



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

ILLINOIS FAMILY PHYSICIAN

VOLUME 67, ISSUE 4
NOV/DEC 2016

Published by the Illinois Academy of Family Physicians
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Meet the 2016 Family Physician of the Year

Stephen C. Pilcher, MD – Owner, Bloomington Primary Care



Photo by Cori Strong, Little Bells Photography



President's Message

Alvia Siddiqi, MD

It's my final President's Message as my final month as your IAFP president comes to a close. I've had an amazing, inspiring and busy year! As we gather in Naperville for the 2016 annual meeting, this is my final update to you before Dr. Donald Lurye takes over this column as your next president.

One of the most inspiring events at our annual meeting is the awards banquet. This year we'll be honoring our 2016 IAFP Family Physician of the Year, Dr. Stephen Pilcher, who was nominated by a fellow member and enthusiastically supported by his patients and professional colleagues.

Also at that event, I will present my President's Awards to honor organizations and individuals that I know have exemplified our mission and have personally impacted me and my role as IAFP President. I'd like to share my choices with you, and give you a sense of how these 2016 President Awards honorees are so important to what we do.

First, I'm happy to recognize Javette C. Orgain, MD, MPH, FFAFP. Those younger members know her as the current Speaker of the AAFP Congress of Delegates (re-elected this year!). For decades, she's been a force for family medicine with IAFP and AAFP, the University of Illinois at Chicago, the National Medical Association, the Illinois State Board of Health and more. Meanwhile she has been a personal mentor and friend to generations of students, residents and physicians, including me. I have appreciated her support and personal commitment to our IAFP Women in Leadership member interest group.



She is a constant voice of advocacy and guidance for so many people across the health care landscape. Now as our candidate for AAFP President-elect, there is no slowing down! This year she worked with the Chicago health and advocacy community on the forefront of the successful Chicago Tobacco 21 effort. As a hospice and home care family physician, she advocates for those facing their end of life, and support for the caregivers who bear so much responsibility in assisting their loved ones with dignity.

Without question, IAFP has valued our long-standing partnership with my second IAFP President's Award honoree: the Illinois Chapter of the American Academy of Pediatrics (ICAAP). In education and advocacy, IAFP and ICAAP have worked together on the common goal of providing the best possible health care for Illinois children. Because of the nature of family medicine, caring for the entire life spectrum, we rely on ICAAP for effective collaboration, education and advocacy. In recent months, their executive director Jennie Pinkwater in collaboration with our Executive Vice President Vince Keenan and Deputy EVP Gordana Krkic have led our work with IDPH and the Medicaid Managed Care Organizations with recent changes to the Vaccine for Kids (VFC) program. At our annual meeting, I will present updates on Medicaid managed care and VFC Title 21. We continue to work together on child obesity, tobacco

prevention and immunizations to keep our kids healthy. Illinois children have a powerful voice of advocacy and education through the ongoing efforts of ICAAP.

As president of IAFP, I often refer to my time as a medical student at Loyola, where my family medicine faculty and preceptors there provided such valuable guidance and mentorship. The role models I had at Loyola helped lead me to family medicine, and prepared me for the leadership positions I have enjoyed in my career so far. Loyola has consistently produced a pipeline of dedicated family physicians, with ten to twenty percent of their graduates matching into family medicine each year. Many Loyola alumni are among my friends and many have participated in IAFP activities as well, including Dr. Amy Buchanan, Dr. Anuj Shah, and Dr. Aaron Michelfelder.

I am proud to present Dr. Eva Bading for my final IAFP President's Award. She was appointed interim chair of family medicine in 1999, then served as chair of the family medicine department at Loyola from 2001 to 2016, where she influenced many family physician careers. Her legacy of uniting Loyola students to the Maywood community they serve lives on at the Dr. Eva Bading Community House, where medical students in the CARE (Community Advocacy through Relationships and Education) program live in Maywood and become immersed in caring for families with exceptional needs. Meanwhile, those who live in the House during medical school host meetings, events and other opportunities for Loyola faculty and students to experience the community they serve.

During my own medical education, I truly admired Dr. Bading for her commitment to vulnerable populations, including her international service to provide care abroad. At a time where many physicians faced burnout, Dr. Bading always displayed professionalism and positivity around her work. She



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IAFP News

Continued from page 1

"I always wanted to own a practice," says Pilcher. "A lot of business people say 'you'll never make it,' and they mean it from their heart. It's misinformation that you can't make it!" Pilcher had the opportunity to start a new practice in 2010. He also had an excellent and open relationship with the hospital that was affiliated with the practice where he had been employed since 2004. Bloomington-Normal is also an area where new patients are coming in, with two corporate headquarters in the community. "Literally, I built the practice with my existing patients, who told their family members and their friends."

Pilcher describes Bloomington Primary Care as *Marcus Welby, MD meets Star Trek*. "Our providers make it work so well. It's fun to be here." His patient panel includes three and four generations, and as many as 50 people, from the same family. Some of these family leaders shared their affection for Dr. Pilcher in their letters to IAFP.

Patient Mary Axton found Dr. Pilcher by chance shortly after moving to the area in 2003, when Dr. Pilcher was also new to practice. She was so pleased with his care, she immediately brought her husband in next. When their daughter came to Illinois State University for a master's program, she joined his panel as well. "He is now taking care of my precious grandson and granddaughter through all their illnesses and boo boos. He is so good with the kids that they look forward to going to see him. My three-year-old granddaughter calls him 'Dr. Pill.' In this day and time with families spread out, I think it is wonderful that three generations of our family are being cared for by a doctor the caliber of Dr. Pilcher. I am pretty sure my other daughter who lives in Anchorage, Alaska is a little jealous because of all the Dr. Pilcher stories we tell."

