



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

ILLINOIS FAMILY PHYSICIAN

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Celebrating Summer and Gearing Up for our 70th Anniversary Celebrate with us this Fall!



President's Message

Donald Lurye, MD, FAAFP

In my final meeting as president I was proud to host our board on August 5 for a short board meeting, followed by a nearly full-day strategic planning retreat dedicated to serving our members and advancing family medicine in Illinois.

First, an update from the board meeting. IAFP is standing up for members who have lost board certification following certain actions by the Illinois Dept. of Financial and Professional Regulation. We sent a letter to ABFM and are submitting a resolution to AAFP on this matter. Punishing family physicians by removing board certification is not the answer when these members have already taken constructive steps to address licensure issues.

The board also voted to support David J. Hagan, MD, CPE, FAAFP of Gibson City as a candidate for the AAFP board of directors in the 2018 AAFP elections. We will announce his candidacy in San Antonio at the AAFP Congress of Delegates on September 13, and you'll hear much more about him in 2018. We also said farewell to Class of 2018 board member and past treasurer James Valek, MD, FAAFP and board chair Alvia Siddiqi, MD, FAAFP, who has served on the board since 2011. They've been invaluable contributors to our Academy's success.

Meanwhile, we welcomed our two newest leaders, resident board member Kristina Dakis, MD from the UIC family medicine residency and student board member Sean McClellan from Rush Medical College. They will be important voices on our board for the next year.

Allow me now to share a little about our board retreat. This proved to be a well-designed and focused endeavor to revisit, revise and improve our Mission, Vision and Values to ensure that we



remain the best possible organization to represent you and the patients you serve. Our discussions will be summarized by the staff, and will then turn into final recommendations at our October board meeting during the IAFP Annual Meeting.

To inform and guide our work, board members had access to voluminous resources, including the IAFP Active Member survey results. Staff also compiled the common threads and themes from hours of individual board member interviews while leaving room to ponder new ideas.

Including the student and resident voices was important. They shared their firm belief in family medicine's dedication to caring for all. To them, what makes family medicine unique is our specialty's commitment to health equity and community health improvement. That's family medicine! Our small group discussions ensured the inclusion of each board member's professional perspective and personal experiences as a board member and a family physician.

We undertook an intense analysis followed by thoughtful discussion. We ended with difficult decisions on key priorities to support our mission and values.

We found that central to the success of IAFP and its members across the state and the career spectrum:

- To be a place for members to connect and share resources and best practices
- To support and enable in-district advocacy so IAFP leaders and members

- dialogue with lawmakers throughout the year
- To align payment incentives with care activities to ensure family physicians' resilience
- To collaborate with others as we tackle issues such as health equity, social determinants of health and helping to build healthier communities.

We identified even more items specific to membership and education. Our board committed to ensure our resident members continue with our Academy as active members so they can find the resources and support they need to succeed. I look forward to serving as board chair for the next year to help spearhead this important chapter in our organization's history.

The board will reconvene on October 5 at the IAFP [Annual Meeting](#) in Rosemont. Join us for opportunities to engage as members on the issues that matter to you. Please also join us for a compelling plenary presentation, our annual awards honors and the introduction of our next president and new board members. Then let's celebrate 70 years of the Illinois Academy of Family Physicians to wrap up the day!



Board members Santina Wheat, MD and Tabatha Wells, MD evaluate a list of priorities at the retreat.



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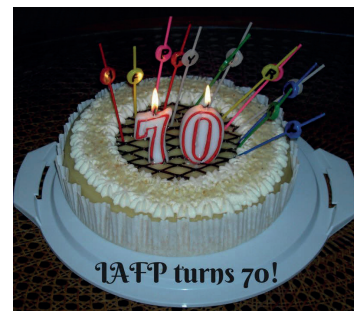
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IAFP News

Celebrating 70 Years at the IAFP Annual Meeting

AAFP and IAFP are celebrating 70 years since their founding in 1947. IAFP will celebrate 70 at our annual meeting on Thursday, October 5 in Rosemont. Join us for insights, friendship, the Primary Care Resource Fair, Convocation of Fellows, our annual

awards, and the installation of president Asim K. Jaffer, MD and the new IAFP board, followed by a celebration reception.



Annual Meeting - October 5, 2017 - Rosemont

More information is at <http://www.iafp.com/annual-meeting>.

Online registration is now open.

