP) members served as judges, evaluating the posters on creativity and positive message about being smoke-free. A total of 25 ballots were cast.

Jarrett, a fourth grader at Central A&M Gregory Elementary, and his winning poster will represent Illinois at the National Tar Wars Poster Contest July 21-22 in Washington, D.C. The National Poster Winner will be announced on July 21 at a banquet honoring all the state winners. The following morning, all the Tar Wars state winners will head to Capitol Hill to meet with their members of Congress.

The 2014 Illinois Tar Wars Poster Contest Results:

WINNER: Jarrett Robertson, 4th Grade – Central A&M Gregory Elementary
Christine Hewing of Shelby Co. Health Department -Tar Wars presenter

2nd Place Kaili Stanford, 4th Grade, Meadowbrook Elementary, Bethalto
Debbie Mayer, RN, school nurse, Tar Wars Presenter.

3rd Place: Kersten Stone, 4th Grade, Stewardson Strasburg School
Christine Hewing of Shelby Co. Health Department -Tar Wars presenter

"County health departments have been our greatest allies in getting the simple, yet effective Tar Wars program into more Illinois schools than we could with our own membership," said Ginnie Flynn, who coordinates Tar Wars for IAFP. Hewing taught Tar Wars to 276 students at five Shelby County schools.

The 2014 Illinois Tar Wars poster contest is supported by Pfizer Charitable Contributions which will ensure that Jarrett and a parent are able to attend the National Tar Wars poster contest in Washington, D.C. Prizes for our second and third place artists, as well as recognition to all the poster contest finalists was made possible by the grant to the Family Health Foundation of Illinois received from Pfizer Charitable Contributions.

IAFP members judge the posters at the Essential Evidence conference on April 11 at UIC.

Government Relations

Advocacy here, there and everywhere

The Illinois delegation prepares for their Capitol Hill visits

As expected, 2014 has brought tremendous health care changes underway with more to come. Both Springfield and Washington, DC are considering issues vital to family physicians and our patients. IAFP leaders have been extremely active in recent weeks representing you on a number of fronts. Here are some highlights of our activities, and a look at what's still in play in the Illinois General Assembly after their two-week mid-session Spring break. Following are updates of activities both at the federal and state levels.

The SGR lives on: The U.S House passed yet another temporary fix to the controversial sustainable growth rate (SGR) formula for calculating Medicare payments, averting a major cut in payments for physicians, but leaving the impractical payment system in place with another 12-month patch. AAFP continues to call on legislators to finish their work on a permanent repeal. "We call on congressional leaders to return to the table, find an agreement on unresolved issues, and pass an SGR repeal bill that preserves beneficiaries' access to care, stabilizes the Medicare physician-payment system, and helps ensure high-quality health care," said AAFP President Reid Blackwelder, M.D., in a March 26 press release.

Family Medicine Congressional Conference: Twelve IAFP members attended the AAFP Family Medicine Congressional Conference in Washington DC, April 7-8. IAFP board members Edward Blumen, MD, president, Janet Albers, MD, president-elect, Monica Fudala, MD, resident board member, David Hagan, MD, AAFP Delegate, Steven Knight, MD, AAFP Alternate Delegate, and John Bradley, MD, chair of family medicine at SIU School of Medicine Thomas Cornwell, MD, Emma Daisy, MD, PGY3, Northwestern McGaw Residency, Stephanie Gadbois, MD, PGY2, SIU Springfield Residency, James Valek, MD (2007 IAFP Family Physician of the Year), John Wang, MD, PGY3, SIU Springfield Residency, Santina Wheat, MD, faculty, Northwestern McGaw Residency. IAFP deputy vice president Gordana Krkic, CAE participated on an advocacy panel during the first day of the conference. Presentations and briefings were provided on the following advocacy issues in preparation for the Hill visits: You can link to fact sheets.

Increased Medicaid Payment for Primary Care
Investment in Primary Care Workforce and Health Services Research will Pay Off for America
Medicare Physician Payment Reform
Modernizing Primary Care Graduate Medical Education
Reauthorize Teaching Health Centers

Tom Cornwell, MD and Emma Daisy, MD (on right) present their information to a House Staff member

The second day, the Illinois AFP members worked in teams to visit the offices of both our Senators (Dick Durbin and Mark Kirk) and eight members of the Illinois Congressional Delegation: Democrats Dan Lipinski; Mike Quigley; Jan Schakowsky and Republicans Rodney Davis, Adam Kinzinger, Peter Roskam, Aaron Schock and John Shimkus.