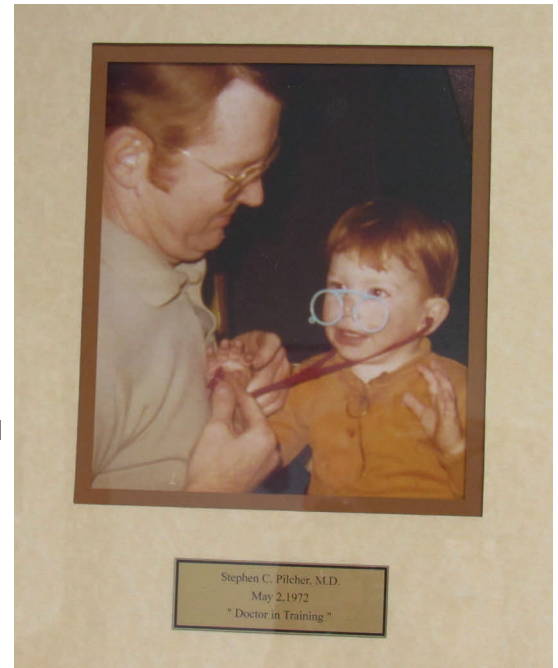
"That full spectrum is exactly what's so rewarding about family medicine," says Pilcher. "When you have those relationships, it energizes the providers and the staff. Because we are patient-centered and physician-directed, everything pulls us in the same direction."

Nancy Hoeflerle adds, "We have become a family affair with our daughter's family and our son becoming his patients. Our grandchildren, now 24 and 21, have been treated by him for many years as well as our middle-aged children. He relates well to all ages, and we were particularly pleased with the camaraderie he shared with our grandson in the teenage years."

Good clinical practice and good business can co-exist

Do the things that bring in the revenue so you can hire the team you need to provide the care you want. [Bloomington Primary Care](#) has about 240 Medicare patients in the Chronic Care Management Plan. "Patients love it because they are getting the care management here instead of from an insurance company. We personally check up on them. The care management fees are what pays for the 'must-have' to make it work, our chronic care manager," explains Pilcher. Meanwhile that manager can help with other patients not covered by the Medicare codes. It's too soon to tell if significant savings will be generated by reducing preventable hospitalizations, but Pilcher says the improvement in quality is there, even if they don't have the quantity data yet.

The photo says it all, Stephen Pilcher was thinking about being a doctor at a very young age. And did he ever make good on that childhood dream! Not only is he the owner of Bloomington Primary Care, he's also the 2016 IAFP Family Physician of the Year.



A photo in Pilcher's office with his father, Mason Pilcher, shows his early interest in medicine, called "Doctor in Training"



L to R: Stephen Pilcher, MD; Kim Bankston, CNP; Stephen Hill, MD; Betty Scanlon, FNP; Adam Houghton, MD and Sue Keogh, LCPC

Photo by Cori Strong, Little Bells Photography

Pilcher is a strong advocate for the Patient-Centered Medical Home concept, whether a practice applies for a designation or not. BPC has submitted their application to NCQA to be a Level 3 Patient Centered Medical Home and awaits notice of approval. They also have behavioral health integrated with onsite access to a counselor for collaboration. It's about reducing barriers and initiating care; which Pilcher says is the most important first step in ensuring that mental health needs are addressed.

They embrace technology and teams to work for them. "We have to take care of our patients beyond these walls. Even having an on-site laboratory ensures that patients get what they need, where they feel most comfortable," he says. "The 21st Century practice is no longer just about the visit; but rather the office is the anchor of a lot of what we do."

Pilcher candidly admits one dissatisfaction of his current practice: giving up admitting patients to hospital, which he says was not a lifestyle choice at all. But this change has allowed them to better focus on "transition care" when a patient leaves the hospital, be it discharged home, or to a nursing home or rehab facility. They also contact their hospitalized patients to let them know they are aware and available to help with questions, explain lab results or resolve any issues during hospitalization, even if they can't be there in person. They also initiate follow-up care funded by the transitional care codes in Medicare.

Ensuring care for the uninsured and underserved

Pilcher was personally dedicated to ensuring that uninsured and public aid patients also had a medical home with access to high quality primary care. Starting in late 2010, he worked with the community to create Chestnut Family Health Center, a federally-qualified health center (FQHC). He then provided stability by recruiting and training the physicians to staff it.

Dr. Pilcher served as both physician and Medical Director at Chestnut Family Health Center. Meanwhile BPC physicians provided care at Chestnut until permanent staff could be hired and trained.

Under Dr. Pilcher's guidance, the Chestnut Family Health Center:

- Served 2,010 unduplicated patients in 2015. This is up 128% over the number of unduplicated patients served in 2012 and up 26.6% over the number of unduplicated patients served in 2014;
- Transitioned from contracted offsite prenatal and postnatal care service model to an on-site model with addition of a part-time OB provider in January 2016;
- Relocated the Bloomington Health Center, which increased physical space from 2,000 to 4,000 square foot as part of multi-phase approach to long term site;
- Opened a second health center in Granite City, Illinois, in December 2015;
- Participated in initial Joint Commission survey and received Ambulatory Care Accreditation and Primary Care Medical Home Certification; and
- Implemented the Electronic Health Record (EHR).

"His commitment to expanding access to quality healthcare services for underserved, lower income patients has been a foundation for the success of our health center," said Dietra D. Kulicke, Executive Director Chestnut Family Health Center.

Given the current environment and discussion of physician burnout, how does a practice owner like Pilcher maintain a strong practice, a satisfied staff and a balanced life?



“When you are disempowered, it’s easy to burn out as a result of changes that are imposed upon you, such as MACRA and EHR meaningful use. The only solution to burnout isn’t less hours. Patients are only going to get more complex. Billing and reimbursement are more complex. You need to be empowered with your reactions to that. We make all the decisions here and therefore we don’t have issues with burnout. We own the changes here and we decide how we will implement them. Having the power to make our own choices is the antidote to burnout.”

Pilcher encourages family physicians to embrace the opportunities to use new revenue to hire teammates and the technology, such as patient portals for secure, efficient and accurate communication. “In this time of change, we really need physicians in charge and not just for clinical decisions, but business, too. There is no difference anymore. The team-based approach to medical care is the good business sense of providing quality health care.” Pilcher believes that family physicians can and should be leaders of a team of medical home providers.