Schedule of Events

11:00 am Registration opens

1:00 – 3:30 pm Primary Care Resource Fair

This isn't your old fashioned exhibit hall – find new resources and spend some quality time getting to know these supporters of family medicine. Fun and surprises are also on the menu!

1:00 - 2:00 pm Committees (CME, Government Relations, Public Health)

2:15 – 3:15 pm Member Interest Groups and Student and Mentor reunion - see page 5 for more information on Member Interest Groups and pick the one that is right for you!

Are you new to IAFP? Spend some quality time getting to know IAFP leaders, learn more about what we do and what opportunities await YOU! These member interest groups will meet and are open to all members in good standing: Women in Leadership, Reproductive Health Care, Direct Primary Care and FPs in Federally Qualified Health Centers.

3:30 – 4:30 pm Plenary: Physician Wellness & Joy in Practice: You, Your Team, Your Organization, & the Quadruple Aim (CME credit provided)

Bernard Ewigman, MD, MSPH - Chair, Department of Family Medicine, University of Chicago-NorthShore University HealthSystem

Leslie Mendoza Temple, MD - Director, Integrative Medicine Program and Fellowship Director, Department of Family Medicine-University of Chicago NorthShore University HealthSystem

Nadim Ilbawi, MD - Lead Physician, Quality Fellow, NorthShore University HealthSystem

How about some CME that is all about YOU, the physician and your team? Rethink and re-charge with our three-member panel of experts

Objectives:

- Engage attendees personally in thinking about enhancing the joy of their clinical work as family physicians
- Encourage physicians to recommit to and reconnect with the joy of their practice team
- Motivate attendees to learn and adopt specific approaches to promote joy in practice personally, for their practice team and/or in their organization

4:30 – 5:30 pm Installation of IAFP President and IAFP board, AAFP Fellow Convocation, IAFP awards presentations

5:30 – 6:30 pm IL AFP Birthday Reception – Celebrating 70 years along with that new board and those amazing awards honorees.

HILTON ROSEMONT/CHICAGO O'HARE
5550 N. River Road, Rosemont, IL, 60018

Registration is \$75 for members, \$60 for new physicians and FREE to resident and student members.

[Click here to register:](#)

IAFP Board of Directors

The new 2017-18 IAFP board of directors will meet from 11:30am to 1pm on Thursday, October 5 before the annual meeting activities.

How to submit proposals for consideration to the Illinois AFP. Now that IAFP no longer has an All Member Assembly, members can submit requests to the board in between regularly scheduled meetings.

Send your email to president@iafp.com. *Only current members in good standing may submit proposals to the IAFP Board of Directors.*

The email can be about IAFP policy or an action item request to the IAFP Board of Directors. Please include a preferred phone number in your email.

The president will acknowledge your email and then triage your input in one of the following ways:

- Staff to assist with an informational item or a transactional item
- Refer it to the IAFP committee of relevant expertise for consideration
- Refer it to the Executive Committee or full board if that level of consideration is needed.

The IAFP staff or committee assigned will contact you directly to discuss the issue. If needed, you may be asked to present your request to the committee or to the board of directors (via phone or in person).

The board will receive a report of all member input collected via this process before each board meeting.

You will be informed of the status of your action item after the next scheduled board of directors meeting.

BONUS! Stay until Friday or come back the next day and knock out a KSA, or two! More information is on page 15 or go to www.iafp.com/ksas

Morning (8am – noon) KSA Group Study – Heart Failure

Presented by: Brenda Fann, MD & Rush Copley Family Medicine Residency program, Aurora IL

Afternoon (1-5pm) IL AFP KSA Group Study – Well Child Visit

Presented by: Sharon Smaga, MD, Kyaw Naing, MD & Socky Shelton, MD, SIU Department of Family Medicine, Carbondale IL

About Member Interest Groups

Member Interest Groups (MIG) provide an avenue for IAFP members across all levels (active, life, resident and student) to connect and collaborate on a topic of interest or situation of common ground. Only IAFP members may join Member Interest Groups. MIGs may be formed based on geographic region or a special interest. Learn more at www.iafp.com/member-groups.

Existing Member Interest Groups

Women in Leadership Interest Group Support family physician women leaders in Illinois through mentoring and discussion groups, both in face-to-face meetings and virtually.

Direct Primary Care Interest Group - Are you in a Direct Primary Care (DPC) model or interested in learning more about them?