Our members explained how funding from Title VII Health Professions Primary Care Training and Enhancement, had been instrumental at SIU Springfield in establishing rural health centers with family medicine residents who provided maternal care and obstetrics to areas that previously did not have those medical services. Dr. Cornwell described how his work at HomeCare Physicians has provided increased access to medical services, higher quality health care services, at much lower cost, reaching the Triple Aim.

Dr. Bradley provided a systems perspective on the benefits of the Medicaid-Medicare parity payments. The increased payments has allowed the four SIU family medicine residencies (Carbondale, Decatur, Quincy and Springfield) to increase access to Medicaid patients, especially those who are newly covered under Medicaid expansion. Many of these adults 18-65 years have had little or no health care services and come for their first visits as complex patients with many co-morbidities.

Dr. Edberg testifies at Senate hearing on Teaching Health Center: Coincidental to the conference, Deborah Edberg, MD, IAFP second vice president, provided testimony to the Senate HELP (Health, Education, Labor and Pensions) Subcommittee on Primary Health and Aging on April 9. Dr. Knight was in the audience as Dr. Edberg explained how the Teaching Health Center program at Northwestern Erie Family Medicine Residency program at Erie Family Health Center was making significant progress with its third class of residents graduating in June. She detailed the difficulties that the absence of funding authorization had caused in recruiting the class of 2017 to the residency, because the current funding for her program ends halfway through their three years of residency. Senator Mark Kirk is a member of the subcommittee and Senator Durbin is a co-sponsor of the bill (S1759) that reauthorizes funding for another 10 years.

Deborah Edberg, MD (on right, speaking) testifies on Capitol Hill. Photo courtesy of the U.S. Senate

She said, in part: *These talented doctors increase our nation's capacity to provide care in underserved communities. But they are also the leaders of tomorrow. In addition to direct experience, the McGaw program provides a rigorous academic curriculum that emphasizes leadership in health policy, community engagement, and research. The Teaching Health Center program invests in students, patients, communities and long-term solutions to some of the most critical challenges facing our health system and our society.* (link to her testimony)

Earlier that week, FMCC attendees Dr. Wheat and Dr. Daisy shared their stories of being residents at the Northwestern program. Looking at the first graduation class of the program, seven of the eight graduates are staying in the Chicago area and six of them are working in underserved communities. They provided evidence that the Teaching Health Center program is working as envisioned and made a great case for funding re-authorization.

State Update:

The General Assembly reconvened on April 28th after a two week Spring Break. The next deadline in the legislative process is May 16th for both House and Senate committees to pass the opposite chamber's bills. To date, Cook-Witter has tracked more than 200 bills for IAFP; many with 3-4 amendments as they've moved through the process. The list below highlights a few bills that IAFP is either actively supporting or opposing

Funding the Poison Control Center (IPC): SB 2674 Harmon/ HB 4230 Lilly. IAFP supports these bills which would reallocate two cents of an existing wireless surcharge to fund the IPC. Without long-term sustainable funding, the IPC is facing an impending closure date of June 30, 2014. SB2674 is moving and is on 3rd reading in the Senate.

Opposing dentists vaccinating: IAFP is working to oppose SB 3409, which provides that a dentist enrolled in a medical network or enrolled as a Medicare or Medicaid provider may administer vaccinations for influenza to patients enrolled in the same medical network or enrolled in Medicare or Medicaid upon completion of appropriate training. Vaccinations shall be limited to patients 18 years of age and older pursuant to a valid prescription or standing order by a physician and requires notification to the patient's physician and appropriate reporting and record retention. This bill has passed the Senate and is assigned to the House Health Care Licenses committee.

Psychologists Prescribing: SB 2187 passed the Senate last session and the psychologists have been lobbying House members and House Human Services committee. The bill, opposition, and fact sheets all remain the same. The Illinois Psychiatric Society has created the Coalition for Patient Safety and launched a website, http://coalitionforpatientsafety.com/home coordinating efforts for the opposition.

Mandatory Hep C Screening: IAFP opposes this SB2670 bill that would mandate screening for Hepatitis C screening for eligible populations. President-elect Janet Albers, MD testified before the Senate Public Health committee at a subject matter-only hearing on April 29 urging a collaborative education and awareness approach rather than a mandate.

