



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

ILLINOIS FAMILY PHYSICIAN

VOLUME 66, ISSUE 1
May/June 2015

Published by the Illinois Academy of Family Physicians
Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004

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UIC: First Generation Americans – Forever Family Physicians



Mustafa Alavi and his grandmother Feroza Saltana.
Photo provided by Mustafa Alavi

Two of family medicine’s finest student leaders at UIC found their perfect match in family medicine. Both are first generation Americans who found their way to family medicine after witnessing the struggles of their own loved ones in our fragmented health care system.

Mustafa Alavi’s parents came to the United States from Pakistan and his grandmother came with them. As both parents worked to support the family, it was Grandma Feroza Saltana who was Mustafa’s primary caregiver. As Mustafa got older, Feroza’s health deteriorated under the stress of Congestive Heart Failure. Now it was the high school student Mustafa driving his grandmother to her appointments while his parents continued their full time work. He saw where uncoordinated care led, to the emergency room, again and again. Grandma is doing better and it is cases like hers that drive Mustafa’s passion for family medicine. He’s served as the AAFP regional and then national FMIG coordinator, developing his leadership skills, along with a solid knowledge of the research that demonstrates the success of primary care and why we need it. He’s a recognized advocate on the national stage. Now he’ll continue his training and his advocacy at Oregon Health and Science University in Portland, Ore., a unique four-year training program that includes a leadership development track that will continue to build his dream of leading better care for all.

“I really learned a lot from the family medicine faculty here at UIC. I didn’t start school planning for family medicine, I wanted to do pediatrics. Working with the patient-centered medical course and with Dr. Rik Stringham and Dr. Evelyn Figueroa, they’re all great role models. They are what I imagined I would be as a physician.”

He credits his work with AAFP in shaping his career. “A lot of what I know about healthcare reform and the role of family medicine is due to AAFP. They’ve been great for teaching and connecting me with other students and like-minded people who share my passion. I got to have those conversations at a bigger level.”

In 10 years, he sees himself in a teaching center. “I want to be like the family physicians I learned from here, if not actually take their jobs if they’ve retired! And I want to inspire others into family medicine.”

An avid runner who has completed several marathons, Alavi plans to continue running in Oregon.



President's Message

Janet Albers, MD

I've just wrapped up my experience on day two (April 22) of the IAFP's Spring into Action lobby days. Every two years, IAFP invites leaders and members to Springfield for advocacy training and then turns us loose in the Capitol where we engage in small group discussions with our legislators. It's very different than the large-scale demonstrations that often descend on the Capitol and send lawmakers scurrying to hide. I find this format to be educational and effective, both for the doctors and the legislators.

Today I was proud to spearhead the SIU Family Medicine Residency program and the School of Medicine presence today, with 20 residents and three medical students. Dr. Careyana Brenham, our Springfield residency program director (and also a former IAFP Family Medicine Teacher of the Year) and I enjoyed working with our young family physicians-in-training on an important skill set that you can't get in the clinical setting, the art and skill of advocacy.

As you know advocacy is a big part of the Academy's mission; it is in our tagline "devoted to education, advocacy and action." No matter where these family physicians eventually practice, their state chapter will need them to be our advocate, and our patients' advocates.

Today's Spring into Action was the second day of the three-day event, and also the BIGGEST, with over 40 attendees from around the state. As a former program director, I was proud to see residents from four different Illinois programs today: SIU-Springfield, University of Chicago NorthShore, Advocate Lutheran General and Northwestern-McGaw. My fellow board member Asim Jaffer, MD brought a big group from University of Illinois



at Peoria family medicine residency yesterday. And Northwestern Mc-Gaw sent residents all three days so that everyone would have the opportunity! What a great impact our newest family physicians have on this process. And of course, our veteran board members and other physician advocates ensured we had a variety of voices throughout the Capitol.

Today was truly energizing. There were so many groups at the Capitol discussing all kinds of issues and it's amazing to be part of the process. Our family physicians covered issues from access to care for the Medicaid population to restoring funding to the Illinois Tobacco Quitline, which had both been cut as part of Governor Bruce Rauner's administrative actions. We also opposed a bill (SB661) which would mandate screening for Hepatitis C and supported a bill (SB 1410) that would better clarify the process for parents who want to exempt their children from vaccines on personal grounds, to ensure that they make informed decisions.

We had fantastic discussions. Our SIU group met with three out of our four legislators: Sen. Andy Manar, Sen. Sam McCann and Rep. Raymond Poe. I was able to introduce them to our residents and students, their future, and also talked a lot about the patients we serve.

I think it's a crucial part of our role, not only treating the patient in front of us, but also looking at the total community we serve and the public health and

greater issues. If we don't speak out on these issues as physicians, then other people are going to make decisions for us. It is part of our responsibility, and residents and students should experience that role during their training and see us role modeling for that. Then they'll be ready to go out and do this type of advocacy when they are in practice.

My favorite part of the day? I loved the fact we had so many students and residents here, it's the most we've ever had. We are trying to attract more students into family medicine and to see the energy in this group was just amazing. I know they'll take this experience back home with them and wherever their careers may take them. And I still love seeing that grand Capitol building and witnessing the whole democratic process – and know that we're there representing our patients and communities.

I sure would like to see all these residents return in two years as practicing physicians, continuing this great work in the future. As for my immediate future, I'm joining our IAFP board members and other key contacts on Capitol Hill in a few weeks as part of the AAFP Family Medicine Congressional Conference taking on the federal issues. Now that the wicked SGR formula has finally been vanquished, I look forward to discussing our other policy priorities, such as graduate medical education funding and better policies to help academy chapters nationwide attract more wonderful students into family medicine, much like the ones who came to Springfield this week. In fact, we have Illinois family medicine residents joining us in these efforts, and IAFP student board member Kristina Dakis will be there as well.

I can't wait to continue the conversations!

Editor's Note: Go to the Government Relations section on page 12 to learn more about Spring into Action and Dr. Albers' trip to Washington, DC.