“We have grown our office staff by almost three-fold,” concurs Adam Houghton, MD who joined Bloomington Primary Care in 2013 and nominated Pilcher for the Family Physician of the Year award. “All the while, we have, I believe, continued to provide outstanding patient care to this community. I say keep saying ‘we’ because that is truly how Dr. Pilcher approaches this practice, as a unified medical-family endeavor, rather than a solo entrepreneurship. Without a doubt, we are only where we are today thanks to his vision for an ideal family practice environment.”

While teams and technology are vital to successful practice, there will always be the value of prevention and the trust of the physician-patient relationship. Dr. Pilcher believes in the multi-faceted impact of giving exercise prescriptions for his patients, which he calls a panacea and something everyone can do. It works for the doctor as well. Pilcher is an active runner, completing a marathon and several half marathons.

Houghton sums it all up in his nomination letter. “He makes me want to be a more capable and compassionate doctor. He makes me want to be a more involved member in my church and in my community. He makes me want to be a more loving husband and a more present father. He makes me strive to be more than I am, and not a day goes past where he does not provide a sincere word, praise, or encouragement to show me that I am already becoming the person that I only once dreamed I might be.”

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empowered medical students to realize their potential to impact public and community health by choosing a career in family medicine.

This year she retired from the role of department chair. As one of MANY family medicine physicians who personally benefitted from knowing her, I’m thrilled to recognize the incredible impact she’s had in developing some of the best family physician leaders in Illinois and beyond.

I look forward to continuing to serve this academy and our members as your board chair and one of your two Alternate Delegates to the American Academy of Family Physicians Congress of Delegates. In closing, I would ask for your continued support in bringing to the IAFP board and staff your questions, challenges, and suggestions for how IAFP can help you in the ever-changing world of health care reform. IAFP is committed to helping you on this journey.

Be positive, stay healthy, and I hope you and your family have a wonderful holiday season!



Biddis^{MD}

2016 AAFP Congress of Delegates Recap

During the addresses of the officers and the executive vice president, AAFP Chief Executive Officer Doug Henley, MD brought down the house and tears to many eyes (and blew up Twitter!) with his call for kindness asking that “family physicians hear the voices of people we serve -that’s patient-centered care. That we remember the need to firmly defend health care as a fundamental human right – not as a right that may or may not be granted by our constitution – but because if we are a nation of “We The People” then we have a responsibility to look out for each other.”

That message seemed to set the tone for what proved to be three days of respectful discussion, thoughtful deliberation and eventual establishment of Academy policy or action on some key issues dominating the family medicine and patient care landscape.

Meanwhile, outgoing president Wanda Filer, MD renewed the call for member action, with a very reasonable request: “I ask you, I implore you, I challenge you, to tell our story this next year to at least 5-10 people who don't understand why family medicine is so vital to this country's future health, including its economic health.”

She offered some talking points for members to make the case for family medicine

- Family medicine patients are far more complex than those of our specialty colleagues, typically 5-7 diagnoses (tell the students not to worry, we can teach you how to do this well and allow you to be the comprehensively trained physician you went to medical school to be).
- We are the #1 job opportunity in U.S. medicine ten years running with salaries up 17% in the last year alone.
- 31% of U.S. medical students are AAFP members. They are excited, passionate and committed to being advocates for a better health care system.
- We are very systems savvy. We value evidence and relationships, individuals and the community, and know how to manage uncertainty.
- We are the ONLY specialty where adding another physician to a community improves the mortality and morbidity, often while lowering costs.
- We are the ONLY specialty that crosses all age groups, genders, and organ systems - the lifespan. We provide more mental health care than psychiatrists.
- We need more time with patients, less busywork (give examples from your practice of prior authorizations, clunky EHR, other things that pull you away from patients) to lower wait time for visits, lengthen time with patients, and decrease physician burnout.
- We need more residency slots specifically dedicated to family medicine. The AAFP has a budget neutral GME reform proposal to do just this.

We’ll skip ahead for a moment to the ending and congratulate Javette C. Orgain, MD, MPH, FFAFP on her re-election as Speaker of the Congress of Delegates. This will be her second term presiding over the AAFP’s policy making body. In her acceptance remarks, Orgain signaled an openness to innovating and evolving the current model of AAFP governance: “We absolutely appreciate your constructive feedback and will make the changes necessary. The process of change is beginning.” she said. “It’s been an honor and a privilege to preside over this Congress. You’ve given the board instructions on what we need to do to be bold and move forward to represent the specialty of family medicine.”



AAFP board members Lauren Abdul-Majeed and Javette C. Orgain, MD - both are affiliated with UIC College of Medicine.

She also announced her candidacy for the office of [AAFP President-elect in 2017](#). Retiring delegate Kathleen J. Miller, MD of Decatur had the privilege of making the announcement as her final act after six years as one of Illinois’ two delegates to the American Academy of Family Physicians Congress of Delegates.

Illinois is also the proud home chapter of the 2016-17 Student member of the AAFP board of directors. Lauren Abdul-Majeed of University of Illinois at Chicago (UIC) College of Medicine was installed at the Congress, giving Illinois (and UIC) two outstanding voices on the AAFP Board of Directors.

In examining 66 resolutions, your IAFP leadership team debated issues from access to birth control, to single payer health coverage, to death with dignity.

The Illinois delegation included
Kathleen Miller, MD and David Hagan, MD, Delegates
Asim Jaffer, MD and Sachin Dixit, MD, Alternate Delegates
Alvia Siddiqi, MD, president
Donald Lurye, MD, president-elect
Janet Albers, MD, board chair
Dr. Jaffer was also the convener for the AAFP FMX events continuing that weekend.

The Illinois chapter sponsored or co-sponsored several resolutions in this year's Congress. You will need your AAFP login to view the reference committee reports and Congress Actions. You can find all the committee reports at <http://www.aafp.org/about/governance/congress-delegates/2016/referencecmte-reports.mem.html>

From the [Committee on Organization and Finance](#)

Resolution 202 passed – ending the paper piles previously used to promote candidates for AAFP board and officers at the Congress

Resolution 203 was amended and adopted – which will allow AAFP to study the entire nomination and election process for candidates for the AAFP board of directors

Resolution 505 regarding Medicare prescription drug prices was referred to the board of directors.

