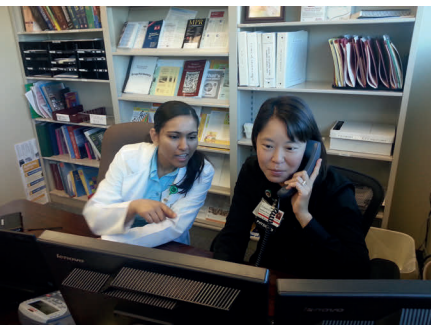
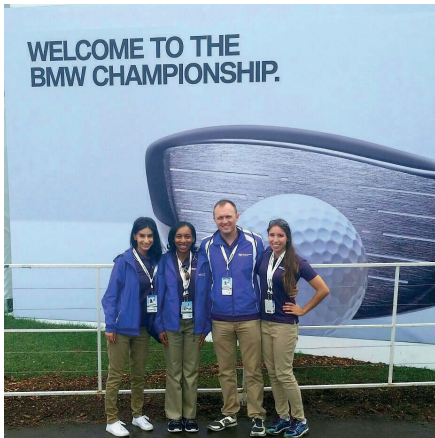




ILLINOIS ACADEMY OF  
FAMILY PHYSICIANS

*Devoted to Advocacy, Education & Action*



ANNUAL REPORT TO THE MEMBERSHIP



Past President Carrie Nelson, MD appears on a panel hosted by *Crain's Chicago Business* talking about care in the age of health care system reform. Photo by Stephen Serio.



Javette C. Orgain, MD with UIC graduates Mustafa Alavi, MD and Kirstina Dakis, MD on Capitol Hill in DC.



IAFP hosted Essential Evidence Update CME at UIC College of Medicine in June.

### About this Annual Report

*This document is one of only two IAFP publications mailed to all IAFP active members. In our ongoing mission of timely and efficient communication, we have moved to email as our primary format. Please update your email address by accessing "My Profile" after logging into the IAFP website at [www.iafp.com](http://www.iafp.com). If you've never logged in, your Username is your last name and your Password is your AAFP ID. You can even select your email preferences, so you won't miss e-News updates and the Illinois Family Physician newsletter.*

**IAFP does not share member email addresses with any outside entity.**

**Congratulations to our cover photo winners!** Photos for the cover were provided by these members Upper Left: Dr. Julita McPherson Campbell doing a presentation at a local preschool. Residents from McGaw Northwestern Family Medicine Residency at Lake Forest staff the BMW golf championship: Dr. Tara Ali, Dr. Latoya Epps-Scott, Dr. Ryan Golden and Dr. Anna Balabanova, Lower left: Natalie Choi, MD, and Ankita Patel, resident at Rush-Copley. Photo provided by Kate Rowland, MD. Right side: Latoya Epps, MD – resident at McGaw Northwestern at Lake Forest. Photo by Laura Brown.

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*Devoted to Advocacy, Education & Action*

IAFP is devoted to providing the services, information and representation that ensures Illinois family medicine has a prominent and respected voice in the evolution and delivery of high-quality, cost-effective care to the entire family. No other membership organization is solely dedicated to your success, your issues and your patients. This report summarizes the many ways we serve all of our members and advance the family medicine specialty.

### IAFP provides

- Advocacy:** Representation with the medical community  
Government relations representation and advocacy opportunities
- Education:** Continuing medical education, SAMs, Practice Innovations,
- Action:** Public relations, networking, leadership opportunities  
Avenues for building the future of family medicine

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## President's Message

Alvia Siddiqi, MD

**F**or those of you who are “seasoned” members of the Academy, you might be interested to know that I’m the same age as Dr. Lee Sacks was when he was installed as president way back in 1988! This makes me one of the youngest presidents of our Academy. But I’ve been involved with IAFP since I was a resident at MacNeal Hospital in Berwyn.

Let me take you back to my days at Loyola Stritch School of Medicine, when I had decided that I was going to pursue family medicine. One of our Deans had insisted that I should choose a different and more challenging field. He asked me, “Why do you want to take care of well patients?” Apparently, my dean was unaware of just how challenging the “average” family medicine patient can be!

Too often the “average” patient is an uncontrolled diabetic who comes in at 5pm on a Friday with back pain, depression, and oh by the way, also needs to talk to you about his chest pain.

I’ll never forget my underserved medicine rotation with Dr. Paul Luning as a third year medical student. I accompanied him on his visits to a homeless respite center, where he provided care to those members of society who have been neglected by our traditional healthcare systems. He helped seal the deal for me, that family medicine was the right choice for me. Not just in my mind, but in my heart.

In 2006 as a second-year resident at MacNeal, I earned a scholarship to attend the AAFP Family Medicine Congressional Conference (FMCC) in Washington, DC. I joined Illinois family medicine leaders Ellen Brull, Javette Orgain, and Carolyn Lopez to lobby on behalf of family medicine physicians at the U.S. Capitol. This was my first experience in residency where I felt like my opinion actually mattered! This was also where my advocacy spirit was



ignited, and I’ve enjoyed every return trip I’ve made to Capitol Hill and to the Statehouse in Springfield ever since.