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IAFP News

Continued from page 1

Kristina Dakis' family emigrated from Greece and naturally her family celebrated in Chicago's vibrant Greektown restaurant scene after the white coat ceremony at the start of medical school. Raised in Naperville, Kristina saw her own parents struggle with health issues. But when another family member suffered a stroke, the true challenges began. Insurance premiums skyrocketed because of her health status and eventually that relative dropped her insurance all together. No insurance meant she couldn't pay for extra services out of pocket. So she skipped screenings. "I felt like at times providers would shame her for her decisions to forego recommended care because she couldn't afford it."

Kristina joined IAFP leadership as the student president-elect two years ago, representing Illinois at the AAFP National Conference and then became the IAFP student member of the board of directors in July 2014. She's been a dedicated advocate on the board, in committees and in the development and implementation of the Family Medicine Midwest Conference. And now she'll continue her training and her dedication to her community at the UIC Family Medicine Residency Program. She entered medical school with a desire for family medicine and working in underserved communities and nothing has changed. "I definitely want to be making a difference for the underserved in Chicago as my career."

Asked about the impact of her work with IAFP she says, "I think it really cemented the importance of family medicine in this country. There is a huge need and it made me realize I can make a huge difference in this field. I'm humbled to join the people I've been working with these last few years." We look forward to her continued leadership in IAFP as a resident!

Dakis is an accomplished musician who plays three instruments and led programs in medical school to unite music and medicine. Asked how she will keep that music going in her life during the demands of residency training, she replied that she is marrying a professional saxophone player next year, which should help! She also plans to continue playing with the Naperville Community band.



Rosalind Franklin University - Chicago Medical School family medicine graduates Melissa Mondala, Marian Tripp and Naomi Thompson. Photo provided by Marian Tripp

Joining Kristina at UIC Family Medicine Residency is Chicago Medical School graduate Marian Tripp. Here is her story:

"I studied Nutrition Science in Undergrad which incorporated both the pure and applied sciences with an emphasis on clinical and social relevance. Since then I have come to appreciate the importance of preventing disease through lifestyle modification, therapeutic interventions and diligent clinical awareness. This concept of preventative medicine has helped shape my career goals and greatly influenced my decision to become a family medicine physician.

My third year clerkships exposed me to many patients whose quality of life was severely compromised by chronic or acute illness secondary to preventable risk factors. This only helped to reinforce my decision to work in primary care. As a primary care physician I will have the greatest influence on the decisions patients make about their health. As a Family Medicine doctor I will be able to work with patients throughout their lives to not only help diagnose and treat disease but also to guide patients

in a way that prevents disease. In addition, during my family medicine rotation I enjoyed observing the relationships that doctors had with their patients. For me, getting to know others is very much a part of my human experience and the most rewarding part of practicing medicine.

I am Iraqi and my family left Iraq just before the Gulf War in 1990 when I was three years old. Since then I have lived in many places. My mom and dad are both physicians, as are a number of my aunts and uncles. I think my experiences as an immigrant influenced my decision to go into family medicine. As someone who didn't grow up with much financial stability, I learned early on about the disparities in healthcare and the importance of providing all people with access to excellent medical care."

When you started medical school four years ago –what did you want to be when you grow up? I wanted to go into primary care. I had just completed a degree in Nutrition Science at the University of Georgia and, as a result, I became very interested in preventive medicine. My nutrition background provided me with the skills and knowledge to help counsel patients on diet, exercise and lifestyle modification. As primary care physician I can improve the quality of life for my patients by both

preventing and treating disease. Dr. Naomi Parrella was a strong role model for me during medical school. She is a fantastic family physician and her guidance throughout the years helped me pursue a career in family medicine.

Why is UIC the place for you? It has a strong emphasis on both providing for the urban underserved and community medicine which was very appealing to me. In addition, the Women's Health training is excellent and residents are trained to provide women with a broad range of health care in this area.

In five years I hope have completed an Academic Fellowship or a Masters in Public Health and be practicing in a university setting. In 25 years I hope to continue practicing medicine, teach medical students and/or residents and to also be involved in health policy and advocacy.

One of the leaders at the first ever Family Medicine Midwest Conference in November 2012 in Itasca, Ill. was Northwestern student Shanti Leon Guerrero. Although we didn't keep her in the Midwest, Shanti will enter family medicine residency training in New York. Here's what she had to say on Match Day

Going into family medicine wasn't really much of a surprise for me. I grew up as the daughter of a family physician and a psychiatrist so from an early age I was accustomed to thinking about patients from a biopsychosocial perspective and caring about patients as whole people! My experience growing up on the remote Pacific Island of Guam taught me about the many social, cultural, economic, and geographic determinants of health of our islanders, and gave me a passion for public health and working with the underserved. When I entered medical school, I knew I wanted to find a specialty that would allow me to do all of that and make me excited to go to work every day. Throughout my clinical experiences third year, I became more and more committed to family medicine after finding out that I loved parts of every specialty and couldn't choose just one type of problem/group of patients that I wanted to see. There are so many things you can do in family medicine- correctional medicine, surgical obstetrics, global health, LGBT care, urgent care, inpatient work, public policy, substance abuse, school health, and the list goes on forever! I am so excited to start my career in underserved family medicine because I will get to do all of that while providing for patients across their life spans AND working to address health disparities at the same time.

Shanti Leon Guerrero, Northwestern, headed to NY



Faculty at West Suburban Family Medicine Residency celebrate Match Day. Photo courtesy of West Suburban

RESIDENCIES CELEBRATE:

Northwestern Lake Forest matched their first class of interns! Program Director Deb Clements, MD and her colleagues are celebrating matching 100 percent through NRMP in their first match. IAFP board member Monica Fudala, MD is also on faculty there.

Match results for Illinois hold steady, there is still work to do!

The 2015 Match brought more family physicians to Illinois training programs, as Illinois' newest family medicine residency welcomed its first intern class of eight at McGaw Northwestern Family Medicine at Lake Forest. Overall Illinois programs filled via the D.O. Match, NRMP and only a few were filled outside the Match via the SOAP process and all were filled by Match Day on March 20. [Link to a chart with details](#)

For Illinois allopathic medical schools and students matching into family medicine, we basically mirrored the national statistics

	Total FM Matches (Illinois Programs)	# of Graduates	Percent
2015 Total	88 (32)	1,067	8.2
2014 Illinois Schools	79 (34)	1,065	7.4%
2015 US Seniors totals	1,405	18,025	8.3%

However, more of our Illinois students are matching in other states, especially border states of Indiana and Wisconsin. View the full chart of Illinois allopathic schools at <http://www.iafp.com/match-day>. We have not been able to obtain numbers for Chicago College of Osteopathic Medicine.

