



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

ILLINOIS FAMILY PHYSICIAN

VOLUME 67, ISSUE 3
Sept/Oct 2016

Published by the Illinois Academy of Family Physicians
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2016 IAFP Annual Meeting Reconnect & Recharge

November 2016 

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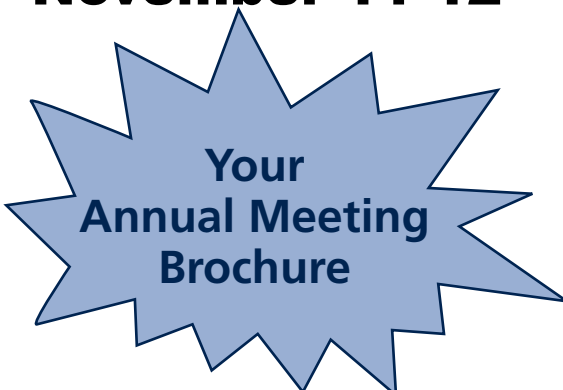
Where?

Naperville!



When?

November 11-12





President's Message

Alvia Siddiqi, MD

I love the summer. When the sun is out longer, the day seems to have more potential. I feel like I get so much more out of the day. Whether I'm working on goals at my day job or spending quality time with my family and friends, I feel like I've squeezed out a little bit more from my every day. Then fall arrives, and it's back to the demands of school schedules. The days get shorter, darkness falls earlier and I feel like I'm just not able to pack as much in as I did before. Before I know it, the end of year approaches and I realize that I need to get even more done! No, I'm not talking about holiday shopping and baking. I'm actually talking about CME, reporting deadlines, and all those things that seem to sneak up on physicians...

This is where I really rely on our Academy to keep me on track. Professionally, their monthly Lunch and Learn webinars are a great way to get caught up to date on a hot topic from the convenience of my computer. But nothing compares to the benefits of attending the annual meeting. This is where I truly reload, rejuvenate and re-commit myself to being a better family physician, advocate and leader. It's where I find common ground with my colleagues as we share the love we have for our profession. We can work together on physician resiliency, practice management improvements, and learn about the alphabet soup of MACRA! We find strength in coming together and sharing our concerns, while also gaining our CME credits for the year. I definitely value the mentorship and professionalism I have gained from meeting fellow IAFP members in my many years in IAFP leadership with people I would never have had the opportunity to meet elsewhere!



Most importantly, we've figured out how to make the most of what little time our members can spare to attend an annual Academy meeting. We don't spread out our meetings over the course of three (or more!) days. We pack it all in tight – and it's amazing what you can accomplish in a day and a half when you plan for what your members really need. I am personally inviting each and every one of you to come to Naperville for our IAFP annual meeting from Friday November 11th to Saturday November 12th. The NIU Naperville Conference Center has easy access, free parking, and is just a quick trip to all the food, fun, and family time available in an amazing suburb like Naperville. It's also located only about 15 minutes from the Premium Outlet Mall in Aurora. We are also planning for a new annual Women In Leadership (WIL) event for our female members around the annual meeting this year for an additional networking opportunity.

Sharing the roles of executive leadership with board chair Janet Albers, MD has been a true privilege and quite fun. I don't know of anyone in our state who combines the joy of family medicine with the drive for service to patients and community leadership better than Janet. We enjoyed sharing the underground train at Capitol Hill during our congressional visits as part of the Family Medicine Congressional Conference (see photo to the right), where we engaged in advocacy efforts on behalf of you and all of our fellow IAFP members. Combine Janet with

AAFP president Wanda Filer, MD, MBA, FFAFP and we have some strong and outstanding women physician leadership. And while Facebook, Twitter, Instagram and blogs do help us to stay connected wherever we may be, nothing can truly replace the value of gathering in person, even if it's only once in a while. We may only have one annual meeting each year, but we offer other opportunities for education, interaction, support and growth. For those women IAFP physicians out there, I encourage you to check out the Women in Leadership Group <http://www.iafp.com/women-in-leadership>. Let's connect online for now and in person in Naperville in November.

I invite you to look through the information in this issue, outlining all that is available at the annual meeting. Make your plans, register today at www.iafp.com and I'll see you in Naperville. If those dates aren't good for you, we'll have two amazing Chicago area CME options in February and March, along with events in Springfield in March, as well. You can find all the details in the CME section on page 19.

Thanks for all that you do as a family physician in the care of your patients and the communities in which you serve. I look forward to seeing you at the IAFP annual meeting in November 11-12th at NIU Naperville Conference Center!





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IAFP News

Continued from page 1

Membership Matters: Your values, Your voice, Your organization

You chose family medicine for all the right reasons and IAFP is the organization that most aligns with your values as a physician. Commit to the Academy, as IAFP is committed to you. We invite you to attend the annual meeting to learn about the variety of ways that we, like you, are devoted to advocacy, education and action.

Advocacy

IAFP is a demonstrated and trusted leader in shaping the future of our healthcare system, fueled by expertise, advocacy and leadership

IAFP advocates on issues vital to patient health and safety: tobacco prevention and use reduction, immunizations, pollution, mental health access and payment parity, preserving physical education in schools, access to life-saving medications in schools, and maternal and child health best practices, just to name a few. Our leaders and members provide testimony, connect personally with lawmakers and work with staff to ensure the family medicine view supports or opposes legislation to support family physicians with better payment and protects their place in the health care delivery system. You'll find family medicine advocating in Springfield, Washington, D.C. and in local government on the issues that matter.

Specifically, working collaboratively with other physician organizations, we are improving Medicaid for patients and providers. Family physicians provide important perspective at many levels to transform and improve Medicaid to better serve patients, stabilize health care costs and reduce administrative burdens on the practices that serve the Medicaid population. Likewise, family physicians lead health systems and innovative healthcare models.

IAFP offers the opportunity to stay informed and enlightened on legislative issues that can and will affect the primary care landscape in Illinois. We provide tools and connections for those who are inspired to advocate and engage with their elected officials. Our outreach is bipartisan as healthcare impacts every demographic and legislative district.

Education

Our CME is developed by family physicians for family physicians on timely topics relevant to you, and provides opportunities for members to develop CME and present at conferences.