I believe that our organization has been successful in advocacy, education, leadership training, and mentorship. These are the core elements that have driven me to success in my own career and have made me a vocal advocate on behalf of IAFP and our members. My work with IAFP and AAFP has taken me to new places in my career. I’ve relished the learning opportunities of my appointments to the AAFP Commission on Quality and Practice and its Executive Committee, Subcommittee on Health and Equity (SHE), and National Quality Forum Medicaid Task Forces. Now I represent AAFP on a CMS Advisory Panel on Outreach and Education (APOE).

Recognizing that women now comprise the majority at roughly 55% of family medicine residents, I firmly believe that we must locally support female mentorship. I have benefitted from many female mentors throughout my career, many of whom I met through IAFP. Inspired by them, I have recently created a new interest group called the WIL – Women in Leadership. It is the “will of the WIL” to support family physician women leaders in Illinois by facilitating mentorship between seasoned and newer IAFP female members.

According to the recent Medscape Physician Compensation Report, male physicians on average earn \$55,000 more than their female counterparts. It’s time to provide an open forum to discuss issues relevant to female family medicine physicians, including contract negotiations, balancing career

and family lives, and professional development.

Medicine continues to evolve in many ways. The healthcare landscape has placed increased demands on our profession in order to meet the goals of the triple aim: improved quality of care, better patient experience and outcomes, and lower costs. Though the individual physician-patient relationship is still sacred, family physicians are now expected to understand how to engage and practice within ACOs, team-based care models, and patient-centered medical homes and neighborhoods where effective population management and quality-based performance are key measures of provider success.

The arrival of MACRA and the implementation of MIPS or APMs (Aye! More new acronyms!) will now pose new opportunities for family physicians and with it, new challenges. Your academy is keenly aware and continues to work on the issues that affect you most - issues such as keeping up with health care reform and at the same time addressing and preventing burnout. In the Medscape Physician Compensation Report I mentioned earlier, 73% of family physicians said they would choose medicine again, but only 32% said they would choose the same specialty. Given that about a third of family physicians spend at least 10-14 hours per week on paperwork and administration, I can appreciate their frustration! This needs to change.

We need to find the technologic and personnel solutions that will allow us to work at the top of our license and become leaders of team-based care. With the right team, we will be able to manage larger panel sizes in a proactive and not reactive system of care, empowered rather than hindered by our electronic health records.

I took the oath of the president, from the AAFP President, Dr. Wanda Filer, which was a personal thrill for me. Her achievements and her passion are inspiring. Right now we, as a state and national academy, need to draw from her energy and optimism and from our own outstanding membership. I renew my unwavering commitment to leading IAFP into 2016 with my sponge of a mind and passion for service in my heart.



Changes continue to come at an unprecedented pace for our members and for the Academy, as well as the patients they care for. Our focus on serving our membership has not changed, but certainly our members' needs have changed.

We survey active members every two years and 2015 was a "survey year" for IAFP. You may have seen some basic results about our members and their satisfaction with IAFP in the [October 2015 issue of \*Illinois Family Physician\*](#).

We took a deeper dive and segmented members into three categories: Chicagoland, Downstate and New Physicians. The differences provide helpful clues on how to work for and with Illinois family physicians. Just as family medicine is a broad, dynamic and varied specialty, so are our members and their needs. The infographics illustrate the larger two subgroups, Chicagoland and Downstate members.

Here are some interesting bits that we found in comparing all three subgroups.

- Chicagoland members are more likely to be seeking a new job opportunity or unsure of their plans to stay in their current practice location than their Downstate counterparts.
- About one-third of our members across all three subgroups have used an IAFP online CME product.
- Most of the New Physician members (less than seven years post-residency) are in an accountable care organization (ACO) or other coordinated care model. Meanwhile, two-thirds of the Chicagoland members overall and about two-fifths of downstate members are in a coordinated care system.
- All three groups cited the "Administrative Burden" as the biggest problem where they need help in their practices.

# Academy Report

Devoted to Action

## Chicagoland Members

**2015 IAFP Biannual Member Survey**  
A snapshot of IAFP active members who completed the survey in the Zip codes 60000-60899

**N=97**

- 94%** ARE IN PRACTICES THAT ACCEPT MEDICARE  
83% of them accept Medicaid, 1/4 of those have limits or restrictions
- 64%** ARE IN AN ACCOUNTABLE CARE OR COORDINATED CARE MODEL.  
Eight percent are unsure of the practice business model
- 84%** 81 OUT OF 97 WOULD ENCOURAGE A COLLEAGUE TO JOIN THE ILLINOIS ACADEMY OF FAMILY PHYSICIANS