FPs in FQHCs (Federally Qualified Health Centers) Open to all members who are employed by FQHCs or interested in working in this setting. Provides a forum for identifying issues of concern to FPs in FQHCs.

Reproductive Health Care for members interested in providing comprehensive reproductive health and maternity care services and incorporating these services into their practices and advocating for patient access to comprehensive, evidence-based reproductive health and maternity care in Illinois.

Proposed Member Interest Groups These groups need just a few more active members to become recognized groups.

Special Constituencies The special constituencies recognized by AAFP are: Women, New Physicians, Minority Physicians, International Medical School Graduates and Lesbian, Gay, Bi-Sexual, Transgender community.

Young Faculty If you are in a faculty position during your first seven years after residency or in your first seven years of being in a faculty position.

Lifestyle Medicine – Open to any member interested in this topic.

IAFP Board of Directors Elections

Candidates for a position on the Illinois Academy of Family Physicians Board of Directors must be an Illinois Chapter member and AAFP member in good standing. The call for nominations ended July 6. You can view all the candidates and their CVs at <http://www.iafp.com/2017-board-candidates>

Qualifications for IAFP Board Election

- Willingness to serve the Academy and its members.
- Ability to meet projected time commitment - including board orientation, board meetings, continuing education, committee/task force/interest group participation.
- Ability to participate in group decision-making and support board decision, leaving personal agenda out of the discussions.
- Integrity and absence of serious conflicts of interest.
- Ideology and values consistent with IAFP and its mission.

The Leadership Development committee evaluated all candidates and provided a ballot of qualified candidates. There are no contested elections this year.



Sachin Dixit, MD, FFAFP Darien
President-elect (three-year term, 2017-2020 including serving as President in the second year and Chair of the Board in the third year). This is not a contested position.



Monica Fudala, MD, Glenview
First Vice President (one-year term, 2016-17).



Michael Hanak, MD, FFAFP - Chicago
Second Vice President (one-year term, 2016-17)

Board Directors, class of 2020 (three openings for a three-year term, 2016-2019).



Emma Daisy, MD - Chicago



Corinne Kohler, MD - Dewey



Lubna Madani, MD - Elmhurst

Delegate to AAFP Congress of Delegates

(one opening for a two-year term, 2017-2019).
This is not a contested position.

Alternate Delegate to AAFP Congress of Delegates

(one opening for a two-year term, 2017-2019).
This is not a contested position.

New Physician, class of 2019



Patricia Chico, MD - Chicago



David Hagan, MD, FFAFP - Gibson City



Sachin Dixit, MD, FFAFP - Darien

All active and life members in good standing may vote and will receive an email with a link to vote. You will need your AAFP ID to vote, which will be used only to verify that the voter is a member in good standing, and will not be used to identify individuals. Voting will be open from August 10 to September 10. You may vote for the slate in its entirety or you may vote for individual candidates.

The Leadership Development committee is chaired by Deborah Edberg, MD of Chicago. Also serving on the committee this year are: Kristin Drynan, MD; Kyaw Naing, MD; Timothy Ott, DO and Kelvin Wynn, MD.

IAFP Summer Fun June 23 Annual Foundation Fundraiser at the White Sox

The 11th annual "Home Runs for Healthy Families" Family Health Foundation of Illinois Fundraiser with the White Sox united 93 baseball fans that celebrated with us and raised over \$3,100! IAFP Past President Steven Knight, MD gets the "long distance award" for travelling up from Harrisburg for the game! You can view a 60-second video of IAFP baseball fans at <http://www.iafp.com/white-sox-game>.

The Sox lost a tough one 3-0 when a potential game-tying home run fell short and was caught on the warning track. The Sox are now 8-3 in our annual fundraiser event. Special thanks to [Healthcare Associates Credit Union \(HACU\)](#), [ProAssurance](#) and [University of Chicago/NorthShore University Health Systems](#) for their support of our annual FUNdraiser.

If you missed the game, you can still support the Foundation and its programs, which focus on student and resident support and building the Illinois family medicine workforce. Learn more and donate today! <http://www.iafp.com/foundation>



July 28-30 AAFP National Conference of Residents and Medical Students

Illinois continued its growing tradition of successful experiences at the AAFP National Conference, which is a top tier event for training future family physician leaders and recruiting to the specialty and to our state.