In an unusual and unprecedented move, a group of six AAFP past presidents walked to the microphone together and used their privilege of the floor to ask that the congress adopt the Illinois resolution 510, which had been amended to read: *RESOLVED, That the AAFP study the effects of a national publicly-financed, privately-delivered health care system for all Americans, the potential effects on individual health care access, public health, health care spending, the family physician workforce, physician burnout and submit a report of the study to the 2017 Congress of Delegates.*

In the Reference Committee on Education, our Resolution 603 was combined with 604, directing the board to investigate the possibility of a 24-hour physician suicide hotline, along with several other actions to reduce burdens and address causes of medical student, resident and physician burnout. This resolution was also covered by AAFP In their AAFP News recap of the Congress of Delegates.

And with that, your AAFP Congress of Delegates will continue the work of your Academy.



AAFP Board Chair Wanda Filer, MD stopped by the IAFP reception on September 21.



The Illinois attendees celebrate another Congress of Delegates. L to R: David Hagan, MD; Asim Jaffer, MD; Sachin Dixit, MD; Kathleen Miller, MD; Javette Orgain, MD; Donald Lurye, MD; Carolyn Lopez, MD; Alvia Siddiqi, MD and Lauren Abdul-Majeed.

IAFP Board of Directors Elections Results

IAFP held an online election from September 12 to October 11 where all active members received a personal email for secure online voting. Members without a valid email address on file received a paper ballot with the opportunity to vote by mail.



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

ALSO: Delegate to AAFP Congress of Delegates (2016-2018).



Sachin Dixit, MD, FAAFP - Darien
First Vice President



Monica Fudala, MD - Gurnee
Second Vice President

Board Directors, class of 2019



Careyana Brenham, MD, FAAFP - Springfield



Michael Rakotz, MD, FAAFP - Chicago



Santina Wheat, MD, MPH - Chicago

New Physician, class of 2018



Elizabeth Salisbury Afshar, MD, MPH, FAAFP - Chicago

Alternate Delegate to AAFP Congress of Delegates



Alvia Siddiqi, MD, FAAFP - Inverness

Foundation Challenge MET!

We have accomplished the largest, most successful Foundation fundraiser in IAFP history!

IAFP members, leadership and friends collectively raised enough money in new donations for the Family Health Foundation of Illinois to secure a tremendous matching grant from Community Memorial Foundation.

The Matching Grant Challenge was no small task, as our Foundation needed to raise a significant amount (\$9,500) of new contributions from two separate categories of donors. All together, this campaign means nearly \$29,000 was raised for the foundation.

- Current and past leaders (IAFP and/or Foundation board members)
- General donations from members, organizations and friends of family medicine



How did we do it? First of all, current IAFP and Foundation board members made generous commitments to donate to the Challenge. Board members and staff made personal appeals to a distinguished list of members who had previously served on the IAFP or Foundation board. Many amazing physicians stepped up to make significant contributions, and many other leaders donated their travel reimbursements to the foundation.

With only a day to spare, the final donation arrived and the \$9,500 goal was reached.

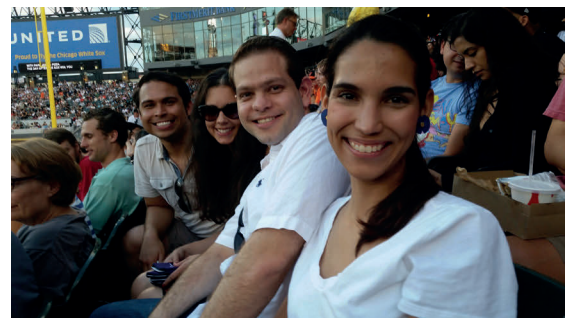
General donations came streaming in from a variety of efforts, which included direct contributions from many of our external partner companies that work to improve the healthcare landscape in Illinois alongside of IAFP. Contributions also came from friends of IAFP donating to the Foundation at the Annual Meeting, the 25th anniversary tribute for IAFP executive vice president Vincent D. Keenan, CAE, and our Annual "Home Runs for Health Families" White Sox game fundraiser in August.

With this incredible Matching Grant Challenge now met, the Family Health Foundation of Illinois looks forward to building a strong foundation for the future, and supporting and serving Family Medicine physicians in the important work they do every day to improve and uphold the healthy lives of our Illinois communities.

A complete list of 2016 Foundation donors will appear in the IAFP 2016 Annual Report, published in February 2017.



Foundation board members David Hagan, MD (left) and Edward Blumen (right, with wife Pat in the center) enjoy the White Sox game.



Julio Arnau, MD (left) is an annual White Sox game attendee and always brings a few friends with him.



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MACRA Implementation Rule Allows Physicians to “Pick Your Pace”

Many physicians nationwide held their collective breath as the final implementation rules for MACRA were released on October 14, which included many recommendations from AAFP to assist small practices.

The U.S. Department of Healthcare and Human Services (HHS) released the proposed MACRA rule in April, and eight weeks later, after a meticulous review, the AAFP let the agency know that its proposal had missed the mark. In a 100-plus page comment letter, the AAFP laid out its view of how HHS could rein in the massive rule to make it workable for family physicians. Link to the full AAFP News story <http://www.aafp.org/news/macra-ready/20161014MACRAfinalrule.html>

AAFP praised HHS for their responsiveness to the concerns raised by AAFP and other physician organizations that the complexity, timeline and administrative burdens of reporting would be unworkable for small practices and cause financial harm to those least able to withstand payment penalties.

Excerpts from the AAFP Statement by President John Meigs, MD

“In particular, we are pleased that practices with low volumes of Medicare Part B patients are excluded in the first year and that family physicians will be able to move toward full participation without suffering penalties that will slow their progress.