"Family physicians would like to see increased awareness of the Hep C screening guidelines among providers, patients, and insurance carriers…." Albers told the committee. "As our health care system moves toward a patient-centered medical home, this comprehensive care model can lead to improved screening rates and the provision of preventive services for those who need them. Patients who test positive will also have direct access to follow up care and treatment…. we believe the Task Force is the appropriate structure for further action on raising Hepatitis C awareness. Medicine must remain responsive as new evidence leads to changing recommendations and new treatment options emerge. Legislatively mandated screenings are not always the best course of action to address public health concerns."
Link to her full testimony

Continued on page 14

Community Health Workers: HB 5412 is an initiative of the Governor's Healthcare Reform Implementation Council and the IL Dept. of Public Health, along with the IL Workforce Investment Board (IWIB). The abbreviated synopsis of the bill reads as follows: Provides that the core competencies of a community health worker include skills and areas of knowledge that are essential to bringing about expanded health and wellness in diverse communities and to reduce health disparities. Specifies that nothing in the provision concerning the integrated team-based health care, community health workers, and the creation of the Illinois Community Health Worker Advisory Board shall permit a non-certified community health worker to engage in or perform any act or service for which a license issued by a professional licensing board is required. IAFP is listed as a supporter on the fact sheet. HB 5412 passed the House and is assigned to the Senate Public Health committee.

The Illinois Insurance Marketplace – GetCoveredIllinois.gov
After a slightly sluggish start in October 2013, the Illinois Health Insurance Marketplace has successfully enrolled over 217,000 patients with health insurance coverage through a qualifying plan. Another 267,000 newly eligible childless adults have gained Medicaid coverage under ACA expansion.

IAFP is part of the Health Care Justice Advocates coalition that has worked on every phase of the state-based marketplace. Most recently, we signed onto a letter in support of its passage which can be found at http://www.cbhconline.org/sbm/ In addition, the Campaign for Better Health Care (CBHC) developed this concise brief outlining the issues ahead.

The Governor's office and advocates continue to push for a state-run exchange in 2015 and beyond. The current state-federal partnership ends on Dec. 31, 2014. If Illinois fails to pass legislation enabling a state-based exchange, not only does the partnership end, but the federal exchange takes over by default. Last year, the Senate passed the necessary legislation which stalled in the House. Speaker Michael Madigan has expressed that there will be no legislation passed until all parties agree (insurers, advocates, providers, etc.). Despite the Governor's support and much discussion among advocates and providers, no bill has been introduced in this legislative session.

Unfortunately, the prevailing thought is that legislation will not be considered until after the General Election. However, November 14th is the US Health and Human Services deadline for federal funding. Meanwhile, the state is applying for its third round of Level 1 funds from HHS to continue laying the groundwork for a state-based exchange. Monies received have been used to train navigators, in-person counselors, and raise awareness.

The Advocates met with the Governor's office, House sponsor Rep. Robyn Gabel and Senate sponsor Sen. David Koehler in March. Everyone is committed to keeping this issue front and center during the current legislative session, whether or not a bill might be called before May 31st or during the Fall Veto Session.

Follow developments throughout the remainder of session in issues of IAFP e-News. The General Assembly is scheduled to adjourn on May 31.

FOID & Mental Health - Who Reports?

Physicians, Clinical Psychologists and Qualified Examiners

The Firearm Concealed and Carry Act identifies mandated reporters as a physician, clinical psychologist, and qualified examiners. To understand whether you are a mandated reporter you must closely read the definitions below.

The new Firearm Concealed and Carry Act requires physicians, clinical psychologists and qualified examiners to notify the Department of Human Services (DHS) within 24 hours of determining a person is: "Clear and Present Danger"; "Developmentally Disabled"; or "Intellectually Disabled" as defined in the Firearm Owner's Identification Card (FOID) Act Section 1.1.

The identity of the person making the report shall not be released to the subject of the report. The physicians, clinical psychologists and qualified examiners shall not be held liable for making or not making the report except in cases of willful and wanton misconduct.