Family Medicine for America's Health Hitting the Road – Bringing Home the Message

As our health care delivery system transforms, it has become clear that strong primary care is essential to enhancing the value and improving the quality of the health care Americans receive. The family of family medicine organizations united under the umbrella of Family Medicine for America's Health. Vincent D. Keenan, our chapter's executive vice president was selected to serve as the AAFP Chapter Representative on the Family Medicine for America's Health Board of Directors. Jerry Kruse, MD, CEO of SIU Healthcare also serves on the board of directors of this landmark collaboration.

The Public Message: Health is Primary

Health is Primary embraces a vision of doctors and patients working together, where everyone has access to primary care, and where prevention and health are as important as treating disease. Health is Primary was launched in October 2014 at the AAFP's 2014 Annual Scientific Assembly in Washington, D.C., to support the future of primary care and a health care delivery system that puts patients back at the center of care. America's family physicians are working with patients, employers, policymakers, community leaders, and other key stakeholders to demonstrate how primary care keeps people healthy, improves population health and reduces health care spending. We can only achieve the Triple Aim and our goal of a Quadruple Aim that includes "provider satisfaction" if we put primary care in the forefront and support and expand the successful models showcased by family medicine.

The Health is Primary campaign is traveling to cities to showcase the success stories of primary care and to ensure that we can make the promise of primary care a reality for all Americans. The campaign will also work to increase the collaboration between physicians, systems and patients and to communicate about important health issues. We want to transform the family medicine specialty to ensure that we can meet the nation's health care needs and, ultimately, improve the health of every American. This means:

- Furthering the evolution of the patient-centered medical home;
- Advancing the use of technology;
- Ensuring a strong primary care workforce; and,
- Shifting the payment system to improve the quality of care and the health of patients.

The first stops were Seattle, WA in March and Raleigh, NC in April. Chicago and IAFP are proud to host the third stop on May 19, a great date to celebrate World Family Doctor Day. The event date made it too late to cover in this issue. Look for a full report on the Health is Primary events in the August issue. IAFP leaders and staff worked with the Family Medicine for America's Health team to assemble an all-star family medicine panel for a live press event at the MATTER Lab in the Merchandise Mart in downtown Chicago. Additionally, IAFP student board member Kristina Dakis worked with IAFP to plan an evening dinner event for resident and student members to showcase Health is Primary to family medicine's future.

Special thanks to the IAFP board members on this task force who served as advisors to the Health is Primary City Tour planning: James Valek, MD; Janet Albers, MD; Monica Fudala, MD; Donald Lurye, MD and Kristina Dakis (now an MD). The highlights from this event will be shared at the IAFP's annual meeting and Family Medicine Midwest, held jointly October 9-11 at the Loews Hotel in Rosemont.

Where to go for more information:

Family Medicine for America's Health: www.fmahealth.org

Health is Primary: www.healthisprimary.org

Learn more and order your FREE button like the one pictured here at IAFP's Health is Primary page: <http://www.iafp.com/health-is-primary>



Call for Nominations – IAFP Board of Directors

The IAFP Leadership Development Task Force, chaired by past president Carrie E. Nelson, MD, is seeking nominations for the IAFP board of directors. Please send your CV and a cover email indicating your willingness to serve and address these two items:



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1. Identify areas where you have skills, experience or interest (such as finance, public relations, health information technology, CME, GME, and/or government relations).
2. Describe how you can help IAFP further its mission. "To promote excellence in the health and well-being of the people of Illinois through support and education of family physicians and the families and communities they serve."

You can find positions descriptions for each office at <http://www.iafp.com/board>: We have three board slots for the class of 2018 (three-year term) and we are seeking a New Physician board member (less than seven years in practice) for a two-year term. Nominations are also requested for the positions of 2nd Vice President, 1st Vice President (each are one-year terms) and one Delegate and one Alternate to the AAFP Congress of Delegates (two-year terms) and President-elect, a three-year term that includes president and board chair.

The Leadership Development Task Force will review nominations and determine eligible candidates for our online election in which all Active and Life members in good standing will be able to vote online in August. The new board members will take office at the IAFP Annual Meeting October 10, 2015 at the Loews Hotel in Rosemont. Questions? Contact Carrie Nelson, MD, chair of the Leadership Development Task Force at carrie.nelson@advocatehealth.com or IAFP Executive Vice President Vince Keenan vkeen@iafp.com.

Please submit your letter of intention and your CV to IAFP Executive Vice President Vincent D. Keenan, CAE at vkeen@iafp.com by Thursday, July 2.



IAFP Foundation 2014 Donations – CORRECTION

Due to an accounting conflict in the IAFP's various programs, several donations made to the IAFP's Family Health Foundation of Illinois in 2014 were not recognized and listed in the IAFP Annual Report mailed to members earlier this year. IAFP deeply regrets the omission and apologizes to these members whose donations were not listed as they should have appeared.

Donations were made to the Foundation by
Sachin Dixit, MD
Asim Jaffer, MD
Steven D. Knight, MD
Kristin D. Drynan, MD
Javette C. Orgain, MD
Janet Albers, MD
Deborah Edberg, MD
Donald R. Lurye, MD
Sara Malone, MD
Santina Wheat, MD
Jorge Martinez, MD

Annual White Sox Game Friday, July 17 at 7:10 p.m. White Sox vs. Kansas City Royals

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Orgain for AAFP Speaker of the Congress of Delegates



Javette C. Orgain, MD, MPH, FAFP has served four terms as the Vice Speaker of the American Academy of Family Physicians Congress of Delegates.

Now she is running for the office of Speaker. The Illinois chapter is proud to support her candidacy.