“We’re particularly pleased the rule implements and provides additional clarification regarding the ‘pick your pace’ program that allows practices to choose their reporting timeline for participating in the MACRA Quality Payment Program. This will be of particular value to small and solo medical practices. We welcome several other flexibilities that will help low-volume practices, such as exemptions from certain penalties and allowances for patient-centered medical homes.

“We are also encouraged by the \$20 million in funding over the next five years to pay for training and education for Medicare providers. This uniquely tailored assistance will help family physicians in individual or small group practices -- as well as those working in underserved areas -- identify appropriate technologies and quality measures, and help them evaluate their options for joining an Advanced APM. This support will allow physicians to focus on what they do best: taking care of patients.”

AAFP’s MACRA toolkit is available to members at <http://www.aafp.org/news/macra-ready.html>

IAFP Provides Support for Medicaid Waiver for Behavioral Health Integration

IAFP submitted a statement <http://www.iafp.com/assets/docs/GovRel/iafp-statement-1115%20waiver-lh.pdf> in support of the Research and Demonstration (Behavioral Health Integration) Section 1115 waiver. This demonstration application builds on Illinois’ existing hard work which identified several priorities for its behavioral health transformation efforts, including the need to reduce silos of behavioral health care to enable a more efficient system with greater integration of physical and behavioral health. IAFP’s statement reflects the good work carried out by the IAFP Clinically Integrated Networks Committee in 2014-15 (Mark Loafman, MD, then-chair; Carrie Nelson, MD, MSc, chair 2015-2016) and the great representation that AAFP Speaker Javette Orgain, MD, MPH; IAFP Board Chair Janet Albers, MD and Vince Keenan, CAE, MSPH, provided to [Healthy Illinois 2021](#) as well as the ongoing focus on this issue provided by Raj Shah, MD, chair of the Mental Health Workgroup in the IAFP Public Health Committee, chaired by Tom Gavagan, MD, MPH.

Government Relations

Watch for Spring into Action dates in 2017, so you may participate in our one-day workshop and Statehouse visit advocating on behalf of family medicine in Springfield.



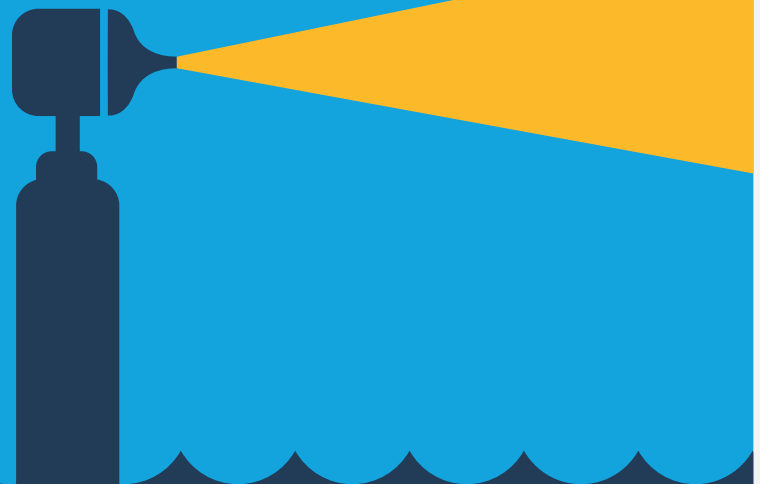
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CME Opportunities for Early 2017

Make your plans now for CME conferences in 2017 that will make you a better family physician. Registration is already open for the Ten State Conference at www.iafp.com/10-state-conference.

FEBRUARY 17-19: AAFP Ten State regional event comes to Chicago in 2017

Only once in a decade will the AAFP Ten State regional meeting come to Illinois, as each state takes a turn hosting. So block off Feb. 17-19, 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 a board meeting at the event, 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 hotel location ensures that they'll 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 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.
- Lunch presentation on physician resilience – AAFP resources, 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 Robert Phillips, M.D., M.S.P.H., ABFM VP of Research and Policy.

MARCH 9-10 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 over two days. The Essential Evidence format on Thursday brings you all the best in updates on the topic most relevant to family medicine. Meanwhile the National Procedures Institute www.npinstitute.com provides hand-on procedure training so valuable to smaller and underserved communities where primary care means a greater scope of services needed. This conference promises to provide the total primary care learning and networking experience! The conference will be at the state-of-the-art Memorial Center for Learning and Innovation www.themcli.com in Springfield.

National Procedures Institute topic: Ultrasound: Office,

Hospitalist, and Emergency with Musculoskeletal Scanning. Decreasing costs of equipment, improved portability, and improved imaging and technology are a few of the reasons you'll want to learn office/ hospitalist/ and emergency department (ER) ultrasound. Musculoskeletal (MSK) ultrasound will also be introduced. Having ultrasound available in these settings may improve and streamline diagnostic skills, improve patient satisfaction, and may improve procedural skills. Open a new world of diagnostics for your patients.

Grant Fowler, MD, from the Texas Academy of Family Physicians is the invited presenter.

James Daniels, M.D., Sports Medicine Fellowship Director, Professor, SIU Quincy Family Medicine Residency Program is the local organizer. Dr. Daniels, or "J.D.," as he is known around SIU, joined the faculty at SIU-Springfield in 1995, where he

Continuing Medical Education



served as director. In 1997 he joined the SIU Center for Family Medicine - Quincy faculty where he currently heads the Sports Medicine Fellowship.

March 23-24 – Chicago Essential Evidence Update

For the third straight year, IAFP and UIC Department of Family Medicine, along with the Family Practice Inquiries Network, www.fpin.org, 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.

Comments from 2016 attendee evaluations:

Very focused and useful evidence based data I can use in my clinical practice. Answered questions that I have wondered about but not been able to take the time to look up myself to see if data/recommendations have changed

It's like they were in the clinic with me for the past six months, looking up my clinical questions!