If you have any questions, concerns or would like to report a person, please go to the Illinois FOID Mental Health Reporting System website
https://foid.dhs.illinois.gov/foidpublic/foid/
Direct questions may be emailed to DHS.FOID@Illinois.gov

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Continuing Medical Education

Hot Topic Webinars

In addition to the monthly Lunch and Learn Webinar Series, IAFP has hosted a timely, hot topic webinars throughout 2014. These webinars drew high numbers of IAFP members eager to learn about these emerging issues, be it a new public health threat or legislation specific to Illinois.

E-cigarettes – Help in cessation or the next problem? In March, IAFP and AMA co-hosted "E-Cigarettes: A Public Health and Clinical Update" (Access the webinar recording on the City's You Tube Channel) presented by Michael Fiore, MD, MPH, MBA, Professor of Medicine, Director, Center for Tobacco Research and Intervention, University of Wisconsin School of Medicine and Public Health. The webinar covered a variety of information including what is currently known about the potential harmful effects of e-cigarette use and how to formulate a plan for talking to patients and answering their questions about the use of e-cigarettes. Over 300 attendees also learned how to compare and contrast the effects of using cigarettes versus e-cigarettes and explain to patients current laws regarding e-cigarette use in Chicago. This webinar proved to be timely as Chicago recently passed legislation regulating the sale and use of e-cigarettes in public places. Finally on April 24, the FDA released proposed rules for regulating e-cigarettes as well as pipe tobacco, cigars and other tobacco products. The FDA will require e-cigarette producers to register with the FDA and provide ingredients and manufacturing processes. E-cigarette sales to minors under 18 will also be prohibited nationwide. Under current legal process, it could be a year or more before the FDA rules are reality and the agency assumes regulatory authority over these nicotine products. The 75-day comment period is open until July 9. Use this link to submit your comments.

Illinois Considers Medical Marijuana: Leslie Mendoza-Temple, MD, Medical Director, Integrative Medicine Program, Clinical Assistant Professor, Family Medicine Department, University of Chicago Pritzker School of Medicine presented "Medical Marijuana: Implications for the Clinician in Light of Upcoming Legislation" to over 70 physicians in April. Dr. Temple discussed the different strains of Cannabis and cannabinoid receptors and physiology. She also explained the importance of understanding medical marijuana safety and the different forms of consumption. Dr. Mendoza- Temple reviewed the law and national landscape and described the medical conditions currently eligible for medical marijuana. Illinois enacted legislation for a pilot program for medical marijuana, joining only a handful of states that allow any marijuana use for medicinal purposes. As the legislation is implemented going forward in 2014, physicians and the public will be watching closely. IAFP and Dr. Temple plan to offer a second medical marijuana webinar during summer 2014 to keep the membership up to date on this important subject.

IAFP Seeks Speakers and Subject Matter Experts for 2014 Programs

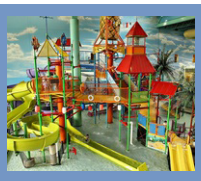
Don't be shy, share your expertise and your passion in family medicine. The 2014 Online Call for Speakers and Subject Matter Experts is now OPEN!

This includes, but is not limited to:

- 60 minute live webinar presentations.
- 30 minute up-to-date clinical topics for Annual Meeting (Deadline for submissions – June 1).
- Patient education materials.
- Web-based and written enduring CME materials.

Are you interested in speaking about or developing education in a certain topic area? We welcome you to submit on more than one topic for any of the above formats. IAFP prides ourselves on education BY family physicians FOR family physicians. IAFP members are our greatest resource for speakers and subject matter experts - Don't hesitate, complete your online submission today!

Save the Date for the 2014 IAFP Annual Meeting
November 7-9, 2014
Key Lime Cove Indoor Waterpark and Resort, Gurnee, IL



Come for CME, SAMs & professional networking - Stay for family fun! This meeting combines the best of Academy membership. Education, innovations, networking, student and resident opportunities, the All-member Assembly, the awards banquet and now we've added water park fun! Bring the family and get away from the everyday hotel meeting at one of the regions premiere water park resorts.
Look for complete details in the September issue.

Kristin D. Drynan, MD
Fox Valley Family Physicians – Geneva
IAFP Board of Directors, Class of 2016
Chair of the Public Relations Task Force

Why did you choose family medicine?
I think ultimately it was for the diversity of the types of patients we are privileged to care for every day. Also for the diversity of the choices we get to make in terms of what we can do, what we want to do and what we need to do. Family medicine is an open forum of options. For instance, In residency I loved OB, but in medical school, I hated it! I actually started sleepwalking because of my anxiety over deliveries! So when I got to residency and learned to love delivering babies and caring for the families that went with them, I was glad I chose family medicine. The opportunities to spend my days on various topics, problems, environments, treatment types, even with the same patient on the same visit is something I like because I get bored very easily.