"Family medicine is on an unprecedented journey to show the nation that Health Is Primary and that family physicians will deliver on the promise of a healthier people," says Orgain. "I am absolutely thrilled to be part of this effort and will continue to champion our cause at every level."

Javette C. Orgain, MD, MPH is the former medical director for University of Illinois Mile Square Health Center (MSHC) and assistant dean of the Urban Health Program (UHP) at the University of Illinois at Chicago (UIC) College of Medicine. She joined the department of Family Medicine in 1991 and is currently clinical associate professor of Family Medicine. Currently her practice is dedicated to the home bound, working as a team physician for Vitas Hospice. Since 2009, she has been the medical consultant/director for the Village of Park Forest Health Department.

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. In 2003 she received an IAFP President's Award for her work on the Campaign for a Healthy, Smoke-Free Chicago. She testified this year for the successful banning of e-Cigarettes in indoor public places in Chicago.

Dr. Orgain has been chair of the Illinois State Board of Health since 2003. The National Medical Fellowships honored Dr. Orgain as a distinguished alumnus in November, 2011. In April, she received the Helen O. Dickens, MD Alumni Award for Leadership & Service from UIC-UHP.

Javette has been a fixture at IAFP and AAFP events for many years. She continues to champion family medicine and healthcare at every opportunity. She took the stage as a featured panelist for the Family Medicine For America's Health "Health is Primary" City Tour Chicago event on May 19.

AAFP Delegates and Alternates will vote for all candidates at the 2015 Congress of Delegates on September 30th in Denver. As you interact with your family medicine friends around the country, make sure you tell them that the Illinois Chapter says we should continue to "Organize with Orgain!"

Link to her IAFP web page here:

<http://www.iafp.com/orgain-for-aafp-speaker>

Link to her official Candidate page on the AAFP Web site (AAFP Login Required):

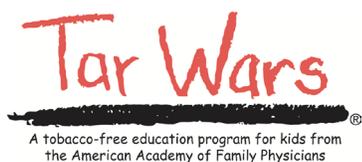
<http://www.aafp.org/candidates/speaker/cand1.mem.html>

"I have seen and experienced many of our system's greatest obstacles and I've worked my entire career to address the root causes of our health care system's flaws."

-Javette C. Orgain, MD, MPH, FAFP



Javette leads a group in a personal visit with U.S. Rep. Danny Davis (D-7, Chicago) in his Capitol Hill office in Washington, DC on May 13 during the annual Family Medicine Congressional Conference.



ROCHESTER STUDENT WINS ANNUAL TAR WARS STATEWIDE POSTER CONTEST

Caleb Hamilton of Rochester Intermediate school designed the winning poster in the Family Health Foundation of Illinois Tar Wars Poster Contest, held April 21-23 during the Illinois Academy of Family Physicians Spring into Action lobby days. Caleb's "Reach Higher Goals – Be Tobacco Free" poster received the most votes from the 42 ballots cast by family physicians and medical students. Posters were evaluated on creativity and positive message about being smoke-free.

Caleb is the second statewide poster contest winner to come from Rochester Intermediate. In 2011 Madelyn Noyes took the top honor. For his outstanding work, Caleb will receive a \$500 cash prize. The Family Health Foundation of Illinois, which runs the Tar Wars program in Illinois, will also make a \$1,000 grant gift to Rochester Intermediate to use in their science programming at school.



Caleb Hamilton celebrates at school with IAFP board member Tabatha Wells, MD.

The 2015 Illinois Tar Wars poster contest is supported by Pfizer Charitable Contributions. Their generosity also enabled Tar Wars to create a banner displaying Caleb's prize winning poster in Rochester. Prizes for our second and third place artists were also possible by the grant to the Family Health Foundation of Illinois received from Pfizer Charitable Contributions.

Tar Wars, a program of the American Academy of Family Physicians, is at work in schools around the country, as well as in Canada and overseas. The program is free for schools and for volunteers to teach in their local schools or youth groups. In Illinois, Tar Wars presenters include family physicians, medical students, family medicine residents, school nurses, health department health educators, and other volunteers. For more information, including the complete program curriculum, visit www.tarwars.org.



2nd Place – Harmony Dawdy, 4th Grade, Enos Elementary School SIU School of Medicine FMIG- presenters



3rd Place: Jessica Leanne Cox, 4th Grade, Meadowbrook Intermediate Debra Mayer, RN (school nurse) -Tar Wars presenter

Chicago area physician leaders tackle the tough questions

Crain's Chicago Business convened a physician leadership breakfast panel on March 11 to address the current landscape and the future for physicians in this era of transformation to new models of care and payment systems. IAFP past president, Carrie E. Nelson, who is the medical director of Advocate Physician Partners and co-owner of Symphony Medical Group in Carol Stream served as one of the featured panelist. Joining her on stage were Dr. Abha Agrawal, COO and CMO of Norwegian American Hospital, Dr. William Robb of the Illinois Bone and Joint Institute and Christopher Wood, Chief Information Officer and a hospitalist at Loyola University Health System. *Crain's* health care reporter Kristen Schorsch adeptly moderated the discussion and took questions submitted in advance and tweeted by the audience. Each panelist provided unique perspectives based on their location, patient base and administrative structure. But some common themes prevailed throughout: Change is hard. Physician leadership is key.



Photo courtesy of SerioPhotography.com

There is agreement that the value based system is best in long run. Shifting the focus to patients and health vs. quantities of health care. But the administrative burdens are still a problem when 30% of health care spending goes to administrative costs – the panel agrees that's too high.

Dr. Nelson was enthusiastic in her belief that independent practices can exist but will need to align. Advocate Physician Partners is a model they expect to sustain long term. APP gives infrastructure support, ACO payment systems and the patient registry. Nelson reiterated that "Physicians make terrible employees," drawing nods and laughs from those in the room and on the stage. "There is energy around the employed model due to the economies of scale," she said. Clinical integration works for APP with 1200 employed docs and 3200 independent docs mostly in small practices.

Dr. Agrawal explained that Norwegian is a Medicaid Coordinated Care Entity (CCE) and an Accountable Care Entity (ACE) that partners four hospitals and six FQHCs caring for 60,000 Medicaid lives.