IAFP supports employed and independent family medicine physicians with practice management and clinical education. We can deliver CME that is state-of-the-art, while integrating new technologies and delivery methods as they become available, accessible, and acceptable to our audience. A variety of educational opportunities and formats are offered, including:

- Concise and cost-effective Annual Meeting and Spring Conferences in the Chicagoland area and central Illinois
- Live courses and meetings, delivered at statewide, regional and national venues;
- Enduring materials, in the form of monographs, guidelines, and web-based activities.
- Continuous quality improvement programs.
- Online enduring CME for physicians (1 AMA Category 1 credit, enduring for 2 years) at cme.iafp.com
- Monthly Lunch and Learn Webinars
- Patient education pieces on immunizations for physicians to use in the office
- Quality Improvement (ABFM Part IV) programs to enhance current education topics

Current online IAFP Education topics:

- Illinois Safe Prescriber program
- Chronic Pain Management / Opioids
- Non-Pharmacological Chronic Pain Management
- Smoking Cessation Quality Improvement
- Adult Immunization
- Immunizing Adolescents against HPV Quality Improvement
- Meningococcal Disease
- Flu Vaccine Immunizations for the Vaccines for Children program
- Vaccine Management



Action

IAFP provides support over the length of your career by connecting you with the networks, opportunities and assistance you need to succeed.

- IAFP is a place for family physicians to come together without the stress of their daytime roles. Collaborate in a non-threatening environment amongst peers, share best practices, ideas with like-minded dedicated professionals. Connections are made, friendships are formed!
- IAFP committees and task forces enable members from any place at any stage to work on common interests, build on their knowledge, find solutions and work collaboratively to affect changes to help their colleagues and their patients.
- More women are physicians than ever before, especially in primary care. More than half (56%) of new physician members of AAFP are women. Women physicians are currently the presidents of AAFP and IAFP. Our **Women in Leadership group** provides a gathering place, support and role models to address the unique challenges faced by women physicians in the changing health care landscape.

Serving the underserved: IAFP members are the backbone of our primary care clinics for the underserved, the FQHCs. Our members train there, work there, and teach there. Their dedication leads to changes and innovations to improve the health of our most vulnerable. They care for the chronically ill, the disenfranchised - the tough cases.

Building physician resiliency

Burnout, by definition, is a physical or mental collapse caused by overwork or stress. *The very real consequences of burnout include higher incidence of physicians leaving the workforce and even more tragically, an increase in physician suicide.*

Physician burnout has been a quietly spreading concern for many years. Now it's a real concern for today's family physicians and on the minds of future family physicians. While burnout is evident in many professions, it can have dangerous consequences in the medical setting. Balance IN professional responsibilities and balance WITH family and personal responsibilities must be recognized and provided.

96 percent of our members who responded to our web poll are somewhere between "worried about burnout" and "have made major changes as a result of a burnout experience"

IAFP has an evolving page of resources on our web site and has dedicated programming at our live meetings to explore and assist members on this crucial problem. Find the time to attend one of these events, or connect to the resources available online.

Building our future:

IAFP works with our medical schools and residency programs to attract more Illinois medical students into family medicine, especially Illinois training programs and eventual practice caring for our state.

IAFP provides the organizational structure of the Family Medicine Midwest Foundation which hosts an annual regional conference of 12 Midwestern states with education opportunities and recruitment options for medical students, family medicine residents, as well as academic and community-based members. The mission is to attract and keep family physicians in the Midwest. Data from AAMC shows that the east and west coasts are able to attract students from Midwest schools. We keep only 31% of our medical school graduates in Illinois (all specialties) and we retain nearly half of our GME graduates. Boosting medical student retention can help! We must train and keep them in our communities.

Take the first step - join us at the annual meeting. If that date and location doesn't work for you, here are some other "one-step options: to engage with your Academy. Get started at www.iafp.com.

- Attend the Essential Evidence Chicago or Springfield CME Update or Family Medicine Midwest
- Attend one day of Spring into Action for a full day of advocacy experience in Spring 2017
- Engage through social media – @IllinoisAFP on Twitter or find us on Facebook
- Donate to the Family Health Foundation of Illinois
- Author an article for *Family Physician*
- Attend the annual White Sox game and automatically support the Foundation
- Get an hour of CME via a monthly Lunch and Learn express webinar
- Go to cme.iafp.com and complete the CME you need, on your schedule.
- Teach Tar Wars to a school in your community
- Complete any of the online surveys that we email to you to provide us with valued input.
- Connect with your state senator and representative, it's election season! Find them at www.ilga.gov.

Illinois Academy of Family Physicians 2016 Annual Meeting

Register Online at www.iafp.com

Once a year, the Illinois family of family medicine gathers to educate, celebrate and deliberate the issues and future of family medicine. No matter where you are on the career path, there is something for you at the IAFP Annual Meeting. We make it convenient, efficient and leave time for you to enjoy the time away from your practice – either with your family or with your IAFP friends you may only get to see once or twice a year!

Educate through the uber popular Essential Evidence format on Friday – get up to date on important clinical topics in lively, short sessions with solutions you can put into practice the very next week. Overall you can earn up to 10 CME prescribed credits. Saturday CME covers clinical, practice management and personal development topics, so there is something for everyone. Same thing, new name – SAM becomes KSA! The Knowledge Self-Assessment is the new ABFM Maintenance of Certification format adopted in July. Where better to test drive this new format than with your IAFP friends and our education staff? Open to active and resident members – separate registration and fee required - and residents can register for only \$75! Our Saturday morning Resident and Student Session provides a place for these members to learn and network together, then join the full meeting for the All-member Assembly.

Connect with those committees working on hot topics that matter to you. Offer your insights and experience, or bring home new ideas from your colleagues. Join the committee that looks interesting to you!

Celebrate! The Friday evening IAFP Awards banquet celebrates our specialty by honoring the Family Physician of the Year and also the IAFP President's Awards. Members who have earned the degree of Fellow of the American Academy of Family Physicians will be honored with Fellow Convocation on Saturday.

Deliberate the issues and future policy at the IAFP All-Member Assembly. How can IAFP make a difference in Illinois and nationally? How should IAFP operate in the future to best serve our members and ensure they have an opportunity to participate? Learn more in the article on page 8 and engage in this evolutionary process for IAFP governance going forward.