How do you envision family medicine five years from now?
I think that's part of the anxiety about what we do, because a lot of the reasons we went into family medicine are being threatened somewhat. Some may be in situations where, either due to restrictions of time with increasing workloads due to EMR and other responsibilities or restrictions. For instance, my practice decided to stop providing obstetric care last June, partly because of the cost of malpractice insurance but mostly because of a lack of time. We're expected to do so much more now here in the office that we've had to give up something that we loved to do. So I see some challenges, but on the other side, I am involved with this Academy because it is very strong and with the ever increasing need for primary care not only due to the increasing age of the population but also recent governmental changes, we will have an increasingly stronger voice in all medical arenas.

What are the most prevalent health concerns in your practice?
Many of our patients are internet-savvy, and use our patient portal and want to take charge of their health care. They are quitting smoking and getting their mammograms. I am still seeing concerns with the obesity epidemic. A lot of people don't even realize they are "in that category" and will actually argue with the numbers. Or insist there must be something wrong with their thyroid that's been missed. I've actually spent a lot of time recently focusing on BMI and BMR with patients.

How do you balance your own well-being with the demands of practice?
That's one of my challenges personally is finding that balance for myself. I grew up with 20 years of dance, gymnastics and music – the things I love. It kept me healthy and sane. Now I'm in a practice with E.H.R. and have a child (son Sean is 4) it's been difficult to "do as I say" to my patients, i.e. make balance a strategic part of your life. As my son gets older I'm finding ways again. For me, breaking away from the local office environment is important and IAFP leadership helps me do that. My free time is with my son, so I'm a zoo lover, and a park lover, a sandcastle builder and a chalk on the driveway artist. We ride bikes and walk the dog and look forward to "stay at home day". My husband and I try to schedule date nights and have the occasional adults-only trip. But my ultimate pleasure is to snuggle up with that kid with our books at night and listen to the sounds of his giggles during the day!

What would you be if you weren't a doctor?
I'd probably do something with animals. My Gram was always watching "Animal Planet" and reading National Geographic and I think I got the bug there. My husband often tells me he thinks I'd make a better veterinarian than I do as a family physician!

Something that might surprise us?
I'm a doctor that does enjoy a good game of golf! I can hold my own and that's what I'd choose to do on a nice day if Sean is otherwise occupied but I also get a hankering sometimes for the penny slots!

Members in the News

In light of recent news about celebrities choosing not to vaccinate their children, WTVO-TV in Rockford talked to IAFP member **Diane Zug, MD** about vaccination issues and how to talk to parents about protecting their children.

Rachel Winters, MD of Lawrenceville is featured in the IL-HITREC newsletter for her transition to Meaningful Use of electronic health records as an example of a small practice success story in engaging with the Illinois Health Information Technology Regional Extension Center.

Past president **Lee Sacks, MD**, CMO of Advocate Health Care and CEO of Advocate Physician Partners was featured in *Modern Healthcare* magazine about Advocate's clinical integration program and many hot topics in health care, including Medicare audits, funding and the ACA.

It was a happy Match Day for Chicago Medical School student **Henry Del Rosario,** when he matched into his first choice, West Suburban Family Medicine Residency Program in Oak Park. He was featured in the March 22 *Lake County News Sun*. His goal is to work in the Lawndale neighborhood of Chicago after completing his training.

Presence Medical Group is closing the only physician practice in St. Joseph, displacing IAFP member **Alina Paul, MD** – saddening both Dr. Paul and her thousands of patients. The story was covered twice by the *Champaign News-Gazette* – March 28th and April 1. The office will close June 20.

Andy Youchum, MD was on WSIL-TV talking about the rise in sinus infections in a live appearance on the local news on March 31.

Vinayak Dongre, MD authored a column in the April 3 *Naperville Sun* to help patients with managing allergy season.