**THEIR TOP ISSUE:** Medical Home Recognition and Payment

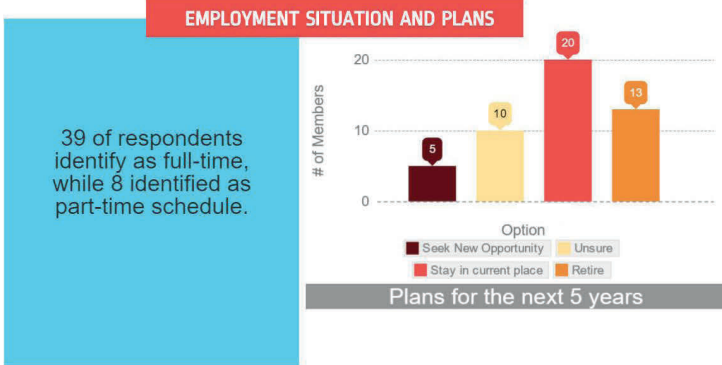
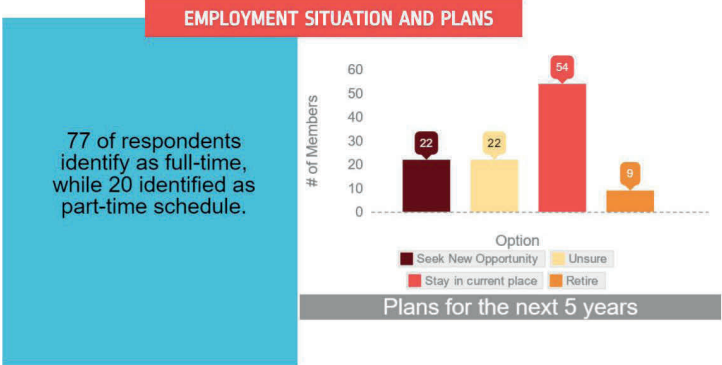
## Downstate Members

**2015 IAFP Biannual Member Survey**  
A snapshot of IAFP active members who completed the survey in the Zip codes 60900-62999

**N=49**

- 92%** ARE IN PRACTICES THAT ACCEPT MEDICARE  
86% of them accept Medicaid, 1/5 of those have limits or restrictions
- 43%** ARE IN AN ACCOUNTABLE CARE OR COORDINATED CARE MODEL.  
16 percent are unsure of the practice business model
- 76%** 37 OUT OF 49 WOULD ENCOURAGE A COLLEAGUE TO JOIN THE ILLINOIS ACADEMY OF FAMILY PHYSICIANS

**THEIR TOP ISSUE:** Medical Liability Reform



You may have heard the term “WAC” work after clinic, used by AAFP this year. It is time to “whack the WAC” so that you can spend more time caring for patients and connected with your life after clinic. Downstate members also identified increasing revenue and meeting E.H.R. Meaningful Use as other priorities, whereas Chicagoland members identified billing and coding along with improving outcomes for their chronically ill patients as the next priorities.

Responses to the 2015 member survey were received from about six percent of active members (149 of 2,600 in June 2015).

The Academy is committed to building our membership, increasing engagement of our current members across the career spectrum and the geographic map. We have set an organization goal to engage our new to practice (or early career) members and serve them through their journey from residency, to that first job, to committed active IAFP member for their career. IAFP formed a “New Physicians” committee early in 2015 and they have been active contributors to the Academy.

You may remember, IAFP launched a new website back in February 2015. This new platform finally enabled our Academy to combine our membership data, email communication, event registration and keep an updated integrated mobile-friendly website to serve our members. This major transition took time, and certainly produced a few hiccups and headaches. Your IAFP staff fully appreciates the angst and obstacles that our members have endured in the transitions to and subsequent updates of their electronic health records! We plan to step up our efforts in 2016 with more targeted e-mail communication. You can also use [www.iafp.com](http://www.iafp.com) to explore our community forums, where our members can connect and share information on topics of expertise and interest. These new services will provide a secure place to collaborate and learn from each other, an important innovation for our education programs.

Our biggest student recruitment effort is the regional Family Medicine Midwest Conference. IAFP provides meeting management and attendance has steadily grown for four straight years. The conference has been held twice in Illinois, and once each in Wisconsin and Minnesota. Family Medicine Midwest heads east to Indianapolis in October 2016. With each NRMP and AOA Match, we are able to track where our conference attendees have ultimately matched, and we are succeeding. Through this process, IAFP will continue to serve and support your efforts to attract and deliver Illinois and Midwest medical students to your communities to carry on your legacy of comprehensive, patient-centered care. Learn more at [www.iafp.com/fmm](http://www.iafp.com/fmm)

We have work to do. We know from 2015 Match data that only 33 of about 1,000 Illinois allopathic medical students matched into Illinois family medicine residency programs. According to the AAMC Workforce report released in December 2015 (free download at [www.aamc.org](http://www.aamc.org)), Illinois is ranked 19th in the nation with 87 patient care primary care physicians per 100,000 residents, but don't feel too comfortable about that ranking. We know that the distribution is concentrated in places, with many shortages in our rural and low-income urban areas. AAMC's report also shows that less than 32 percent of 2014 Illinois medical school graduates stayed in our state. Our current physician workforce is 48 percent Illinois medical school graduates and 31 percent International Medical Graduates. From our member survey 63 percent of respondents were Illinois medical school graduates. The AAMC report reveals that nearly 30 percent of our state's physician workforce is over age 60. Retirements are coming, our Illinois-trained physicians are leaving, and we must turn the tide to ensure our primary care system in the future. IAFP remains committed to connecting with our more than 600 resident members and partners in leading them to productive careers in Illinois as IAFP Active members.

### **Some final thoughts to keep in mind**

Family medicine is the most highly recruited medical specialty for the ninth year in a row.

(<http://www.merrihawkins.com/Candidates/BlogPostDetail.aspx?PostId=40374>)

We have eliminated a flawed SGR payment mechanism for Medicare and are moving towards comprehensive payment (<http://www.aafp.org/news/practice-professional-issues/20160104pracadyear.html>). Family physicians are in leadership roles in medical groups, health systems and health plans, because the family medicine viewpoint is essential for effective health care transformation – which is not to be confused with “automation.” Despite the complexity and vagaries of health care, a strong family medicine foundation is essential for our nation to achieve the Quadruple Aim: enhancing patient experience, improving population health, reducing costs and improving the work life of health care providers, including clinicians and staff (<http://www.annfammed.org/content/12/6/573.full>).