Online registration is now open! New Physicians (less than 7 years in practice) receive a \$50 discount off of registration. Those active members who completed residency training in 2016 can enter for a lottery drawing FREE registration – 10 winners will be drawn at random. There is no fee for residents and students. Register online today at www.iafp.com.

AGENDA

Friday November 11, 2016

- 9:00 am – 10:30 am Committee Meetings - Public Health, Finance, Women in Leadership
- 10:30 am – 12:00 pm Committee Meetings – Family Physicians in FQHC's, Government Relations, (Women in Leadership continues)
- 1:00 pm – 5:30 pm CME (4 topics in the Essential Evidence Format) - See page 18 for full list of sessions and presenters.
- OR
- 1:00 pm – 5:00 pm Knowledge Self-assessment (KSA) group study - formerly known as a SAM
Topic: Asthma
- 6:00 pm IAFP Awards dinner (Registration required)

Saturday November 12, 2016

- 7:00 am Registration opens
- 7:30 am – 8:30 am Foundation board meeting
- 9:00 am – 12:00 pm Breakout CME - See page 18
- OR
- KSA group study Topic: Hospital Medicine
- Residents & Students Joint Session – This session will combine future family physicians for education on advocacy, opportunities and careers, and how to recognize and prevent burnout
- 12:00 – 12:30 pm Break with exhibits
- 12:30 pm – 2:00 pm All Member Assembly & Lunch featuring AAFP Update from AAFP Speaker of the Congress of Delegates Javette C. Orgain, MD, MPH, FAAFP. She is also an IAFP past president and life-long resident of Chicago. The newly elected IAFP board members will be installed and incoming president Donald R. Lurye, MD of Carol Stream will give his inauguration address.
- 1:00 pm – 5:30 pm KSA group study Topic: Well Child Care
- 2:30 pm – 4:00 pm Committee meetings - Membership and Member Services and Family Medicine Educators
- 2:00 pm – 5:00 pm Breakout CME (4 topics)

IAFP Board of Directors Elections

Candidates for a position on the Illinois Academy of Family Physicians Board of Directors must be an Illinois Chapter member and AAFP member in good standing. The call for nominations ended July 29.

All active and life members in good standing may vote and will receive a custom email in order to vote using a secure outside voting vendor. You will need your AAFP ID to vote. Each candidate's CV and statement are available for review on the voting web site to help guide your decisions. Voting will be open from September 12 to October 11. Those members who do not have a valid email address on file will receive a ballot by U.S. mail.

The Leadership Development committee evaluated all candidates and provided a ballot of qualified candidates. The Leadership Development committee is chaired by IAFP past president Edward A. Blumen, MD.

Also serving on the committee this year are: Deborah Edberg, MD; Monica Fudala, MD; Abbas Hyderi, MD; Kelvin Wynn, MD



Asim Jaffer, MD, Peoria
President-elect (three-year term, 2016-2019,
serves as President in the second year and
Chair of the Board in the third year).



Sachin Dixit, MD, Darien
First Vice President
(one-year term, 2016-17).



Monica Fudala, MD, Gurnee
Second Vice President
(one-year term, 2016-17)

Board Directors, class of 2019 (three openings for a three-year term, 2016-2019).



Careyana Brenham, MD, Springfield



Lubna Madani, MD, Elmhurst



Michael Rakotz, MD, Chicago



Santina Wheat, MD, Chicago

New Physician, class of 2018

(one opening for a two-year term, 2016-2018).



Elizabeth Salisbury Afshar, MD, Chicago



Johnny Tenegra, MD, Decatur

Delegate to AAFP Congress of Delegates
(one opening for a two-year term, 2016-2018).



Asim Jaffer, MD, Peoria

Alternate Delegate to AAFP Congress of Delegates
(one opening for a two-year term, 2016-2018).



Alvia Siddiqi, MD, Itasca

IAFP 2015 Resolution Update – for consideration at 2016 All Member Assembly

The 2015 Resolution passed by the All Member Assembly stated:

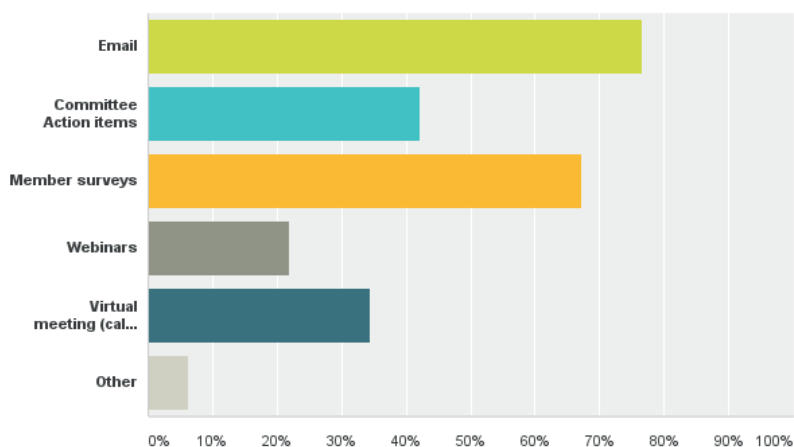
RESOLVED, that IAFP form a Task Force to investigate the possible change from the All Member Assembly format to an annual business meeting. The 2016 Bylaws Task Force shall supervise survey of members about move to annual business meeting and report back to 2016 All Member Assembly with possible resolution to change to annual business meeting.

The survey was conducted by IAFP in April via an electronic survey link emailed to all active members; 65 IAFP active members responded.

- 80 percent said they would be willing to vote online for Academy policies
- On a scale of 1-5, respondents gave the following value to these options for member participation
Face to Face meeting (current format) 3.14; Live Webinar (virtual meeting) 3.00
Electronic voting: 3.79

Q9 How would you prefer to submit items of consideration to the board?

Answered: 64 Skipped: 1



The board of directors and staff will draft a resolution to present at the IAFP All Member Assembly on November 12, which may contain options to replace the All-Member Assembly.

The Resolution will propose that IAFP change from an All-Member Assembly to virtual annual business meeting or other model. There shall be an annual business meeting of the Academy. The time and place of the Annual Meeting, in or outside the State of Illinois or a virtual meeting, shall be designated by the Board of Directors, and announced at least sixty (60) days before the date so fixed.