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

JUST ADDED! December Lunch and Learn Webinar December 7 at Noon

MACRA: Medicare's Shift to Value-based Delivery & Payment Models
Presented by Amy Mullins, MD, CPE, FAAFP
Medical Director for Quality Improvement
American Academy of Family Physicians

Register online at <http://www.iafp.com/lunch-and-learn-webinars>

Wisconsin Family Medicine Opportunities

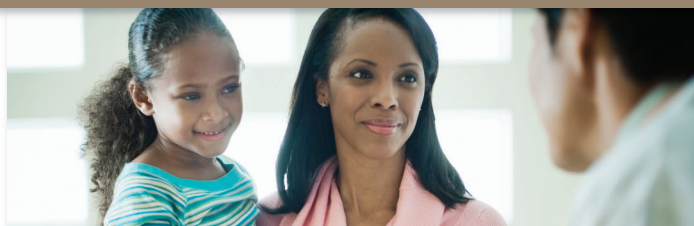
Wheaton Franciscan Medical Group is growing and looking for Family Medicine Physicians to join them in Southeast Wisconsin.

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

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IAFP Member Spotlight

Why did you choose family medicine?

When I was growing up on Long Island, I was cared for mostly by a general practitioner. When I was a medical student at Tufts in the late 1970s, there were no family medicine residencies in the Boston area. One day as a first year student I read a Boston Globe article about two family physicians not far from me who were living the dream – cradle to grave care, office procedures, low risk OB. I observed them in practice that summer before my second year, and I was hooked. As president of our Alpha Omega Alpha chapter, I was seated next to the Chief of Medicine at graduation. He casually asked me what field I'd chosen, and I will never forget the look on his face when I smiled and said, "Family medicine!"

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?

Let me first consult my crystal ball or the man behind the curtain! As family physicians, we must continue to advocate for our specialty. We have to get behind the Teaching Health Center movement. Let's talk to medical students, open our doors to them as preceptors, support Family Medicine Interest Groups and get involved in leadership in our health systems. And when we hear anyone refer to a colleague as "just a family physician" we need to speak up. Involvement in our Academy's governmental advocacy must continue and grow so that we are valued both medically and financially.



Donald Lurye, MD
President 2016-17
CEO Elmhurst Clinic

In your role as Elmhurst Clinic CEO, what issues do you most pursue on behalf of the Clinic's family physicians?

We are a multi-specialty group of over 110 physicians and other care professionals. As CEO, I have to make painful decisions about resource allocation. Family medicine, however, has been an easy sell. Beyond sheer numbers, our family physicians have been leaders in the areas of teamwork, addressing value metrics and meaningful use. Our family physicians have been our best recruiters of new candidates.

What inspired you to pursue the office of IAFP president?

Six years ago, I picked up my phone, and there was a fellow named (IAFP executive director) Vince Keenan on the line. Elmhurst Clinic had just become the first practice in Illinois to achieve NCQA Medical Home Recognition. Vince asked me to join an IAFP Committee, and since then my appetite to be involved has only grown. I've developed a strong desire to aid the house of family medicine and leading the IAFP is a great way to do so.

How do you balance the demands of career, leadership, family and your own wellbeing?

When I was a fourth year medical student, a residency director told me "Your practice



IAFP Member Spotlight

comes first...and so does your family." It sounds trite, but the deeper meaning is that work-life balance is better described as a seesaw. To me, balance consists of being fully present with whatever you are doing, be it work or life. I also think it is important to have something in your life that is yours alone, be it a hobby, exercise or some other activity. It could be something you do an hour or five minutes a day. But make sure it is something unrelated to medicine that helps you turn off your work brain for awhile. For me, that is music.

How much time do you devote to clarinet practice and performance?

As much as I can! I am fortunate enough to play at a high enough level that I find a mix of opportunities. I am a regular member of the DuPage Symphony Orchestra, officially on bass clarinet. We do five major concerts a year, plus a couple of chamber concerts and two outdoor concerts each summer. I do most of my playing at night after everyone else in the house is in bed, usually 30 - 60 minutes when I can. This is pure joy for me, and is the best endorphin producer I've found.

If you weren't a doctor, what would you be?

I might be a musician, but for most people music is far more enjoyable as a hobby than as a profession. I was an undergraduate major in astrophysics, and that field has made amazing progress since my college years. So that would be fun.

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

I am by nature a very shy person.



FACTS, NOT FADS



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When it comes to nutrition and exercise, there is no shortage of fads. But the facts remain the same: most of what makes us healthy results from the choices we make each day. Patients with a primary care doctor have someone who can provide on-going, personalized, fact-based guidance about nutrition and exercise habits—and the support needed to follow it.

Family doctors have improved the health of their patients for generations by focusing on strong, long-term relationships. We believe every patient should have access to sound advice from a trusted source to help make smart choices about health.

Trends are temporary, your health is forever.

Let's make health primary in America.

Learn more at healthisprimary.org.

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Congratulations to **Elise Duwe**, a 4th-year medical student at the University of Illinois College of Medicine at Urbana-Champaign, and now a 2016 Pisacano Scholar. The scholarships, valued up to \$28,000 each, are awarded to students attending U.S. medical schools who demonstrate a strong commitment to family medicine. In addition, each applicant must show demonstrable leadership skills, superior academic achievement, strong communication skills, identifiable character and integrity, and a noteworthy level of community service.

Gregg Davis, MD of Princeton received the Illinois Rural Health Association's 2016 "Physician of Excellence" Award. In addition to having his own practice, Dr. Davis also serves as the chief medical officer for the Illinois Rural Community Care Organization (IRCCO), a newly-formed Accountable Care Organization established and managed by ICAHN. IRCCO is a collaborative of committed rural hospitals, including 21 Illinois critical access hospitals, clinics, physicians, and other providers who recognize certain health care and social services are best delivered and supported at the local level.

Thomas Cornwell, MD was featured in the *New York Times* on September 24 for his work in guiding the Independence at Home Act through Congress. Current legislation seeks to make this Medicare pilot program permanent, expanding home care visits and enabling physicians who provide home based visits to share in the cost savings that result from fewer hospital and emergency room episodes.

IAFP president **Alvia Siddiqi, MD** is quoted in a September 29 *Crain's Chicago Business* story echoing physician's frustrations over a new IDPH policy that will not only eliminate Vaccine For Children's free vaccines for Children's Health Insurance Program (CHIP) patients, but also require that providers purchase, separately store and bill patients for these vaccines.