Southern Illinois University Family Medicine Residency and SIU School of Medicine in Springfield have entered into a partnership with Lawrence County Memorial Hospital to provide ongoing 30-day community rotations in Lawrenceville, according to the April 3 *Lawrenceville Daily Record*. The program's goal is to expose students to the quality of care and quality of life in Lawrenceville and communities like it.

Kohar Jones, MD and University of Chicago - Pritzker School of Medicine student **Tom Couri**, along with others hosted a live radio program on WVON-AM on March 29 on the topic of bullying and violence in Chicago communities. Stay tuned for future broadcasts scheduled for May 10, May 31, and June 14 from 3-4 pm on WVON 1690am in the Chicago area. Learn more on Dr. Jones' blog.

Tony Miksanek, MD is planning the 2nd annual Kids Fun and Fitness Day in Carbondale for June 1 and he was featured in the April 22 *Southern Illinoisan*. Last year's inaugural event was a huge success, drawing over 300 children for physical activity and health education.

Mark Nelson, MD is one of the physicians in the newly opened DuPage Medical Group in Wheaton, a new facility expected to drive the downtown Wheaton economy, according to a feature article in April 10 *My Suburban Life*.

Former IAFP resident board member **Elizabeth Salisbury-Afshar, MD, MPH** is returning to Chicago. After several years at Johns-Hopkins University in Baltimore, Salisbury-Afshar is the new medical director for Heartland Health Outreach Center.

IAFP Second Vice President **Deborah Edberg, MD** is included in this week's AAFP News story about her testimony at an April 9 hearing of the Senate Committee on Health, Education, Labor and Pensions' Subcommittee on Primary Health and Aging, in support of teaching health centers like her residency program, Northwestern McGaw Family Medicine Residency program based at Erie Family Health Center.

Congratulations to **Christine Mueller, MD** of Elgin who has been named Altrusa Elgin Woman of the Year. She will receive the honor at a banquet on May 15. The local Altrusa Woman of the Year Award began in 1950 when Harriet Armstrong was recognized as the first recipient. Since then, a long line of dedicated local women have been honored for their volunteer service to the greater Elgin area community. The award announcement appeared in several suburban Chicago newspapers on May 2.

Mohammed Jendi, MD of SIU Family Medicine in Carbondale appeared live on WSIL-TV on May 5 to talk about good sleep hygiene.

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News You Can Use

This article originally appeared in the October 2013 issue of Chicago Medicine magazine. Reprinted with permission.

The Illinois Department of Public Health (IDPH) released an updated version of its "IDPH Uniform DNR Advance Directive". For nearly a decade, versions of this document have been the sole means of communicating out-of-hospital DNR orders for Illinois citizens. The latest revision brings many needed improvements to the scope and usability of the form, and brings Illinois closer to compliance with best practice standards set by the National POLST (Physician Orders for Life-Sustaining Treatment) Initiative (see www.polst.org).

Before now, people with advanced illness and the frail elderly had no means of expressing their wishes about end-of-life care in a way that would be clearly understood to care providers across the continuum. The new "POLST" version of the form provides an actionable, patient-centered means of directing care at the end of life, which is especially important in cases when patients have become unable to speak for themselves and their substitute decision-makers and healthcare providers need guidance.

General Facts:

- The form is not for everyone-- it is meant to be used for people with advanced illness and the frail elderly.
- The POLST form should not be used solely because a patient has a disability or mental illness.
- The form does not replace the power of attorney for health care (POAHC) form. The POAHC names a proxy decision-maker if the patient becomes non-decisional. The POLST form is a set of actionable medical orders that reflect patient wishes. Both are recommended for this group of patients.
- Although the form carries the title "advance directive", it really functions as a physician's order set based on patient wishes.
- Health care providers and professionals are obligated to follow the orders on the POLST form, and are legally protected when doing so in good faith.
- It is appropriate to review the contents of the form with the patient or legal representative whenever the patient's medical status changes and before any procedure.
- The form can be suspended or revoked at any time by the patient or legal representative only.
- Patients may change their preferences, which necessitates voiding the form and completing a new one.

POLST in the Overall Context of Advance Care Planning and Substitute Decision-Making

Advance care planning does not describe a single process, conversation and document; in fact, advance care planning has its own life cycle. The POLST paradigm describes the last phase of this cycle.