Any member in good standing (student, resident, active or life) may submit a resolution for consideration by the All Member Assembly. For guaranteed discussion and consideration, resolutions must be submitted by September 28 to IAFP executive vice president Vince Keenan at vkeenana@iafp.com. Any resolutions received after that date or on site at the annual meeting will be offered to the Assembly, where $\frac{3}{4}$ of the credentialed members in the room will need to vote to consider the resolution before discussion can proceed. Need help writing a resolution? AAFP has guidance for you at <http://www.aafp.org/dam/AAFP/documents/events/nc/congress/nc14-res-writing-guidelines.pdf>.

The final resolution, and all others for consideration at the IAFP All-Member Assembly on November 12 will be posted on the IAFP Annual Meeting website: <http://www.iafp.com/iafp-annual-meeting>.

AAFP National Conference Highlights

Each year AAFP holds the National Conference of Family Medicine Residents and Medical Students to provide a place for these members to advance resolutions for Academy consideration. Attendees can benefit from sessions on clinical training, advocacy, career preparation and personal development. The massive exhibit hall exposes students and attendees to programs and opportunities nationwide and beyond.

20 Illinois residency programs and OSF Healthcare united in one hopping exhibit block

80 students attended our hosted reception at Kill Devil Club

10 gift cards were given away to lucky student winners drawn from the raffle tickets

Resident Delegate Kristina Dakis, MD presented a Heal the Healer workshop three times with Family Medicine for America's Health advisor Christina Kelly, MD and Georgetown Student Joe Brodine.

Rush Medical College student and AAFP Commission member Kirsten Anderson chaired a reference committee

1 new addition to the AAFP board of directors as UIC student Lauren Abdul-Majeed was elected student member to the AAFP Board of Directors.

1 resolution authored by Student Delegate Sean McClellan (Rush Medical College) on providing medical care in immigrant detention centers was adopted by the congress

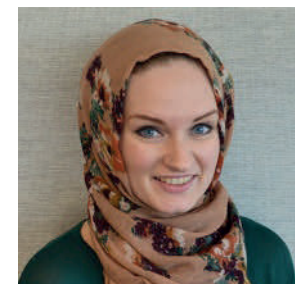
2 resolutions co-authored by Dakis and IAFP student board member Emily Graber (UIC) were adopted as amended. One was on offering an online toolkit for preventing physician suicide and the other asks AAFP to explore or create a virtual platform for physician wellness and burnout prevention.

Thank you to all the Illinois Family Medicine Residency Programs that supported this National Conference outreach and recruitment effort

University of Chicago (North Shore)
Northwestern McGaw Family Medicine Residency (Chicago and Lake Forest)
SIU - Carbondale
SIU - Quincy
SIU - Decatur
SIU - Springfield
Adventist Hinsdale Hospital Family Medicine Residency
MacNeal Family Medicine Residency Program
Advocate Illinois Masonic Family Practice Residency
Presence Saints Mary and Elizabeth Family Medicine Residency
University of Illinois College of Medicine at Rockford and the Dixon Rural Track
University of Illinois at Peoria
University of Illinois at Chicago
Cook County-Loyola-Provident Family Medicine Residency Program
Advocate Lutheran General Hospital Family Practice Residency
West Suburban Family Medicine Residency Program
Saint Louis University Family Medicine Residency Program (Belleville)
Rush Copley Family Medicine Residency Program
OSF HealthCare



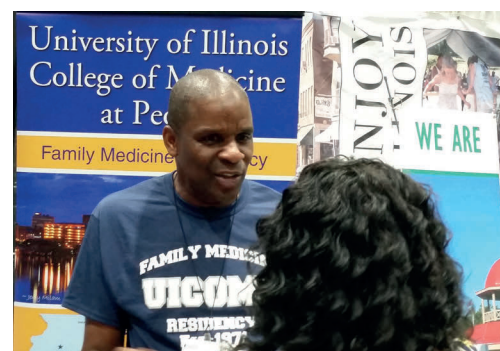
Emily was one of 10 lucky winners



UIC student Lauren Abdul-Majeed



Kristina Dakis, MD and Sean McClellan



10th Annual Family Health Foundation fundraiser with the Chicago White Sox

Friday, August 5 included fireworks on the field and after the game, as the Baltimore Orioles outdueled the Chicago White Sox at the tenth annual Foundation fundraiser, Home Runs for Healthy Families. The O's won 7-5 in a game filled with base hits, base-running drama, throwing errors, and excitement with a fireworks show after the game.

Here are some statistics that really matter to our Foundation

164 tickets sold

3 corporate supporters: ProAssurance, Healthcare Associates Credit Union and Pfizer, Inc.

\$4,200 total raised for the Foundation

22 – tickets purchased by our Super Slugger - Sachin Dixit, MD of Orland Park

120 – Miles to U.S. Cellular from Gibson City, where David Hagan, MD; David Brown and Ben Brewer, MD traveled with their guests to cheer on the White Sox. They are our Long Distance winners!



There is still time to support the Foundation!
Make your donation online at www.iafp.com/foundation.





“We can learn from each other.”

Jay Inuma, MD | Sierra Madre, CA
Attended 2015 AAFP Annual Meeting

AAFP FMX

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PATIENTS ARE A VIRTUE



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Long-term relationships built on trust between patient and doctor are the foundation of good health. That's why primary care practices treat patients and their families as core members of their health care team.

Family doctors are dedicated to treating the whole person and are seen by their patients as partners. We believe every patient should have access to a health care team that understands and respects them.

Learn more about how you can play an active role in your health care at [healthisprimary.org](https://www.healthisprimary.org).

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Government Relations

Stopgap Budget Passes: The 99th Illinois General Assembly adjourned shortly before midnight on May 31 without a budget for either FY16 or the upcoming FY17. On June 30, the House and Senate passed SB 2047 (Trotter/Currie), which provided a temporary stopgap measure approved by the governor and four legislative leaders. As the word 'stopgap' implies, this is not the final solution to the problem, and the ultimate fixes to Illinois' fiscal problems still must be addressed in the coming months.

Legislative Update: When a bill passes both houses, the chamber of origin has thirty days to present the bill to the Governor in its enrolled form. Once on the Governor's desk, he has sixty days to approve it or use his veto powers. Midnight, May 31 was the deadline for bills with an effective date prior to June 1, 2017 to pass with a simple majority vote (i.e. budget.) From June 1 to December 31, 2016, any bill will now need 3/5 vote (71 votes in the House and 36 in the Senate) if its effective date is prior to June 1, 2017.