We look forward to our continued work with our members, partners and policymakers to advance the mission of family medicine.

# Health is Primary

Illinois will require an additional 1,063 primary care physicians by 2030, a 12 percent increase of the state's current (as of 2014) 8,680 practicing primary care providers (PCPs). The best way to build that workforce is to build public and payer support for primary care to provide a quality system attractive to medical students.

On May 19, the national Health is Primary Campaign came to Chicago, enabling IAFP to help showcase our members who excel in patient-centered care delivery that improves health outcomes, connects patients with needed resources, and reduces preventable emergency and hospitalization costs. The national campaign is at [www.healthisprimary.org](http://www.healthisprimary.org) and here are just some of the outstanding physicians and practices that were featured that day. Check out the 4 minute highlight video and follow our efforts on <http://www.iafp.com/health-is-primary>.

## SIU Family Medicine Residencies- Integrating Mental Health into Primary Care

Children's mental health issues are common but often under-recognized and undertreated. SIU Family Medicine has focused on community outreach to public schools, as well as integrating behavioral health in the primary care office.

- Dr. Janet Albers and family physicians at the Southern Illinois University (SIU) School of Medicine in Springfield have integrated mental health services in the primary care medical home to ensure mental health care is provided seamlessly on-site. An integrated team led by family physicians and including advanced practice professionals, behaviorists and psychiatrists within the medical home screen for warning signs in children and families and are able to provide the needed interventions immediately.
- SIU's Care-A-Van in Carbondale, a school and rural health center on wheels provides teen-friendly medical and behavioral/mental health services to students at partnering schools in the region.
- Meaningful Opportunities for Success and Achievement through Service Integration for Children (MOSAIC) project in Springfield and the SIU Peds Care program in Quincy both provide screening and intervention for social, emotional and behavioral health issues for children in the medical home, as well as partnerships with schools and neighborhood settings.

## Teaching Health Centers - Serving the underserved now and in the future

Training physicians for the opportunities and challenges in caring for medically underserved communities in an outpatient setting is a priority for Dr. Deborah Edberg and her team at the Teaching Health Center (THC) based at the Northwestern McGaw residency program, which is funded by the Health Resources and Services Administration (HRSA) and housed at Erie Family Health Center in Chicago.

<http://www.familymedicine.northwestern.edu/education/residency-programs/humboldt-park/index.html>

- In addition to traditional hospital and specialty rotations, the THC residents spend most of their time providing comprehensive primary care to more than 7,000 patients in Humboldt Park – a low-income, predominately Hispanic community on Chicago's west side. The THC system expanded Erie's capability to provide services to an additional 3,000 patients and created 28 jobs in the community.
- THC-trained physicians nationwide are three times more likely to work in a community health center or other safety-net primary care settings after completing the program.
- The highly-competitive THC program trains young doctors to be future community health center leaders, advocates, and researchers. However their very existence depends on reauthorization of federal funding. Learn more at [www.aathc.org](http://www.aathc.org).

## Home Centered Care Institute: Improving Care, Reducing Costs and Hospital Admissions for the Elderly Population- Thomas Cornwell, MD

People 65 years or older are the fastest growing age group in the United States, and the highest utilizers of costly hospital and nursing home services.

- Providing care in the home ensures that patient care is monitored after hospital discharge, ensuring care plans are followed and unsafe conditions rectified.



Thomas Cornwell, MD explains the fiscal savings and patient satisfaction improvements documented by home care visits.



The second panel, led by Family Medicine for America's Health board chair Glen Stream, MD and moderated by author T.R. Reid featured Janet Albers, MD; dietitian Mary D'Anza, Deborah Edberg, MD; Kohar Jones, MD and Carolyn Lopez, MD.



- Lab tests, EKGs, X-rays, ultrasounds, IVs and other forms of modern medical technology offered at a hospital are used in the patient's home, helping to reduce hospital, transportation and overall health care costs.
- Dr. Cornwell's supporting hospital, Northwestern Medicine Central DuPage Hospital, is one of only three hospitals in Illinois that has never received a readmission penalty.
- Dr. Cornwell founded the Home Centered Care Institute in 2012, which is a collaborative, not-for-profit organization dedicated to the national expansion of house call practices and the integration of community resources. Learn more at [www.hccinstitute.org](http://www.hccinstitute.org)

### Improving End of Care Life in Illinois – Javette C. Orgain, MD, MPH, FAAFP

- Dr. Orgain has been a leader in the hospice movement with Vitas Innovative Hospice Care.
- Interdisciplinary hospice teams have helped to preserve the quality of life for those who no longer respond effectively to treatment and have a life expectancy of six months or less. These teams have helped reduce health care costs by enabling patients to be cared for primarily at home in a supportive environment or in an inpatient hospice unit whenever possible.
- At the end of life, greater continuity with primary care is generally associated with reducing avoidable hospitalizations<sup>1</sup>, less emergency department use<sup>2</sup>, and increased out-of-hospital deaths for patients with a terminal illness<sup>3</sup>.