Initial Advance Care Planning: Healthy Outpatients

All people eighteen and older should consider WHO they would trust to represent their wishes to the medical team should they lose the ability to speak for themselves, even temporarily. The patient is encouraged to discuss this role with the intended proxy, and, in particular, share his/her wishes for care should he/she suffer irreversible neurological devastation. These wishes should be documented, along with the proxy selection, on a Durable Power of Attorney for Healthcare or other document that is legally recognized in Illinois.

Next Phase Advance Care Planning: Chronic, Deteriorating Illness

Once a progressive condition deteriorates to the extent that there are frequent symptoms and/or hospitalizations (e.g., need for home oxygen, hospitalization for CHF decompensation), the next phase in the advance care planning life cycle has begun. At this point, ideally, the patient and the proxy meet together with the physician to discuss potential sources of deterioration and assess patient wishes in those specific cases.

Last Phase: The POLST Paradigm

When a patient is in the last stage of illness, a conversation and a resultant addition of documented, specific instructions using the POLST form are added to the advance care plan.

For any patient with an advanced progressive illness, it is important to explore medical treatments in the context of what burden the patient would be willing to tolerate for what chance of what benefit, and if initiated, what outcomes would be unacceptable and therefore signal to the proxy decision-maker and medical team that treatment withdrawal is indicated.

The POLST form should not be used solely because a patient has a disability or mental illness. The physician must take care to discern when a person is transitioning from a stable chronic disability to a terminal illness.

The POLST Paradigm: Having the Conversation, Completing the Form

A POLST conversation and completion of the form is a detailed process that may happen over a period of time or more than one outpatient visit. The following is a rough outline of this process.

In order to screen patients for whether this process is appropriate, ask yourself, "Would I be surprised if this patient dies in the next year?"

- If your answer is "No", it is appropriate to introduce the concept of advance planning and POLST form completion with the patient.
- Review with the patient his/her medical condition, potential complications and treatment plan options in case of deterioration.
- With the patient's permission, include his/her selected proxy decision-maker (ideally, a Power of Attorney for Healthcare) in the conversation to prepare for future potential substitute decision-making role.
- Address the three clinical sections as outlined on the form:
- Review what the patient's wishes would be in case of cardiac arrest (CPR or no CPR, recorded in Section A); the patient needs to understand the nature of a cardiac arrest, the potential burdens and benefits of a resuscitation attempt, estimated odds of the attempt being successful, and the likely outcomes if successful.
- Discuss the concept of "level of care" treatment plan based on the patient's condition, what is medically realistic and what is in keeping with the patient's values and goals. Section C options allow patients to express any of these wishes, and also allows for additional instructions/considerations to be documented.
- Section D, Documentation of Discussion. The person who signs the form, either the patient, or, if not decisional, the legal substitute decision-maker. A witness also signs this form.
- Section E, Signature of Attending Physician. Medical Residents, Advance Practice Nurses and Physician Assistants cannot sign as the attending physician.

What to Do with the Form Once Completed

The form is only effective if it is accessible to first responders at the time of a patient's crisis.

The form should be displayed visibly wherever the patient resides. If the patient is at home, the form should be printed on brightly colored (pink) paper, and placed on the refrigerator door, or on the inside of the front door or bathroom door (or, for privacy, in a clearly marked pink envelope on those doors). A copy of the form should also be kept in the patient's outpatient record, as well as with the patient's legal representative and/or family. At this time, there is no electronic repository for centralized storage.

Who Has the Time to Do This Right?

Advance care planning in general, and the POLST process in particular, is time-consuming. But such discussion results in patients dying under circumstances that are most in keeping with their own wishes.

Steps that can be taken to make the process maximally efficient:

- Obtain or develop patient-directed written or on-line informational document to introduce the basic concepts.
- Get formal training in conducting the POLST conversation.
- Non-physician staff in your office can be trained to introduce the topic to patients and to walk through some of the initial steps and develop a list of questions for the physician.
- Encourage your organization to consider hiring an "advance care planning facilitator" who has specialized training in all aspects of the process.

Patient –centered care near the end-of-life is improved by a well-timed conversation with the patient and/or proxy decision-maker, accompanied by the completion of the new out-of-hospital "POLST" form.

For more information, including the Illinois form and resources, go to www.polstil.org. You can also visit the National POLST site, www.polst.org.

The website will provide the most current POLST information, and will be updated frequently to reflect relevant news, resources and other training materials as they are developed. Some sections of the site are still being developed, and additional resources will be added in the near future.