Despite the lack of a state budget, pertinent legislation still navigated the lawmaking process. IAFP tracked more than 200 bills and approximately 600 respective amendments while our lobbying firm, Cook-Witter, Inc. studied several thousand bills introduced in the House and Senate to identify those impacting family medicine and healthcare.

Issues of interest for IAFP:

Medicaid Managed Care - Several of our family physician leaders were present at the provider meeting facilitated by the Department of Healthcare and Family Services (HFS) and the Illinois Association of Medicaid Health Plans (IAMHP) in Chicago last October which is the basis for further surveillance and work on Medicaid managed care. Resources from that initial meeting can be found on the IAFP web site at <https://iafp.memberclicks.net/medicaid-mco-resources>. This spring, IAFP was invited to present as part of the primary care provider panel at the Senate Medicaid Oversight Committee hearing. Asim Jaffer, MD, IAFP's First Vice President provided [testimony](#). IAFP has a community forum on Medicaid Advocacy where the Dept. of Healthcare and Family Services' PowerPoint is also posted. Login to www.iafp.com and click on Community Forums. IAFP used an electronic survey to gather member input to improve Medicaid's transition to managed care. Based on survey results, we look forward to working with the Illinois Department of Healthcare and Family Services and the managed care organizations to create an effective system that enables physicians and providers to achieve better outcomes for patients, and provides better experiences of care for providers, patients, and caregivers.

Contraception Coverage Building on state and federal law, H.B. 5576 clarifies the Affordable Care Act to improve access to the full range of contraceptive options for all individuals with health insurance. The Comprehensive Contraceptive Coverage Act: 1) Guarantees coverage without cost sharing for all FDA approved contraceptive drugs, devices, and supplies, 2) Allows insurance companies to limit coverage only when two or more products have the same active ingredients and safety profile, 3) Prohibits the use of "reasonable medical management" which can delay or even prevent access to the most effective birth control options, 4) Requires an accessible and timely waiver process to access birth control methods not covered by a plan, which ensures health plans respect the decisions made between health care providers and their patients, and 5) Requires insurance companies to cover birth control prescriptions for up to 12 months at one time, which has been shown to decrease costs for health insurance companies and decrease rates of unintended pregnancy. IAFP is in support and listed on the fact sheet [here](#). The bill passed both chambers and has been signed by Gov. Bruce Rauner.

Step Therapy – HB 3549 amends the Managed Care Reform and Patients' Rights Act to apply provisions to all health plans licensed in the state, including coverage on the Marketplace Exchange, in accordance to the Affordable Care Act. There is a growing trend in the use of step therapy, which has shown adverse effects, including delayed access to optimal treatment, significant burdens on providers and their patients and increases in health care costs. This bill hopes to: 1) establish a transparent medical exceptions protocol, 2) ensure step therapy is based on appropriate clinical guidelines independent of the health plan and 3) increase patient access to drugs prescribed by their health care provider. The bill passed both chambers and has been signed into law. IAFP is part of the coalition supporting this initiative (link to a [fact sheet](#)) and also included in the [coalition's letter to the Governor](#).

Tobacco 21 Campaign SB3011 would raise the age to purchase all tobacco products to 21. [Click here to read the IAFP testimony](#) <http://www.iafp.com/sb-3011-testimony-ph-committee> given by IAFP resident member Michael Owolabi, MD, MPH of SIU Springfield Center for Family Medicine in the Senate Public Health Committee. A [fact sheet](#) is found on the IAFP

government relations page on the website. The bill passed the Senate and remains in the House Human Services committee.

Home Birth Safety Act HB 4364 would license certified midwives and allow them to not only perform home births, but many other services that go hand in hand with caring for a pregnant woman and a newborn, including some services that are distinctly medical in nature, such as using pharmaceuticals to control hemorrhaging. HB 4364 does not have adequate educational requirements to create a newly licensed profession. IAFP remains concerned about education, scope of practice, and liability but is participating in meetings with all parties. The bill was held in committee.

Pharmacy – Birth Control HB5809 allows pharmacists to prescribe and dispense contraceptives to a person over 18 years of age and a person under 18 years of age only if the person has evidence of a previous prescription from a primary care or a women's health care practitioner. Requires the Department of Financial and Professional Regulation to adopt rules to establish standard procedures for pharmacists to prescribe contraceptives. AAFP policy on Over-the-Counter Oral Contraceptives recognizes that unintended pregnancies are a major public health concern, accounting for approximately 50% of US pregnancies and supports over-the-counter access to oral contraception without a prescription. This bill gives pharmacists that authority to prescribe. IAFP is opposed and the bill was re-referred to the House Rules committee.

IAFP/ICAAP send joint letter in support of Immunization Rules: The [joint letter](#) expressed our full support of the Certificate of Religious Exemption for parents/guardians that want to exempt their child from school required vaccines on religious grounds. The rules ensure that a decision is an informed one and that the parents are aware of the individual and public health risks of choosing not to immunize their child.

Sign-on letter to Governor on P.E. policies: In partnership with the American Heart Association, the Illinois Public Health Institute and many other organizations, [IAFP signed onto a letter](#) asking legislators and the Governor to reject any policy proposals that would have the net effect of less physical education for any of Illinois' kids. The letter reminded them how important daily, high-quality physical education is to students' health, academic achievement, and behavior.

Healthcare Right of Conscience: SB 1564 amends the Illinois Health Care Right of Conscience Act by providing that health care providers can assert religious objections to providing care and information if they have in place protocols designed to ensure that a patient gets the information needed to make an informed medical decision and to obtain needed care. IAFP was one of the supporting organizations and this bill was included as part of our Spring Into Action lobbying. Gov. Rauner signed the bill on July 31.

Final Note: The Government Relations Committee, chaired by Kathleen Miller, MD, guided the Academy's activities. Please ask any questions you may have and bring to our attention any legislative issues of concern. We welcome your comments and appreciate the opportunity to engage anyone and everyone in advocacy! Gordana Krkic, CAE, Deputy Executive Vice President of External Affairs gkrkic@iafp.com

November 8 is Election Day, so get out there and vote!