SIU Center for Family Medicine in Springfield recently expanded their facility to enable more providers and more patient visits. The event was widely covered by WICS-TV, WAND-TV, WTAX radio and the Springfield State *Journal-Register*. The SJR story included wonderful references to IAFP members **Nicole Mirocha, MD** and **Michael Owolabi, MD**.

Jared Rogers, MD is Chief Executive Officer of both Presence Covenant and Presence United Samaritans hospitals in Urbana and Danville. His steady leadership of both institutions was featured in the Aug. 30 edition of the *Champaign News-Gazette*.

Lee Sacks, MD, executive vice president and chief medical officer of Advocate Health Care authored an OpEd in *Crain's Chicago Business* on September 8 detailing the success of Advocate's patient-centered team-based approach to health care which has reduced costs in Medicare, Medicaid, commercial and employee health care.

Congratulations to Rush Medical College student **Sarah Burbank**, who has been appointed as the student representative on the *American Family Physician* editorial board. Meanwhile, the Medical Student Education Scholarship Review Committee of the Society of Teachers of Family Medicine selected **Hannah Moser**, Rush Medical College student as one of 2017 Student

Members in the News

Scholars. The scholarship awarded with this honor provides support to attend the 2017 Conference on Medical Student Education that will be held February 9-12, 2017 in Anaheim, CA.

The AAFP nominated IAFP President **Alvia Siddiqi, MD** to fill a vacancy on the Centers for Disease Control and Prevention's (CDC) Advisory Committee to the Director, Health Disparities Subcommittee. The CDC's Health Disparities Subcommittee provides interdisciplinary perspectives and subject matter expertise to the goal of reducing health disparities.

Congratulations to IAFP Resident board member **Kristina Dakis, MD** of UIC Family Medicine Residency Program, who has been appointed to the AAFP Commission on Membership and Member Services for 2017. She joins IAFP board member **Michael Hanak, MD** on that commission.

News You Can Use

Helping Families Choose Age-Appropriate Extracurricular Activities

By [Pathways.org](https://www.pathways.org)

Many parents encourage their children to become involved in extracurricular activities as a way to promote their development. Extracurricular activities help children develop motor skills and improve physical fitness, while also building their cognitive and social skills, all of which can enhance children's sense of wellbeing.ⁱ To help children receive the most benefits from extracurricular activity involvement physically, emotionally, and socially, they should participate in the right amount of activity for their age level and abilities. Adults facilitating children's extracurricular activities can learn how to make the activity more developmentally friendly and recognize when it may not be appropriate for a child.

Research on parents' perceptions of children's extracurricular activity involvement reveals that parents in the United States may be becoming more involved in children's choice of activities and the intensity in which children practice and rehearse. In one study analyzing parents' perceptions of their children's extracurricular participation in Rome, Italy and in Los Angeles, California, both groups of parents encouraged their children to participate in extracurriculars to improve their performance in other activities. For example, families in L.A. and in Rome reported that extracurricular activities helped their children work on [executive function skills](#) like successfully managing time needed to complete schoolwork while also managing time requirements for organized activities outside of school. Parents also believed participation in extracurricular activities helped build their child's self-confidence and assertiveness.ⁱⁱ

Interestingly, there were some differences between the way Roman parents and parents from L.A. perceive their role in facilitating their child's extracurricular activity participation. Parents from L.A. felt the need to be very involved in the child's choice of activities and training.ⁱⁱ This correlates with national statistics revealing that 3 in 10 parents coached their child's sports activities in the last year.ⁱⁱⁱ Parents from L.A. supervised their children closely during activities, whereas parents from Rome had much less involvement in their child's training and did not often emphasize the importance of the child's success in extracurriculars.ⁱⁱ

In addition to becoming involved in children's choice of activities and training, parents in the United States may also be placing their child in more time intensive activities that are emotionally or physically demanding. The American Academy of Pediatrics reports this trend may be occurring because:

- Parents feel pressure to build their child's skills and aptitude from an early age to develop a 'high-achieving' child.
- The college admission process has become more competitive and children are encouraged to build strong resumes with lots of extracurricular activities.
- Adult expectations are placed on children at an earlier age—children are expected to manage their time commitments for both extracurricular activities and school work.^{iv}

Involvement in extracurriculars can be beneficial for children when they are pursued in a time appropriate and age appropriate way. In fact, children may receive the most developmental benefits from extracurricular activities when they participate in a diverse range of activities that fit comfortably in the child's schedule instead of focusing intensely on one type of activity. This protects children from activity 'burnout,' and can help reduce unnecessary physical and emotional stress.ⁱⁱ The American Academy of Pediatrics particularly emphasizes the importance of children engaging in different types of sports to develop a wide range of skills.^v Nationally, more children participate in sports activities than other types of extracurriculars.ⁱⁱⁱ

When talking to parents about children's sports, try offering these tips to help parents decide if their child is engaging in the right type of activity and whether it is developmentally friendly for their child's age and abilities:

- Does the child enjoy participating in the sport? Most children, 70%, drop out of sports by the time they are 13 because they no longer find the activity fun due to the intensity of practice and lifestyle changes required for participation.
- Make sure the child receives positive coaching that promotes their enjoyment of sports while teaching team work and fair play.^{vi}
- The sport level should be appropriate for the child's age and abilities. For example, have restrictions on the number of pitches a child can throw in a baseball game or set a ratio for the number of practices to games.

- The child's coach should have knowledge about the proper training techniques, equipment needed for participation, and physical and emotional needs of the children participating.
- Coaches should strive to prevent overuse injuries and recognize injuries early.
- Children should never try to 'work through' injuries.