<sup>1</sup>Cheng SH, Chen CC, Hou YF. A longitudinal examination of continuity of care and avoidable hospitalization: evidence from a universal coverage health care system. *Arch Intern Med.* 2010;170(18):1671–1677. doi: 10.1001/archinternmed.2010.340.

<sup>2</sup>Burge F, Lawson B, Johnston G. Family physician continuity of care and emergency department use in end-of-life cancer care. *Medical Care.* 2003;41(8):992–1001. doi: 10.1097/00005650-200308000-00012.

<sup>3</sup>Burge F, Lawson B, Johnston G, Cummings I. Primary care continuity and location of death for those with cancer. *J Palliat Med.* 2003;6(6):911–918. doi: 10.1089/109662103322654794.

## Health is Primary - Mobilizing Students and Residents

IAFP (then) student board member Kristina Dakis, MD and IAFP board member James Valek, MD moderated a complementary evening discussion which included the morning panelists of Drs. Orgain, Albers and Edberg, who were joined by resident Neha Sachdev, MD and UIC Global Health expert Andrew Dykens, MD to share all that is amazing, impactful and challenging about family medicine.

Students, residents and faculty alike shared a common frustration that family medicine and primary care are not core missions at medical schools. Students felt that primary care was the answer to many of our nation's health problems - but there was concern that most medical schools still aren't encouraging enough students to pursue primary care fields, and family medicine in particular. The overall tone was curiosity, optimism and excitement. Most of the students there had either decided on family medicine or were eager to learn more about the field. An encouraging element of the discussion centered on the importance of advocating for your specialty and patients. Students were also able to get a bigger picture of the wide variety of career opportunities in family medicine, and the importance of a stronger primary care workforce to address and correct health care disparities.



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## Devoted to Advocacy

### Ten Major Events from 2015

IAFP worked across the spectrum to advocate for our members and their patients on an array of issues. We've narrowed it down to ten that had the greatest impact. They are presented here in no particular order, but with the understanding that they are important to you.

**Comprehensive Opioid Legislation** HB 1 (Rep. Lang D-16) was signed into law as the Heroin Crisis Act and became the most comprehensive legislation on opioids to date. It enables easy use of Naloxone by family, friends, first responders and others to stop an overdose. Physicians have no criminal liability for prescribing opioid antagonist but the issue of civil liability is still unresolved (medical malpractice, for example). All physicians will be auto-enrolled in the Illinois Prescription Monitoring Program, [www.ilpmp.org](http://www.ilpmp.org) when receiving a controlled substance license or renewing it. The American Society of Addiction Medicine criteria for decision-making [www.asam.org](http://www.asam.org) will be the guideline. More information is at <http://www.iafp.com/practice-resources>. The IAFP also offers a Safe Prescriber education program at <http://www.iafp.com/safe-prescriber>.

**Certificate of Religious Exemption** – Along with a coalition of organizations, IAFP supported SB1410 (Sen. Mulroe D-10) which requires parents or legal guardians to submit a certificate of religious exemption to their local school authority, prior to the dates of entering kindergarten, sixth grade, and ninth grade. This bill successfully passed into law and a new form was released in October 2015. Read our joint letter to the Governor at <http://www.iafp.com/assets/docs/GovRel/immunizations1410-letter%20to%20gov.pdf>.

**Mandated Hep C Screening** SB661 (Sen. Mulroe D-10) which would have mandated Hep C screening, passed both the Senate and House but was vetoed by Governor Rauner. IAFP opposed the legislation and urged the Governor's veto. SB 661 would have set dangerous legislative precedent as mandated screenings are not always the best course of action to address public health concerns. IAFP has partnered with the Illinois State Medical Society and the Illinois Osteopathic Medical Society to promote awareness in a 1-minute patient education video (See it <https://www.youtube.com/watch?v=EHvd8rRzcNY>). ISMS also offers new free CME. Go to <https://isms.inreachce.com> and then click on the link "Primary Care" under Subject Matter (registration required).

**Meeting with Medicaid MCOs and the IL Dept. of Healthcare and Family Services** Several of our family physician leaders participated in the provider meeting facilitated by the Department of Healthcare and Family Services (HFS) and the Illinois Association of Medicaid Health Plans (IAMHP). Our leaders emphasized that as we continue to provide better care, to more people, while cutting unnecessary and preventable spending, family physicians are more vital than ever. The result is a comprehensive resource for our members to help them navigate these new systems. An FAQ document is on the IAFP Practice Management site at <http://www.iafp.com/practice-management>.

**MACRA** -- On April 16, 2015, President Obama signed into law the Medicare Access and Children's Health Insurance Program Reauthorization Act (P.L. 114-10). The enactment of MACRA capped a 15-year effort to repeal the flawed sustainable growth rate (SGR) and set in motion reforms that will more appropriately support new delivery systems and establish a path away from fee-for-service. The Academy outlined many of its views on the major issues in our response to a 2015 CMS request for information (RFI) on MACRA implementation.

**Medical Marijuana Pilot program begins** – Patients must have a physician's certification to register for the program <http://www.illinois.gov/gov/mcppp/Pages/default.aspx>. IAFP hosted two CME webinars on the new pilot program in 2015. IAFP member Leslie Mendoza-Temple, M.D., was elected as chair of the Illinois Medical Cannabis Advisory Board, which evaluates proposed medical conditions and makes recommendations to Illinois Department of Public Health on which conditions should be eligible for medical cannabis treatment.