Join us in Springfield in 2017 to advocate at the state level for your practice and your patients. Watch your email and the web site for Spring into Action 2017 dates.

IAFP members make FamMedPAC deliveries.

The Illinois chapter does not have our own political action committee (PAC), and instead encourages members to support the AAFP's FamMedPAC to contribute to candidates and members of Congress who are supportive of family medicine and our priorities. As a result of Illinois member donations, IAFP members have been able to deliver FamMedPAC contributions, and our messages, directly to their members of Congress

Did you know that all IAFP board members are encouraged to donate annually to FamMedPAC? IAFP past president Ellen S. Brull, MD of Glenview is on the FamMedPAC board of directors. You can help Illinois achieve our goal of 10 percent of our membership being FamMedPAC contributors. Go to www.aafp.org and click on the FamMedPAC logo at the bottom of the home page to learn more and join our efforts!



Ellen S. Brull, MD meets with U.S. Rep. Jan Schakowsky (D-9)



Board member Monica Fudala, MD; AAFP Speaker Javette Orgain, MD and IAFP President Alvia Siddiqi, MD pay a visit to U.S. Rep. Tammy Duckworth, (D-8)

Opportunities for Family Medicine Physicians

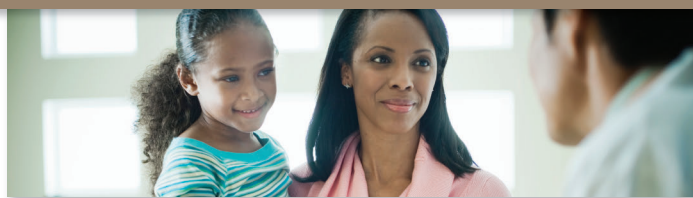
Wheaton Franciscan Medical Group is growing and looking for Family Medicine Physicians to join them in Southeast Wisconsin.

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- Join established Family Medicine groups
- Excellent Specialists readily available
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For position information contact:

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- Carol Kamenar for Racine opportunities at carol.kamenar@wfhc.org, (262) 687-6420.

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Continuing Medical Education

Illinois Academy of Family Physicians 2016 Annual Meeting

EDUCATION SCHEDULE

Friday November 11, 2016

1:00 pm – 2:30 pm	CME Sessions - Essential Evidence format 1:00 pm - PURLS, Kate Rowland, MD - Rush-Copley Family Medicine Residency Program 1:30 pm USPSTF Screening Update, Kate Rowland, MD 2:00 pm Cancer Surveillance, Kate Rowland, MD
2:30 pm – 3:00 pm	Break with exhibits
3:00 pm – 5:00 pm	CME Sessions Continue 3:00 pm Women's Health, Emily Hall, MD 3:30 pm Pediatric Potpourri, Emily Hall, MD 4:00 pm Men's Health, Samuel Grief, MD - UIC Department of Family Medicine 4:30 pm Asthma Update, Samuel Grief, MD
1:00 pm – 5:00 pm	Knowledge Self-Assessment (KSA) group study (formerly known as a SAM) Topic: Asthma presented by Rush Copley Family Medicine Residency, Aurora IL

Saturday November 12, 2016

9:00 am – 12:00 pm	CME Sessions 9-10 am - <i>HIV Care and the use of PrEP for Primary Care Physicians</i> 10 – 11 am - <i>Navigating HFS Medicaid Managed Care</i> - Alvia Siddiqi, MD, FAAFP – Medical Director, Advocate Physician Partners 11 – 12 pm – <i>Family Medicine Certification: Recent Modifications / Enhancements - What You Need to Know Now</i> - Joseph W. Tollison, M.D., Senior Advisor to the President, American Board of Family Medicine
9:00 am – 12:00 pm	KSA group study (formerly known as a SAM) Topic: Hospital Medicine - presented by Sharon Smaga, MD, Sara Malone, MD & Kyaw Naing, MD, SIU Dept. of Family & Community Medicine, Carbondale IL
12:30 – 2:00 pm	All Member Assembly & Lunch
1:00 pm – 5:30 pm	KSA group study (formerly known as a SAM) Topic: Well Child Care presented by the IAFP CME Committee
2:00 pm – 5:00 pm	CME Sessions Continue Presented by IAFP CME Committee 1 – 2 pm – Motivational Interviewing presented by Lauren Oshman, MD - NorthShore University Health System 2-2:30 pm – Physicians Burnout - David Hagan, MD, Gibson City Clinic
2:30 pm – 3:00 pm	Break with exhibits 3-4 pm – Opioid Overdose: What You Can Do to Prevent it - Elizabeth Salisbury-Afshar, MD, MPH 4-5 pm – Scoliosis Screening: Where Are We Now? - Avid Roberts, MD, Department of Orthopedics, NorthShore University HealthSystem

Accreditation: The Illinois Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation: AMA PRA Category 1 - The Illinois Academy of Family Physicians designates this live activity, IAFP 2016 Annual Meeting, for a maximum of 10.00 AMA PRA Category 1 credits™.

Prescribed - Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

Faculty Disclosure: The Illinois Academy of Family Physicians adheres to the conflict of interest policy of the ACCME and the AMA. It is the policy of Illinois AFP to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All individuals in a position to control the content in our programs are expected to disclose any relationships they may have with commercial companies whose products or Services may be mentioned so that participants may evaluate the objectivity of the presentations. In addition, any discussion of off-label, experimental, or investigational use of drugs or devices will be disclosed by the faculty. Only those participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in the CME activity.

CME Highlights on the Horizon

It's not too soon to think about CME and Academy planning for next year. Put these events on the calendar now, and then be ready to register when the promotions hit your email inbox, or keep in touch at www.iafp.com

FEBRUARY 18-20, 2017: AAFP Ten State regional event comes to Chicago

Only once in a decade does the AAFP Ten State (which is actually more like 12 states) regional meeting come to Illinois, as each state takes a turn hosting. So block off Feb. 18-20, 2017 in your calendar now and take advantage of this local opportunity to learn and network with family medicine leaders from across the upper Midwest and east coast.

The IAFP board of directors will hold their spring board meeting at Ten State, so it's a great time to engage personally with our state chapter leaders. The other states send their chapter leaders, so you will be networking with the most dynamic family physician leaders from our neighbors, too. The Hard Rock hotel location ensures that there will be plenty of opportunities for fun after the learning is done! Don't miss out on this once in a decade opportunity. Registration is just \$200

Here are some highlights already on the schedule!