IL HFS Directs Enrolled Providers to Document Patient Weight Assessment in Billing Claims

The Illinois Department of Healthcare and Family Services (HFS) issued a revised directive on pediatric weight assessment and management in January 2014 to clarify its claims coding instructions for pediatric weight assessment. The directive, *Revised - BMI Assessment and Obesity-related Weight Management Follow-up among Children and Adolescents: Documentation and Claims Coding Instructions*, is posted as an informational notice on the HFS website (a PDF can be downloaded here). The informational notice was first published in October 2013. The notice applies to the following enrolled health care providers: physicians, advanced practice nurses, federally qualified health centers, encounter rate clinics, hospitals, local education agencies, local health departments, and school-based/linked health centers.

The notice advises providers to document pediatric weight assessment (BMI percentile classification) annually for patients ages 2 through 20 in billing claims using the appropriate CPT code and ICD-9-CM 278.00-278.02 and ICD-9-CM V85.51-85.54 codes. It clarifies that providers need only include CPT codes 278.00 – 278.02 with V codes reflecting BMI percentile classification for pediatric overweight (V85.53) and obesity (V85.54). The annual BMI assessment may be done during any preventive or sick visit. Documentation in the patient's record should include: (1) the date on which the BMI percentile was assessed, (2) either BMI percentile or BMI percentile plotted on the growth chart and, if indicated, (3) pertinent recommendations or a plan of management consistent with the codes used.

The HFS weight management directive affirms, for the first time, that HFS will pay for follow-up visits solely for the diagnosis of overweight/obesity for patients with BMI ≥85th percentile. These patients are eligible for a maximum of three weight management visits in six months. Additional visits solely for weight management are payable only if "improvement in BMI percentile is evident based on the V85.5x codes submitted for that claim" or a patient's "favorable outcome" is appended to the billing claim at the third weight management visit. The notice lists additional documentation requirements for weight management visits in the patient record, including a note addressing the patient/parent's readiness to change and outcomes of intervention to date. These requirements are found in Section C of the notice, Weight Management Visits: BMI ≥85th Percentile.

The Illinois Chapter, American Academy of Pediatrics, is developing provider educational materials about how to apply the new weight management visit policy in practice. For further information, please contact Mary Elsner, Director Obesity Prevention Initiatives, Illinois Chapter, American Academy of Pediatrics, at 312/733-1026, ext. 220, or melsner@illinoisaap.com.

Communication Delays: Common Misconceptions

By Pathways.org

Popular misconceptions regarding communication delays in boys, bilingual children, and younger siblings may prevent these groups from getting the help they need. All children who show early warning signs of a delay should immediately be referred for a developmental screening by a speech-language pathologist. Developmental screenings are typically free and last approximately 15 minutes. Early detection and treatment give children with communication delays a greater chance of improving with speech therapy.

Misconception #1: It is normal for boys to show delays in speech and language. While boys tend to acquire communication skills at a slower rate than girls, they should still fall within the typical age range for major milestones. Any signs of a communication delay in both boys and girls should be addressed in a timely manner.

Misconception #2: Bilingual children talk later than monolingual children. Bilingual children will reach communication milestones at the same pace as their monolingual peers, with first words appearing around 11 to 14 months. Total vocabulary growth is the same between typically developing bilingual and monolingual children when every language is taken into account.

Misconception #3: Younger siblings talk later because their older siblings talk for them. All children are motivated to communicate their own needs and wants as soon as they can. Studies have shown that there are no differences in general communication development between first-born children and later-born children.

Communication delays, ranging from hearing and oral-motor issues to difficulties with language comprehension and production, can be detected within the first year. If an infant does not seem to respond to sounds or faces, or is not producing age-appropriate coos, babbles, or words, refer him or her for a screening. Pediatric therapy clinics typically offer free developmental screenings to help all children reach their fullest potential. For additional information on early communication development, please visit Pathways.org.

Pathways.org is a national not-for-profit organization dedicated to providing free resources and information for health professionals and families on children's motor, sensory, and communication development. The Pathways.org Baby Growth and Development Chart has been recognized and endorsed by the American Academy of Pediatrics, and additional educational materials are available online to download, copy, and share freely. For more information, please visit Pathways.org, email friends@pathways.org, or call our toll-free parent-answered hotline at 1-800-955-CHILD (2445).

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