**End of the Primary Care Incentive Program (PCIP)** - The PCIP, created in 2010 as part of the Patient Protection and Affordable Care Act, paid family physicians and other primary care providers bonuses equal to 10 percent of the amount Medicare paid them for primary care services if they met certain conditions. Many practices in rural and underserved areas benefited greatly from the bonus payments and practices with large Medicare panels certainly will notice the difference. Although the AAFP and other primary care advocates fought for an extension of the program, Congress showed little interest in prolonging a bonus program based on the fee-for-service model.



**ICD-10 Code Implementation** - The nation's transition to the ICD-10 code set became official on Oct. 1, and there's no doubt that many thousands of family physicians around the country have questions that deserve immediate attention. After all, the system upgrade swells the number of diagnostic codes from some 13,000 to more than 68,000. According to CMS, "help is available" if physicians run into any obstacles using ICD-10. To locate ICD-10 information and contacts quickly, CMS advises physicians to

- visit CMS' [ICD-10 Web page](http://www.cms.gov)([www.cms.gov](http://www.cms.gov)) and the [Road to 10 website](http://www.roadto10.org),([www.roadto10.org](http://www.roadto10.org))
- contact their MAC with Medicare claim questions (understanding that MACs cannot respond to questions about Medicaid or commercial health plans),
- contact private and commercial health plans directly, or
- [email ICD-10 ombudsman](mailto:william.rogers@cms.gov) William Rogers, M.D., director of CMS' Physicians Regulatory Issues Team, and expect an email response within three business days.

In addition, the [ICD-10 resource guide and contact list](http://www.cms.gov) ([www.cms.gov](http://www.cms.gov)) organizes MAC and Medicaid contact information by state for easy reference.

**Extension of Teaching Health Centers** – The same U.S. House bill that repealed the SGR payment formula also extended the life of a popular graduate medical education program for at least two more years. While this extension allowed THC's to "fight another day," there is an urgent need to federally fund Teaching Health Centers in order to prevent the closure of over 60 programs! One of these programs is Northwestern McGaw at Humboldt Park in Chicago. The American Association of Teaching Health Centers has launched the [SaveOurTeachingHealthCenters.org](http://SaveOurTeachingHealthCenters.org) web site that has all the tools you need to help support the continuation of these vital programs that work. IAFP is supporting this effort.

**End of Life Counseling** - Consistent with recommendations from a wide range of stakeholders and bipartisan members of Congress, CMS is finalizing its proposal that supports patient- and family-centered care for seniors and other Medicare beneficiaries by enabling them to discuss advance care planning with their providers. IAFP is a member of the Illinois POLST collaboration, and encourages our members to ensure patients who are likely in their last year of life have a signed POLST form – learn more at [www.polstil.org](http://www.polstil.org)

**IAFP advocates for health priorities for the State of Illinois** Bruce Rauner, a political newcomer and also a Republican, took office as Illinois governor in January 2015. IAFP then-president Janet Albers, MD and Executive Vice President Vincent D. Keenan, CAE met with IDPH and Rauner administration officials last summer to discuss the state of the state's health improvement plan (SHIP)

*IAFP outlined the following public health priorities:*

We must address the **prevalence of mental health issues** and lack of access to mental health services and treatments which create a revolving door of poor health outcomes for that population. IAFP's Clinically Integrated Networks committee worked to compile a [resource list of integrated practices](#), along with contact information. This compilation was shared with Governor Bruce Rauner and lives at <http://www.iafp.com/practice-resources>

**Decreasing the rate of obesity** - Obesity rates are still going up – physical activity is still sorely lacking. Overweight/obesity plagues at least 2/3 of the state's population and continues to trend negatively. IAFP created the Adult Obesity Collaborative and Referral Initiative to help our members address this complex condition in their practices.

**We need to accelerate our efforts on workforce development.** Illinois needs a sufficient primary care workforce and human resources to meet the needs of our aging population and those who now have insurance coverage. Providing loan repayment and a Medicaid system that supports primary care physicians with incentives to stay in Illinois must be in place to ensure that all Illinois patients have a place to use their medical coverage to get primary care and preventive services.

**Tobacco Use and Nicotine Dependence** - Reduced smoking rates are a positive trend (18% adult smoking rate, 14% for youth) that can and should ultimately reduce long term costs on related diseases. We need to continue our work in policies that affect smoking rates and deter youth access. Smokeless tobacco and now e-cigarettes continue to draw attention, and attract new youth users. AAFP's [tobacco and nicotine toolkit](#) has resources on all these related issues.

**Use of Illicit Drugs/Misuse of Legal Drugs.** Opioid addiction and heroin addiction have become a crisis attracting attention and action in our state and nationwide. IAFP continues to work with the Illinois Prescription Monitoring Program and provides vital education through our Safe Prescriber program <http://www.iafp.com/safe-rx>.

## How did IAFP work on your behalf in 2015?

### Successful Spring into Action

Family medicine visited with the Illinois General Assembly in three consecutive days of Spring Into Action advocacy days April 21, 22 and 23.

#### Quick Stats:

76 total members attended

48 residents

7 medical students

5 Past Presidents

8 Board members and 8 Government Relations committee members

Visits with 24 State Representatives

Visits with 24 State Senators



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.