- Friday February 18 opening session – Rebecca Costa, Author of the highly-acclaimed *The Watchman's Rattle*. Costa is an American sociobiologist whose unique expertise is to spot and explain emerging trends in relationship to human evolution, global markets, and new technologies.
- Saturday morning opening plenary session – MACRA, Shawn Martin, Senior Vice President of Advocacy, Practice Advancement and Policy for AAFP.
- Luncheon presentation on physician resilience – Clif Knight, MD, AAFP Senior Vice President of Education
- Session on "Disruptive innovations in primary care" – how telehealth, telemedicine, apps and wearable devices have changed the patient/physician relationship
- Sunday morning's closing session covers the Future of ABFM diplomats, from Bob Phillips, MD, MSPH, Vice President, Research and Policy, ABFM.

MARCH 9-11 Springfield Essential Evidence Update and National Procedures Institute weekend

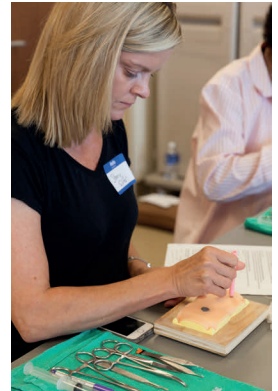
Downstate members should make their plans to pack in an amazing amount of up to date, evidence-based CME. The Essential Evidence format brings you all the best in updates on the topic most relevant to family medicine. Meanwhile the National Procedures Institute provides hand-on procedure training so valuable to smaller and underserved communities where primary care means a greater scope of services needed. This weekend promises to provide the total primary care learning and networking experience!

This conference debuted in June 2016 with excellent feedback:

"The enthusiasm for the evidence. It was refreshing to see and relevant to those in practice."

"Very good conference. One of the best I've attended."

"Great communication and highly relevant material. Very good opportunity for more connectivity among clinicians."



MARCH 23-24, 2017 – Chicago Essential Evidence Update

For the fourth straight year, IAFP and UIC Department of Family Medicine, along with the Family Practice Inquiries Network combine to bring the best of today's essential family medicine education in two days of rapid-fire short session learning that gives you amazing bang for your CME buck. The faculty present and critically appraise new research evidence and meta-analyses that will either change your practice or confirm that your current approaches are supported by solid evidence from randomized trials and other high quality studies. From a 2016 attendee: "It's like they were in the clinic with me for the past six months, looking up my clinical questions!"

Watch your email for information and registration as it becomes available!



IAFP Member Spotlight

Why did you choose family medicine?

Family medicine chose me while I was still in high school. During my sophomore year, my mom was in a near-fatal automobile accident that left her in an ICU a long distance from our home for several months. My father was struggling to balance commuting from Michigan to his job in Chicago and being present for my mom and the three of us. Our family physician called our house every day during that time to ensure we were okay and to give us updates on her condition. His compassion and presence in our lives kept our family intact and helped us to weather this difficult period and exemplified the caring, continuous relationship central to our specialty.

How do you promote and encourage Northwestern students to consider family medicine?

Choosing family medicine as a career requires both an understanding of our specialty and spending time with good family physician role models. Through our Education Centered Medical Home program, students at Northwestern are able to work with a family physician in the community for all four years of their medical school education. Our Family Medicine Interest Group has a strong presence on campus and attracts students through activities across their training. We also sponsor students to attend the AAFP National Conference of Family Medicine Residents and Medical Students as a way to give them a broader sense of the national family medicine community.



Deborah S. Clements, MD
Chair – Dept. of Family Medicine at Northwestern University Feinberg School of Medicine
Board member: Association of Family Medicine Residency Directors and the National Resident Matching Program

We know we need more family physicians to meet the growing need and defy predicted shortages. Where do you think we'll be 10 years from now in narrowing that gap?

By 2026, my hope is that we'll have identified a more equitable structure for both graduate medical education funding and family physician salary structure that will attract more medical students into careers in family medicine. We're already seeing fantastic results of the Teaching Health Center training grants, demonstrating that alternative funding mechanisms for training family physicians can shift the balance toward much-needed primary care. Unburdening family physicians through innovations in practice and workflow will improve family physicians' satisfaction and draw young physicians to our ranks.

You've been elected to the AMFRD and NRMPs board of directors this year. Why are these two organizations important to you?

Early in my medical school career, I realized participating in our professional organizations was a way to both advocate for change on behalf of our



IAFP Member Spotlight

specialty and our patients. AFMRD is the only organization that supports program directors as its primary mission. Supporting our colleagues as they navigate the rough waters of changing ACGME requirements while remaining focused on producing the finest family physicians in the world, is a responsibility I take very seriously. The opportunity on the NRMP board of directors will hopefully allow me to work with our national leaders to improve the experience for applicants, program directors, and medical schools. In family medicine alone, we're spending millions of dollars each year to recruit just under 2,000 residency candidates—resources that should be used much more effectively in the education of our residents.

What's your advice to women physicians and medical student members about pursuing leadership opportunities in medicine?

Follow your passions and the opportunities will become apparent. Often, we fall for the trap of CV building, rather than working at what we enjoy. If we wait until we think we're ready for a position or a role, we can miss some great experiences and a chance to learn and contribute. Find a mentor, ask lots of questions and don't be reluctant to contribute your perspective.

Tell us something about yourself that would surprise most people...

Until I was in my 20's, I was absolutely terrified of public speaking, to the point of tears and sometimes vomiting.

“The Goldilocks Conundrum: Eat fish that are Just Right”

by Susan Buchanan, MD, MPH, IAFP member
University of Illinois at Chicago School of Public Health

News You
Can Use

With the variety of messages regarding the effects of environmental contaminants on our food sources, it is no surprise that confusion exists, even among healthcare practitioners. We do know that there are many health risks associated with environmental contaminants, and those of us who live within the Great Lakes regions must be even more aware as our patients choose locally-sourced foods including fish.