Agrawal believes that ultimately the physician relationships will improve coordination, reduce waste and avoid preventable catastrophic costs. She called ACE a business model – if everyone does a good job, care will be better and the state will save money.

Two key premises that are obstacles to success:

1. The goal is to drive down the cost to provide care, but in the face of declining reimbursements/cuts, that makes it hard to keep any of the money in the practice.
2. Practices build and maintain the care coordination platform, however cutting costs is not suited to investing in improvements needed to provide services related to that care.

Many of the questions focused on independent practices and the belief is that mid-late career docs will have the most anxiety about these massive and rapid transitions. Young physicians are growing up in this system and will be best prepared. Doctors must be leaders and drive decision-making. And in return those doctors must be supported by the administration systems to avoid burnout. Seeing more patients per day is not the answer. Practices must improve their daily practice flow. Teams dividing the work at the top of their abilities. Some suggest using scribes so that physicians talk and listen, not type during the visit. Technology must provide VALUE and convenience back to the doctors, not just the data to payers and government.

Opposing forces of Medicaid expansion vs. cutting costs

All panelists are committed to the mission of caring for Medicaid patients, (not reducing access) but this will be a challenge for smaller organizations that don't have big economies of scale. Panelists asked "What is the threshold where the rates are too low to provide the care?" For the smaller organizations like Norwegian, Medicaid service is vital. These hospitals and health centers are community anchors. Dr. Agrawal said many of their employees live in community.

Tackling the big question - Compensation

When asked the big question about the payment gap between primary and sub-specialty physician care, all panelists agreed that the payment structure needs to change. Nelson, one of two FPs on the panel, says, "Primary care physicians won't make more than subspecialists, but the increase needs to happen, when we pay for HEALTH of patients not the health CARE." The overall tone of the breakfast event showed physician unity in the mission of access to care, combined with a determination to improve the system for the providers who will be on those front lines improving care and overall health in the philosophies laid out in the Affordable Care Act.



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Government Relations

Successful Spring into Action

Family medicine engaged with the Illinois General Assembly in three consecutive days of Spring Into Action (SIA) advocacy days April 21, 22 and 23. Several priority bills were in play – on third reading in the Senate - giving IAFP members plenty of topics to talk about at the Capitol.

Quick Stats:

76 total members attended
48 residents
7 medical students
5 Past Presidents
8 Board members and 8 Government Relations members
Visits with 24 State Representatives
Visits with 24 State Senators

Specifically, members worked on these bills:

- Opposing SB 661 which would mandate offering and documenting screening for Hepatitis C for all patients born between 1945 and 1965. The bill has passed both chambers.
- Supporting SB 1564 which requires health care facilities to provide information on all options available regardless of their personal beliefs. This bill passed the Senate on Wednesday just after our members had spoken with many Senators over the two days.
- Smoke Free Daycares: House Bill 3531 eliminates contradictory statutes so that the Smoke Free Illinois Act includes licensed child care facilities in the definition and passed both houses.
- Immunizations: SB1410 preserves a parent's option to exempt their child from immunizations, but also ensures that such a decision is an informed one and that the parent is aware of the individual and public health risks of choosing not to immunize their child. The bill passed both houses and IAFP co-signed a letter to Gov. Bruce Rauner encouraging him to sign it.
- In both the House and Senate, SIA participants advocated for:
 - restoring funding to the Illinois Tobacco Quitline, which was zeroed out by Gov. Rauner, but has since been restored.
 - supporting high quality care and essential health services for Medicaid recipients
- Medical Reserve Corps Liability Protection: SB1498 and HB2628. These bills give Volunteer Medical Reserve Corps members liability protection when assisting a local health department. This is an important step towards ensuring trained professional are able to assist their communities SB1498 passed both houses..



Day 1 attendees prepare to enter the Statehouse on April 21.

Spring Into Action 2015 also included a strong showing from the future of family medicine. This year more than two-thirds of the participants were residents and students. Seven different residency programs sent delegations to represent family medicine and develop important advocacy and leadership skills through their Academy.

IAFP President Janet Albers, MD is also Chair of Family Medicine at SIU School of Medicine and led their delegation of more than 20 residents and faculty on Wednesday, April 22. The good will of the Academy and the medical school led to a very sincere welcome by Sen. Andy Manar who announced to the Senate that IAFP and SIU were in the senate gallery, which generated a great round of applause.

"I don't know if I ever really took into consideration how I could help make a difference in medical decision making for laws that directly affect my patient's lives. Now I know," says SIU Springfield resident Kelly Luciano, MD. "Today was an awesome experience."

SIU Springfield third year resident Stephanie Gadbois, MD returned to the event after coming as an intern in 2013. "I still get nervous, but I felt more comfortable this time around. For me, the Hepatitis C bill was very important to discuss, because it sets a dangerous precedent to mandate your own agenda of standards of care. That's just going to open the door for lots of things down the road. Also restoring the Tobacco Quitline is really key, as that's one of our biggest challenges when tobacco use leads to so many other health care problems." Gadbois reiterated that so many of their Medicaid patients use tobacco and that's a population that really needs these easily accessible and free services.

Gadbois was also adamant about the need for future physicians to get involved now. "I think they need to know that health care reimbursement systems are changing and delivery is changing, and it's based more on population health. If you're not protecting and advocating for yourself in the legislature, and for the care of your population, that's going to affect your future."

There were residents from Northwestern, University of Chicago/NorthShore and Advocate Lutheran General joining with SIU Springfield and SIU Quincy on Wednesday, with over 30 residents total. "It was awesome to have all of us here together and I think it's important for us to be here," says Gadbois. I'm glad Dr. [Janet] Albers makes it a priority for residents to be exposed to this. Coming over here as a resident for the first time in 2013 and seeing that you can make change and how the lobbying process can bend the ear of a legislator, you know you need to be a part of that. There are a lot more members here this year and I think that's really good for us."

West Suburban resident and IAFP Resident President-Elect John Trimberger, MD attended Day 3 on Thursday. John was a student board member for the NC Academy of Family Physicians as a medical student, so he had experience in state government relations. Asked how lobbying was different in Illinois, he replied, "It's definitely more intense here!"