Janet Albers, MD is Chair of Family Medicine at SIU School of Medicine and was IAFP president at that time. She led their delegation of more than 20 residents and faculty on Wednesday, April 22. "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."



### 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. After getting updated information on the issues, Team Illinois divided and conquered Capitol Hill with 13 office visits.

The IAFP delegation met with U.S. Rep. Jan Schakowsky (D-9) at the AAFP's Washington, DC office.



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## Devoted to Education

### Family Medicine Midwest

After two years on the road, the 4th Annual Family Medicine Midwest Conference returned to Chicagoland in 2015, with over 11 CME credits available over the three day event, which also set attendance records for total attendees. Two amazing plenary speakers highlighted the event, with AAFP President Wanda Filer, MD, MBA discussing “The Renaissance of Family Medicine” and Fred Richardson, MD, FAAFP closing the conference with his inspirational talk, “Back to the Future: Why the Old Fashioned House Call is the Future for Family Medicine.” With a total of 45

breakout sessions and two well-attended poster sessions, Family Medicine Midwest once again showed why it truly is a can’t miss event.

### Essential Evidence

IAFP continued our partnership with the University of Illinois at Chicago, Department of Family Medicine to present the 2nd Annual Essential Evidence Update Conference. The two-day conference offered a total of 11.25 possible CME credits covering a variety of topics in a lively, rapid-fire review of the most important research updates, and the format continues with two events in 2016!

### Webinars

The Academy continued to offer monthly webinars through the Lunch and Learn Webinar series, typically held on the last Thursday of each month from 12:00-1:00 pm in order to allow for our busy members to maximize their time by having their lunch during an hour long CME program. The 2015 series included such important topics as Intimate Partner Violence in Your Office Setting, Illinois Prescription Monitoring Program (PMP) Update, Medical Marijuana, Transitioning Hepatitis C Care, and Newborn Hearing Screening. These, and other, webinars allowed physicians to maximize their time while keeping up-to-date on some of the many issues impacting their practices.

### Tobacco Cessation QI

IAFP and the Illinois Chapter of the American Academy of Pediatrics launched a new program in 2015 entitled “Tobacco Cessation for the Primary Care Provider: A Quality Improvement Initiative.” This program was made possible by the Cook County Department of Public Health through funds received from the Illinois Department of Public Health. Members who participated in this QI project first took a one-hour online CME program and then registered for the online Data Collection which allowed them to work on the MOC Part IV. The goal of this project was to support providers in implementation of the Brief Tobacco Intervention into their daily practice by creating a system to screen and identify patients at risk from environmental tobacco use. Members are encouraged to enroll in this project in 2016.

### Updated Learning Management System

The IAFP Education team moved to an updated learning management system (LMS) in 2015 available at <http://cme.iafp.com>. This modernized tool allows for a more user-friendly interface, with a greater variety of online activities, including video. The updated site is divided into four sections.

1. CME Education, which consists of IAFP’s online enduring materials familiar to many physicians.
2. Other Education which is not eligible for CME credit, but includes modules that physicians may find useful.
3. Post-Tests and Evaluations, where physicians can conveniently find a place to obtain credit for live programs and printed enduring materials.
4. Education resources to help our members find a list of useful links most relevant to IAFP education.

### SAMs Workshops

The IAFP continued to offer SAMs workshops to help physicians complete the first 60 questions of the ABFM required Self-Assessment Module. These workshops allow the participants to work together on the SAMs in a small classroom setting led by their peers! Workshops were offered in Aurora, Carbondale, Chicago and Rosemont. The IAFP also teamed up with the Ohio Academy of Family Physicians to offer an online virtual SAMs. More workshops are in the pipeline for 2016. If you are interested in having a workshop at your hospital or residency program please contact us!

## AOCRI – Adult Obesity Counseling and Referral Initiative

The IAFP participated in a pilot project on Adult Obesity through an unrestricted grant from Curves/Jenny Craig, Inc. The pilot recruited family physicians throughout the state to review the five online learning modules and report back on attitudes and competencies regarding treating the adult patient for obesity. The pilot ran from Spring – Fall 2015. IAFP is currently working on a potential plan to develop a CME obesity program in the near future!

## CME Connections

CME Connections is a long-running staple within IAFP Communications. This monthly e-newsletter is a one stop shop with timely and important information about upcoming CME opportunities, both inside and outside of IAFP. Beginning with July 2013, all previous issues of CME Connections can now be found online ([www.iafp.com/cme-connections](http://www.iafp.com/cme-connections)) allowing members to easily access past issues.



## ACCME Reaccreditation

IAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As such, IAFP is required to apply for reaccreditation at the end of each cycle. The IAFP Education team was responsible for putting together a 75-page Self-Study which tasks the Academy with compiling a written report reflecting upon not only the CME of the current accreditation cycle, but also with describing the vision for the future of IAFP CME. The ACCME also selects 10+ activities for an in depth

Performance-in-Practice review. IAFP compiled a variety of documentation and submitted this at the time of the Self-Study Report deadline. In November, Board member and CME Committee Chair, Michael Hanak, MD, and CME Committee member and past chair, Sharon Smaga, MD, joined IAFP Education staff on a teleconference call with two representatives from the ACCME for the Accreditation Interview call. This call allows for the ACCME to dive deeper into IAFP's policies, performance, and future goals. Results of the Reaccreditation are expected in late March 2016.