Pollutants in ambient air, water, food and even housing have been linked to significant health outcomes including asthma, cancer, neurodevelopmental abnormalities, preterm birth, and congenital anomalies. Children are at higher risk for exposure to environmental contaminants than adults because of their higher intake rates of air, water and food, and their hand-to-mouth behaviors. In addition, many pollutants such as mercury, lead, and industrial chemicals cross the placenta, putting developing organ systems at risk. Therefore, children, pregnant and lactating women, and women of child-bearing age are considered vulnerable populations for health effects from environmental exposures.

Some pollutants, due to their chemical structure, do not biodegrade well and are poorly eliminated by fish, and therefore collect in fish residing in contaminated waterways. Mercury is released into the atmosphere by coal-fired power plants, chlor-alkali production, waste treatment and incineration, and by natural sources such as volcanoes and forest fires. It then settles in bodies of water where microorganisms in the sediment convert it to methyl mercury (MeHg), which is then ingested by fish. Over the course of the fish lifespan, mercury bioconcentrates in the fish tissue. As small fish are eaten by larger fish, methyl mercury biomagnifies up the food chain. Large fish can have 106 times the concentration of mercury as the small fish at the bottom of the food chain.

While the form of mercury found in thermometers and sphygmomanometers, elemental mercury or “quick silver”, is poorly absorbed following ingestion, the organic MeHg in fish tissue is quickly absorbed through the GI tract. MeHg easily crosses the placenta and the fetal blood brain barrier, and fetal blood levels have been found to be 70% higher than maternal blood levels. The half-life of MeHg in the body is 50-70 days. Multiple studies have confirmed that MeHg levels in hair and blood correlate with fish consumption.

Eating larger fish that have more years of contaminant exposure can lead to excessive intake of contaminants and increased risk of adverse health outcomes to pregnant and nursing women, women of childbearing age, and young children. Several landmark studies examining lower dose exposures conducted among populations who consume fish have shown evidence of poorer neurological development associated with higher levels of prenatal blood mercury. The outcomes include decreased visual recognition memory, lower IQ, and abnormalities on child behavior scales.

In 2013, the American College of Obstetricians and Gynecologists (ACOG) published a Committee Opinion stating that, “Patient exposure to toxic environmental chemicals and other stressors is ubiquitous, and preconception and prenatal exposure to toxic environmental agents can have a profound and lasting effect on reproductive health across the life course.” More recently, in 2015, the International Federation of Gynecology and Obstetrics (FIGO) issued a policy statement on the reproductive health impacts of exposure to toxic environmental chemicals. They concluded that these chemicals pose risks for mothers and their children (including increased risk for childhood cancer, miscarriage, ADHD and lower IQ). Both organizations recommend that doctors promote environmental health as part of healthcare overall.

The U.S. Department of Health and Human Services and U.S. Department of Agriculture earlier this year issued the 2015-2020 Dietary Guidelines for Americans, <https://health.gov/dietaryguidelines/2015/guidelines/> which recommend eating fish as a lean, healthy source of protein and poly unsaturated fatty acids (PUFAs), especially the omega-3 fatty acids eicosapentaenoic acid (EPA) and docosapentaenoic acid (DHA). However, the guidelines caution that the nutritional benefits of fish consumption must be weighed against the risks of contaminants, particularly mercury. In the section on seafood recommendations, the guidelines note, “Women who are pregnant or breastfeeding should consume at least 8 and up to 12 ounces of a variety of seafood per week, from choices that are lower in methyl mercury. Obstetricians and pediatricians should provide guidance on how to make healthy food choices that include seafood. Women who are pregnant or breastfeeding and young children should not eat certain types of fish that are high in methyl mercury.”

How do we deliver this complex message – “eat fish but not too much and not the bad fish”? This is like a ‘Goldilocks’ conundrum - the omega-3 fatty acids in fish are healthful, so don't eat too little; but mercury in fish is harmful, so don't eat too much. Eat the amount and types of fish that are just right. The simplest, pared down message for pregnant women, women of child bearing age, and young children is: Eat a variety of fish at least twice per week; do not eat swordfish, tile fish, king mackerel, shark, or tuna steaks; and check local advisories when eating locally-caught fish. There are many brochures, wallet cards, and even some fish consumption apps available on the internet. Providing accurate information about healthy seafood choices will help your patients balance the benefits and risks of fish consumption.

The latest dietary advice from federal officials urges healthcare practitioners to carefully and knowledgeably advise their patients about seafood consumption. You can participate in the U.S. Environmental Protection Agency-funded CME course Healthy Fish Choices (www.healthyfishchoices.org). This CME course is designed to maximize learning by delivering short, evidence-based content followed by quick interactive clinical scenarios. This is followed by word-for-word advice that can be used during patient interactions. Healthy Fish Choices is divided into six short modules; the first two modules must be taken together to receive CME credit, the remaining four are optional for additional credits. *IAFP members can go to <http://IAFP.healthyfishchoices.org> to learn more or to register. The special IAFP fee of \$35 allows members to claim up to 10 CME credits (comparable nonmember fee is \$100).*

The Vaccination Challenge

Note: This article, courtesy of ProAssurance, was authored by Jeremy Wale, JD, ProAssurance Risk Resource Advisor. ProAssurance Group provides healthcare malpractice insurance and is rated A+ (Superior) by A.M. Best.

Some parents do not wish to vaccinate their children, and this has put many practices that treat children in a difficult position. Some of those practices have made the tough decision to refuse to provide healthcare to those non-vaccinated pediatric patients.

That being said, how do you want to handle established patients whose parents have decided to cease their vaccinations? You have two options: continue to treat the patients or terminate them from your practice.

Terminating non-vaccinated patients from your practice is best handled delicately by the physician. If you decide to do so, it may be best to have several conversations to determine if the parents are willing to reconsider before you take action. If the parents hold their position, share your decision to end your care, explaining you will continue care until such time that the parents are able to find another physician. This may require more than 30 days of care. Offer any assistance you can make available to help these parents find another pediatrician.

If you decide to continue caring for patients whose parents refuse to allow vaccinations, document all conversations you have with the parents regarding risks related to the refusal. If you believe vaccinations are the best route, you may want to counsel parents to reconsider vaccinating.

It may be helpful to obtain input from all healthcare providers and staff before implementing a practice-wide policy refusing to treat patients whose parents refuse vaccinations. It is important that all healthcare providers are on the same page and agree on such a policy.

Vaccinations can be a difficult topic to discuss. If you have any questions, please call your healthcare professional liability insurer.

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