Gadbois summed up the day succinctly. "It's great to get a little information and training ahead of time to prepare us, not only on the issues, but on the actual process and chaos of being in the Capitol. My advice to medical students, it's important to your future to affect policy and it's not too soon to start this process."



IAFP President Janet Albers, MD leads the conversation with Sen. Andy Manar (D-48 Bunker Hill)



SIU Family Practice Center's big group met with Sen. Andy Manar

We're still here! IAFP Leaders Keep up Conversations with Congress

The IAFP board of directors and other leaders gathered in Washington, DC for the Family Medicine Congressional Conference May 12-13. Altogether, Illinois had the largest delegation of any state, with 28 physicians, residents, students and staff. Illinois attendees comprised over 13% of the entire FMCC conference. Four IAFP members received AAFP or STFM scholarships: UIC students (who graduated May 8) Kristina Dakis, MD and Mustafa Alavi, MD; resident Jessica Reader, MD from Northwestern McGaw and Northwestern McGaw new faculty physician Dorothy Dschida, MD.

The IAFP board of directors met Monday afternoon and evening at the AAFP DC headquarters building. During that meeting, Congresswoman Jan Schakowsky stopped by for a visit to discuss the recent MACRA vote and other health care issues, such as her concerns over Illinois budget crisis and recent Medicaid cuts.

Among the action items by the board that night

- 1) Approved a formal policy for IAFP and the Family Health Foundation of Illinois to use when evaluating corporate sponsorship opportunities.
- 2) Approved new resident president-elect Jessica Reader, MD and student president-elect Emily Graber of UIC.
- 3) The board voted to keep the state portion of Academy dues at the same level for 2016 at \$390

From Illinois business to Federal issues

On Tuesday the group actively participated in the day-long Family Medicine Congressional Conference education sessions, asking tough questions of presenters and preparing for their own Capitol Hill visits. Members asked for advocacy and action on the high cost of medical education, the burdens of data reporting and electronic health records Meaningful Use requirements, which were often called "meaningless use" by conference attendees. Other common themes across the nation were the problems with addiction and the failure to fund mental health services, and the inequities caused by "site differential" payments and other discrepancies that negatively affect our members. The day was capped off with a reception hosted by AAFP's [FamMedPAC](#), with featured speaker Rep. Robin Kelly (D-2 Illinois) who is the new chair of the Congressional Black Caucus Health Braintrust.



IAFP board welcomed U.S. Rep Jan Schakowsky (D-9 Evanston) to their board meeting in DC on May 11.



On Wednesday the 28 Illinois members and staff divided and conquered Capitol Hill with 11 visits, followed by two more on Thursday morning for those leaders able to stay an extra day.

This was my third time attending and I'm reminded each time of the importance of our advocacy efforts, both at this conference at the national level, but also at the local level. – Alvia Siddiqi, MD, IAFFP President-elect

Now that the SGR is dead, what in the world did family physicians have left to talk about? Plenty!

1. The value of primary care – paying for services beyond simply the primary care office visit. Members asked Congress to ask CMS to eliminate the co-pays for services provided with the new Medicare chronic care management codes, which place a new, undue burden on patients.
2. GME Transparency Needed: Congress needs to order the Government Accountability Office (GAO) to study current and future workforce needs to ensure that GME funding produces the workforce that our nation needs. Determining where GME-funded residents eventually practice five years out, will reflect a more accurate reporting of those primary care residents who ultimately subspecialized. This will ensure that institutions are not able to artificially inflate their numbers with respect to training and producing primary care physicians.
3. Appropriations to support family medicine training. Family medicine continues to urge the Appropriations Committee members to provide adequate funding for Title VII Section 747 Primary Care training, National Health Service Corps scholarships and loan repayments and funds for the Agency for Healthcare Research and Quality (AHRQ).
4. Urging our delegation to join the Assisting Caregivers Today (ACT) Congressional Caucus to bring attention and solutions to the burden carried by family caregivers with elderly or disabled family members, who often suffer their own negative health consequences as a result of their overwhelming responsibilities. Illinois Congresswoman Jan Schakowsky is already a member of the caucus.



IAFFP and AAFP leaders greet U.S. Rep. Robin Kelly (D-2 Matteson) at FMCC

Illinois leaders, and especially our student, resident and new physician members on the Hill provided valuable insight in each meeting on every issue. Although it's a long trip and a very busy day, members were able to personally deliver the message, build relationships and make plans to continue conversations back in the district and in the future.



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IAFP Adolescent Immunization Initiative – New Patient Education Materials

IAFP is committed to keeping family physicians up to date on immunization resources. In addition to the online CME courses, IAFP is now pleased to offer two NEW patient education brochures to use in your practice.

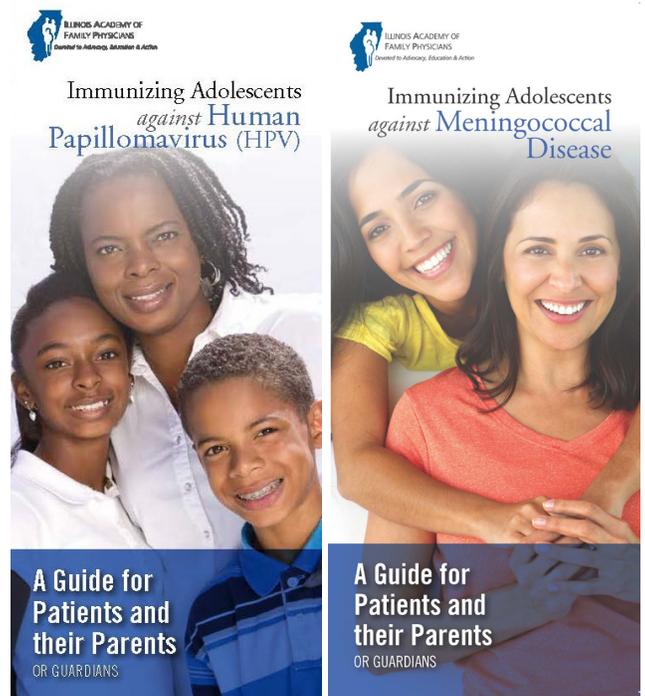
- *Immunizing Adolescents against Human Papillomavirus (HPV)*, is a guide for patients and their parents that explains what HPV is, who is at risk, diseases associated with the virus, and how adolescents can protect themselves against HPV infection.
- *Immunizing Adolescents against Meningococcal Disease*, details the facts about meningococcal disease, how it is spread, who is at risk, and details about the MCV4 vaccination.