Diversity in extracurricular activities can also benefit children who are not in athletics, as these provide time to socialize with peers and continue building other important skills. With the right mix of activity and an appropriate time commitment, extracurriculars can help children perform better academically and identify with their school, thereby cultivating a more positive school experience.^{viii}

Sometimes, parents may be concerned about their child participating in too many activities outside of school. Diversity in extracurricular activities promotes development as long as the child balances activities with the demands of school and family life. Parents can gather [tips for choosing activities](#) for their child on the [Pathways.org](#) website. Healthcare providers can discuss with parents about the appropriate amount of activity for their child to facilitate a healthy lifestyle. They can also express the importance of children having [time for free](#) play while limiting the use of electronic devices to less than 2 hours a day. Playtime is a great way for families to connect and share quality time together amongst busy schedules and an abundance activity options.

[Pathways.org](#) is a national not-for-profit dedicated to maximizing children's development by providing free tools and resources for medical professionals and families. Healthcare professionals can contact [Pathways.org](#) to receive free supplemental materials to give away at well child visits and parent classes. For a free package of brochure to give away to families, please email friends@pathways.org.

About the Authors:

Linda Rooke, PT, C/NDT is a certified physical therapist at Pathways Center in Glenview, IL. Emmy Lustig is a Communications Research and Communications Specialist at Pathways.org and her work primarily focuses on researching and writing about children's developmental delays.

ⁱ Student Behaviors and After School Activities. National Center for Education Statistics. www.nces.edu.gov. Accessed 27 Apr 2016.

ⁱⁱ Kremer-Sadlik T, Izquierdo C, Fatigante M. Making Meaning of Everyday Practices: Parents' Attitudes toward Children's Extracurricular Activities in the United States and Italy. *Anthropology & Education Quarterly*. 2010; 41(1): 35-54.

ⁱⁱⁱ Children's Extracurricular Activities. Pew Research Center. 17 Dec 2015. www.pewsocialtrends.org.

^{iv} Ginsburg, Kenneth R. The importance of play in promoting healthy child development and maintaining strong parent-child bonds. *Pediatrics*. Jan 2007: 182.

^v Intensive Training and Sports Specialization in Young Athletes. *Pediatrics*. July 2000; 106(1): 154-157.

^{vi} Hallett, Vicky. A new study about what makes sports fun for kids finds that winning isn't everything. *The Washington Post*. 22 July 2014. www.washingtonpost.com.

^{vii} Gilman, Rich. The Relationship Between Life Satisfaction, Social Interest, and Frequency of Extracurricular Activities Among Adolescent Students. *Journal of Youth and Adolescence*. Dec 2001; 30(6): 749-767.



Informed Consent for Minors & Vaccinations

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.

Minors present unique challenges to healthcare providers, particularly around consent. A patient's absolute right to make informed decisions regarding his or her medical care is the foundation of informed consent, and minors are unable to make informed decisions in most cases. The American Medical Association states, "Physicians should sensitively and respectfully disclose all relevant medical information to patients. The quantity and specificity of this information should be tailored to meet the preferences and needs of individual patients."

First, some history on informed consent. As a legal requirement, it began in earnest with a New York lawsuit back in the early 1900s. Justice Cardozo of the New York Court of Appeals stated, "[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body..."¹ This Appeals Court decision laid the framework for our modern-day informed consent laws and rules.

Over the years, case law relating to informed consent has evolved—with some states introducing statutes governing consent requirements for healthcare providers.

Informed consent laws differ by state in the amount of information a healthcare provider is required to disclose to the patient. Some states employ a "reasonable physician" standard, meaning a healthcare provider must provide the amount of information a reasonably prudent physician would provide in the same or similar circumstances.² Other states use a "reasonable patient" standard, requiring that a physician provide information that a reasonable patient would need to make an informed decision.³

Generally speaking, physicians do well to provide patients with enough information to be able to make a fully informed decision about medical care. Exceptions to the informed consent requirement can be made for emergencies where the patient is unconscious and arrives at a facility needing a life-saving procedure. Be sure to check state laws so you know what is required for your informed consent discussions with patients.

Now, back to informed consent and minors. A parent may consent to treatment for his or her own child. There are certain instances where a minor (under age 18) may consent to his or her own treatment. These instances differ by state and generally include treatment for drugs/alcohol abuse, sexually transmitted diseases, HIV/AIDS testing, and reproductive health. Check state laws before allowing a minor to be treated without parental consent.

A common question involves what to do in situations of children with divorced parents. Typically, each parent maintains his or her right to consent to medical treatment for the child.

When you encounter a divorce decree granting full legal and/or physical custody to one parent, he or she has the sole right to make healthcare decisions for the child. If one parent has sole physical custody but legal custody is shared, then both parents maintain the right to make healthcare decisions for their child. These guidelines may not hold true in all situations. Consult an attorney when you have questions about the ability of a divorced parent to consent to treatment for a child.

You also may encounter situations where a parent's rights have been terminated by the court. Then the guardian of the child will have related documentation. It can be helpful to keep a copy of this documentation in the patient's record so healthcare providers with access to the record know who is allowed to consent to treatment for the child.

The Vaccination Challenge

When parents decide not to vaccinate their children, some practices have made the difficult decision to refuse to provide healthcare to those patients. That being said, how do you handle established patients whose parents have decided to cease their vaccinations? You have two options: continue to treat the patients or terminate them from the practice.

Termination from the practice is best handled delicately by the physician. If you decide to terminate, consider having several conversations to determine if the parents are willing to reconsider before taking action. If the parents hold their position, share your decision to end your care, explaining you will continue care until the parents are able to find another physician. This may require more than 30 days of care. Offer any assistance you may have available to help these parents find another physician.

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 in vaccinations, you may want to counsel parents to consider vaccinating.

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

Issues around consent and how to handle discussions with parents who will not allow their child to be vaccinated can be complex. Call your healthcare professional liability insurer if you have questions.

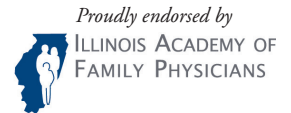
1. *Schloendorff v. Society of New York Hospital*, 211 N.Y. 125, 129 (1914).
2. *Thaw v. North Shore Univ. Hosp.*, 129 A.D.3d 937, 939 (2015).
3. *Janusauskas v. Fichman*, 264 Conn. 796, 810 (2003).

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