## Wisconsin Family Medicine Opportunities

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

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### Opportunities

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### Learn More

For position information contact:

- Brandon Wilson for Milwaukee opportunities at [brandon.wilson@wfhc.org](mailto:brandon.wilson@wfhc.org), (414) 465-3118.
- Carol Kamenar for Racine opportunities at [carol.kamenar@wfhc.org](mailto:carol.kamenar@wfhc.org), (262) 687-6420.

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## IAFP's Fiscal Affairs

The **Finance Committee** was chaired by then-Treasurer Sachin Dixit, MD and its charge is to ensure the integrity of the fiscal affairs of the Academy, including: overseeing budget development and regular financial reporting. IAFP has an annual audit of its financials and the auditors have not brought any concerns to the Finance committee or Board regarding any aspects being audited. The Academy has an Audit Task Force to review the audit as well as the annual tax return.

IAFP earns its revenue from member dues, meeting sponsorship and registration and education projects. In 2015, nearly 48 percent of IAFP revenue came from membership dues. Other non-dues revenue included meeting sponsorship, print advertising, member services benefits and education projects. About 38 percent of 2015 revenue was from the pharmaceutical industry, mostly in education grants and meeting sponsorship, while 14 percent came from non-pharmaceutical industry companies and organizations. Questions may be directed to Deputy Executive Vice President Jennifer O'Leary at [joleary@iafp.com](mailto:joleary@iafp.com) or 630-427-8001.



## Thank you 2015 Family Health Foundation of Illinois donors!

2015 Foundation fundraising events included the annual Chicago White Sox game (118 fans!) which raised over \$2,300. In celebration of Vince Keenan's 25 years with IAFP, an additional \$6,700 was raised from 40 donors whose donations to the AAFP Foundation in Vince's honor were split with the IAFP's foundation. The Foundation supports Tar Wars, as well as resident and student scholarships for our newly elected student and resident leaders to attend the AAFP National Conference of Family Medicine Residents and Medical Students.

The Foundation also provided scholarships for five Illinois medical students to attend the Family Medicine Midwest conference in Rosemont, Ill. in October.

### Thank you to our 2015 Foundation Donors

#### Individuals

Janet R. Albers, MD  
Scott Allen  
Susan Arjmand, MD  
Steven M. Armbrust, MD  
Kurt and Mary Angstman  
Julio Arnau-Gonzalez, MD  
Eva Bading, MD  
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Discounted rates for IAFP Members

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# Illinois Academy of Family Physicians Board of Directors 2015-16



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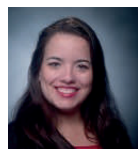
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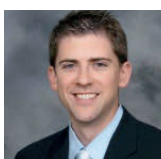


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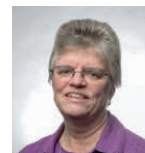


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Crossing Healthcare  
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David Hagan, MD, CPE, FAAFP  
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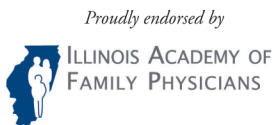


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American Board of Family Medicine [www.theabfm.org](http://www.theabfm.org)  
Society of Teachers of Family Medicine [www.stfm.org](http://www.stfm.org)  
The Robert Graham Center (Policy studies in family medicine and primary care) [www.graham-center.org](http://www.graham-center.org)  
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Kaiser State Health Facts [www.statehealthfacts.org](http://www.statehealthfacts.org)  
Family Medicine for America's Health – [www.fmahealth.org](http://www.fmahealth.org)

Physician Licensure website [www.idfpr.com/dpr/](http://www.idfpr.com/dpr/)  
Illinois General Assembly [www.ilga.gov](http://www.ilga.gov)  
State of Illinois website [www.illinois.gov](http://www.illinois.gov)  
Telligen (quality improvement organization for Illinois) [www.telligen.org](http://www.telligen.org)  
Patient-Centered Primary Care Collaborative [www.pcpc.org](http://www.pcpc.org)

### Health Information Technology and Exchange

*Regional Extension Centers*  
IL-HITREC – all of Illinois outside of Chicago [www.ilhitrec.org](http://www.ilhitrec.org)  
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### Patient Education

AAFP patient education [www.familydoctor.org](http://www.familydoctor.org)  
Tar Wars [www.tarwars.org](http://www.tarwars.org)  
Federal health care information [www.healthcare.gov](http://www.healthcare.gov)  
Get Covered Illinois (Illinois Insurance Marketplace) [www.getcoveredillinois.gov](http://www.getcoveredillinois.gov)



2015 Tar Wars poster winner Caleb Hamilton  
And IAFP Board member Tabatha Wells, MD

### CALENDAR OF IAFP 2016 EVENTS

Check [www.iafp.com](http://www.iafp.com) for more events as they develop!

March 17-18: Essential Evidence Update CME –UIC

May 18: Resident Research Webinar

August 5: Foundation White Sox Game Fundraiser

September 19-21: AAFP Congress and Scientific  
Assembly –Orlando

October 7-9: Family Medicine Midwest - Indianapolis

November 11-12: IAFP Annual Meeting, Naperville



Board Member James Valek, MD (right) speaks with a student at the Health is Primary event on May 19.  
Photo by Joshua Clark.