For more information, and for a link to order brochures for your practice online, visit IAFP's Adolescent Immunization Initiative page at www.iafp.com/adolescent-immunizations.

Tobacco Cessation for the Primary Care Provider: A Quality Improvement Initiative – Approved for ABFM MoC Part IV

Together with the Illinois Chapter of the American Academy of Pediatrics (ICAAP), the Illinois Academy of Family Physicians is pleased to introduce a new program, *Tobacco Cessation for the Primary Care Provider: A Quality Improvement Initiative*. Made possible by the Cook County Department of Public Health (through funds received from the Illinois Department of Public Health), this program is now available online.

First, providers must visit ICAAP's Learning Management System to view the slideshow and successfully pass the CME quiz. Following that, you may register for the online data collection in order to begin work on the MoC Part IV portion of the project. The goal of this QI project is to support providers in implementation of the Brief Tobacco Intervention into daily practice. Participating providers will create a system to screen and identify patients at risk from environmental tobacco use, counsel patient on risk, and advise the patient to quit. Visit IAFP's Smoking Cessation page at www.iafp.com/smoking-cessation for more information, including information about how to get started using ICAAP's Learning Management system!



IAFP's New Education Website – cme.iafp.com

The IAFP Education team is pleased to announce that the education website has been updated to a new and improved Learning Management System! This upgrade will allow for more advanced online educational content, developed with the busy family physician in mind.

Currently, IAFP's online education offerings include online enduring materials for CME as well as information and modules for the new Adult Obesity Collaborative and Referral Initiative (AOCRI). If you missed either of April's hot topic webinars (Medical Marijuana and Illinois Prescription Monitoring Program (PMP) Update) they can be found on the website.

Visit cme.iafp.com to login or register today! Please note your login will be specific to the IAFP CME website and is needed to store information on your CME courses. The login is NOT connected to the general IAFP website or the AAFP website.

Center for Brain Health

The mission of the Center for Brain Health is to preserve and improve brain health by preventing neurodegenerative diseases. We use genetic testing, advanced diagnostics and lifestyle factors to predict and protect against Alzheimer's disease and other brain degenerations.

NorthShore Neurological Institute specialists address your patients' concerns about the risks for neurodegenerative diseases such as Alzheimer's, Parkinson's and Chronic Traumatic Encephalopathy (CTE) through evidence-based risk assessments and annual surveillance.

We develop a personalized brain health plan to help protect your patients against brain diseases. Our multidisciplinary team includes:

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- Genetic counselors
- Physical therapists
- Cognitive therapists
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- Lifestyle coaches
- Researchers

Consider a referral if the patient:

- Has a family history of Alzheimer's or Parkinson's disease.
- Has tested positive for an Alzheimer's or Parkinson's disease genetic risk factor.
- Has suffered concussions or repetitive blows to the head (e.g. from sports, military service or physical abuse).
- Sleeps on average less than six hours a night and/or has been diagnosed with a dream disorder.
- Reached menopause or had surgical removal of ovaries before age 45.
- Has poorly controlled hypertension, heart disease, or suffered a stroke.
- Has poorly controlled diabetes or hypercholesterolemia.
- Is obese, sedentary and/or does not maintain a healthy diet.
- Is a smoker or drinks alcohol in excess.
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Smita Patel, DO



Chad Yucus, MD



Why did you choose family medicine?

I came into medical school pretty much knowing I wanted family medicine. I had a family doctor who was really my idea of what medicine was. So I came in wanting to do full spectrum from pregnant women to elderly. Medical school really just confirmed that for me, I liked all the rotations.

How did you choose West Suburban residency?

I had a few things I was interested in – especially full spectrum so I wanted inpatient training, OB, peds, and I was also interested in urban underserved medicine. West Suburban is really strong there with the clinics and FQHCs and the population served on the West side of Chicago. I’m from Wisconsin so it’s nice to be close to home.

What are the most prevalent conditions you’re seeing?

We see the run of the mill, plenty of routine visits, but a very high burden of chronic disease. We see high rates



John Trimberger, MD
PGY-2 at West Suburban Family
Medicine Residency
IAFP Resident President Elect
Joining IAFP board of directors in July

of diabetes and COPD and asthma and hypertension. A lot of those patients come in pretty late in those disease stages, so a lot of advanced chronic heart failure and coronary heart disease and advanced diabetes.

Why did you pursue leadership in IAFP?

I first explored this in medical school with the North Carolina Academy and served as the student leader. That really showed me that family medicine needs to be in the position to guide policy as the foundation of the health care system. As primary care doctors it’s really a powerful position to help



direct health care for a state. It’s fun to be involved and meet others who are excited about that.

How was lobbying the Illinois General Assembly at 2015 Spring into Action?

It was a blast. I got to talk to both my state representative and senator. We got to talk about some important issues. I think they enjoyed learning about the issues and meeting with someone from the district taking care of their patients.

How is Illinois different than North Carolina politics?

It’s more intense in Illinois and things happen faster and people are very passionate, at a little different level of intensity.

How do you balance the demands of residency training with your own personal health and well-being?

I try to listen to my wife!

Members in the News

IAFP Past President **Ronald L. Johnson, M.D.**, Pittsfield, was elected Trustee of the Illinois State Medical Society (ISMS) during its recent annual meeting. A board-certified family physician, Dr. Johnson is on staff with the Quincy Medical Group Pittsfield affiliate. He is a fellow of the American Academy of Family Physicians. Dr. Johnson has academic appointments as a Clinical Assistant Professor with the University of Illinois College of Medicine at Chicago, Rockford, and Peoria; and Southern Illinois University School of Medicine in Springfield. Dr. Johnson has been a member of ISMS since 1976 and currently sits on the Peer Review Appeals Committee and serves as a CME Site Surveyor. Locally, he is a member and past president of the Pike County Medical Society. Dr. Johnson received his medical degree from Southern Illinois School of Medicine and completed his family practice residency at Memorial Hospital in Carbondale.

The Northwestern University - Feinberg School of Medicine conducted the Investiture of **Deborah Clements, MD, FAAFP**, as the Nancy and Warren Furey Professor of Community Medicine on March 24. Dr. Clements recently returned to Chicago and has been very active in the development and growth of the Family Medicine Midwest regional efforts.

Leslie Mendoza-Temple, MD of Evanston was elected Chairperson for the Illinois Department of Public Health Medical Cannabis Advisory Board. This public board considers and evaluates requests for medical conditions to be added as eligible for medical marijuana prescription treatment. She has been quoted in several news articles detailing some of the issues surrounding conditions that have been considered to be added to the pilot program.

Mark Loafman, MD, MPH, Chair of the IAFP's Clinically Integrated Networks Committee, was recently appointed Chair of the Family and Community Medicine Department at Cook County Health & Hospitals System (CCHHS). Dr. Loafman will lead the department of 60 family physicians and other providers in providing comprehensive, compassionate primary and preventive care to CCHHS' patients. He is a national expert in community medicine and maternal and child health who has dedicated his career to reducing disparities in care and improving health care performance.



Deborah Clements, MD, FAAFP, center.



IAFP congratulates **Thomas Cornwell, MD**, the second-ever recipient of the Arnold P. Gold Foundation Humanism in Medicine Award for Practicing Doctors from the American Geriatrics Society at their annual meeting May 15-17 in Maryland.

Cornwell was honored with the IAFP Distinguished Service Award in 2006 and has been a leading voice for home visits in Illinois and nationally for well over a decade.

"Dr. Cornwell has worked diligently to meet and engage older adults where they live," said AGS President Wayne C. McCormick, MD, MPH, AGSF. "He has championed an innovative, patient-centered approach to house calls, both through his leadership and his active participation in delivering high-quality care."

The Arnold P. Gold Foundation established its humanism awards series to recognize members of specialty medical societies like the AGS who exemplify compassionate and respectful concern for patient well-being. As 2015 recipient of the AGS award, Dr. Cornwell embodies the trust, confidence, and sensitivity that are the hallmarks of this high honor.

"I am honored to be receiving this award from such a caring and impactful organization like the American Geriatrics Society," said Dr. Cornwell, who is Chairman and Chief Medical Officer of the Home Centered Care Institute. "I truly appreciate their recognition of the value of home-based primary care for homebound patients and their caregivers."

A nationally renowned physician, Dr. Cornwell founded and has since served as Medical Director of an innovative house call practice serving patients and their families in the Chicago area. Through an early commitment to communities in need, Dr. Cornwell has helped orchestrate home care for more than 6,000 homebound patients treated in more than 90,000 house calls—more than 30,000 of which were conducted by Dr. Cornwell himself.

Dr. Cornwell was named U.S. House Call Doctor of the Year in 1998, and in 2012, after years of devoted service, founded the Home Centered Care Institute, part of Northwestern Medicine. His commitment to personalized care continues to expand through the network of more than 200 family medicine residents, medical and pre-medical students, nurse practitioners, and physicians assistants who have gained valuable instruction from this leading clinical educator. He was also a featured speaker at the Family Medicine for America's Health "Health is Primary" City Tour event in Chicago on May 19. Look for more information on that landmark event in the August issue.



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Children's Executive Function Skills

By Pathways.org

Executive function is a mental process that allows us to understand our past experiences with present action. As you know, the brain uses this skill to guide behavior toward accomplishing a goal, prioritizing tasks, controlling impulses and focusing our attention. Doctors can explain to parents that children are born with the potential to gain these abilities through their experiences with caregivers, family members, teachers and other influential persons impacting their development.¹

Executive functions are evaluated in children based on their behavior in non-routine situations that require them to use their own degree of judgment.² Children may show differences in working memory, emotional control, and the ability to think flexibly and engage in self-monitoring.³

If a child has difficulty with executive functions he/she might:

- Be disorganized. For example, may forget to hand in school assignments or prioritize tasks with calendars.
- Struggle with time management.
- Have difficulty with open-ended tasks, including assignments with little direction, or cannot switch from the planning phase of a project to its implementation.
- Have difficulty starting tasks independently. For example, may not know the length of an appropriate break before beginning homework after school.
- Be unable to complete tasks efficiently.
- Struggle reviewing over school work without direction or guidance.⁴
- Have rigid routines and dislike change.
- Become easily frustrated or intolerant of criticism
- Forget rules easily. Display difficulty memorizing or retrieving items from memory.³
- Appear impulsive, have uncontrolled impulses,¹ or an inability to manage emotions.⁴

When children do not demonstrate appropriate executive function skills, they may show signs of learning differences that require further evaluation. There are many reasons children display discrepancies in executive function abilities. Difficulty with executive functions could be a sign of Autism, OCD, traumatic brain injury, ADHD, or other illness/condition.

Doctors can discuss strategies with parents to help children with executive function difficulties stay on task such as:

- Checklists. This provides kids with manageable steps to complete tasks. Parents can create a list of things that must be completed before the child leaves the house in the morning or a list of steps that are related to completing an assignment in school. Checklists can guide children to independence gradually.
- Set time limits. It may be helpful to assign certain tasks time limits to help children understand how long each task should take.
- Explain the importance of a new process or technique. Children should understand why checklists and guidelines are important and related to their successful changes in behavior. They will feel more committed to meeting expectations.
- Stick to Routines. A child should know what is expected of them when they return home from school, such as their break time before beginning homework and eating dinner.⁶
- Help children build social connections with adults. Children need a reliable presence that they can trust and healthy relationships with adults will keep them engaged in creative play, and guide them toward gaining better executive function skills.⁵

Doctors can inquire about children's executive function abilities during their yearly check-up. Because a child's difficulty with executive functions may be an indication of other learning differences, it is important for doctors to refer the child for an evaluation as soon as possible.

For more information about issues related to childhood development, please visit www.pathways.org or email friends@pathways.org. 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.

News You
Can Use

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