Illinois was represented by resident delegate Tauqeer Qazi, MD of the University of Illinois Family Medicine Residency at Peoria and student delegate Emma Richardson of Rush Medical College. Several resolutions authored by Illinois residents and students were adopted by the congresses.

You can see the full report of resolutions and actions by both the resident and student congresses at <http://www.aafp.org/events/national-conference/congresses/resolutions.html>

Here is a summary of resolutions introduced by Illinois attendees and eventually adopted by the congresses:

- Support Reproductive Health Education Substitute (Kristina Dakis and many others) RESOLVED, That the American Academy of Family Physicians National Conference of Family Medicine Residents and Medical Students Planning Committee support and encourage inclusion of reproductive health topics such as contraception, abortion, miscarriage, and options counseling for unintended pregnancy, as well as procedural topics such as intrauterine device insertion, uterine aspiration, and implant insertion at the meeting.
- Supporting the Safety of Personal Care Products (Kristina Dakis and Anna Balabanova) and RESOLVED, That the American Academy of Family Physicians support legislation to protect the public from dangerous personal care and beauty products including making previously approved agents available for research, and be it further RESOLVED, That the American Academy of Family Physicians demonstrate this support by writing a letter to the appropriate senators, congress people, committees, and bodies, particularly the Senate Committee on Health, Education, Labor, and Pension, encouraging them to support legislation giving the Food and Drug Administration (FDA) more oversight over beauty-product safety, including the Personal Care Products Safety Act and urging more investment to the National Toxicology Program for more rigorous scientific testing.
- Student delegate Emma Richardson co-authored a resolution Update the AAFP Position and Policy on the Cash-Bond System to Reflect the Negative Impacts on Individual and Community Health that states RESOLVED, That the American Academy of Family Physicians explore researching potential adverse health impacts of the cash-bond bail system.
- Richardson and Northwestern Student Steven Whitfield co-authored a resolution that states RESOLVED, That the American Academy of Family Physicians investigate the evidence for/against the medical necessity of genital surgeries performed on intersex children and consider developing a policy and educational materials on this issue.
- Illinois students Evan Wittke, Monica Medrano and Anita Pierre-Antoine and authored another adopted resolution Establish an Accessible Online Minority Mentorship Program RESOLVED, That the American Academy of Family Physicians establish and promote an online program for mentors including optional mentorship identifiers such as ethnic background, practice setting, clinical interests, gender identity, sexual orientation and religion.
- Whitfield authored Oppose Medically Unnecessary Genital Surgeries on Intersex Children, with the substitute resolution adopted RESOLVED, That the American Academy of Family Physicians investigate the evidence for/against the medical necessity of genital surgeries performed on intersex children and consider developing a policy and educational materials on this issue.

These resolutions await referral by the AAFP Board Chair, Wanda Filer, MD.

Both Tauqeer and Emma recapped their experience for their resident and student members. You can read the [Resident Delegate report](#) and [Student Delegate report](#).





Kristina Dakis, MD and AAFP Speaker Javette Orgain, MD of Chicago celebrate her election

Other big news

IAFP resident board member Kristina Dakis, MD was elected Resident Chair for the 2018 AAFP National Conference.

Meanwhile, 21 Illinois residency programs and OSF Healthcare combined to form a jumbo-sized Illinois block in the residency fair. Plus, the newly accredited family medicine residency at Norwegian American Hospital in Chicago made its first appearance. The Illinois block and OSF Healthcare combined to host a Friday reception for Illinois medical students and others interested in Illinois programs which attracted over 150 student attendees. We look forward to welcoming most of these programs residency and many Midwest medical students to Family Medicine Midwest October 7.

Here is a list of Illinois programs exhibiting at Family Medicine Midwest:
Advocate Lutheran General Hospital Family Medicine Residency Program (Park Ridge)

Advocate Christ Family Medicine Residency Program (Hometown)

Advocate Illinois Masonic Family Medicine Residency Program (Chicago)

Amita Hinsdale Family Medicine Residency

Amita Health Adventist Medical Center LaGrange

Cook County Family Medicine Residency Program (Chicago)

Norwegian American Hospital (Chicago)

Presence Resurrection Family Medicine Residency (Chicago)

Presence Saints Mary and Elizabeth Hospital (Chicago)

Rush Copley Family Medicine Residency (Aurora)

University of Chicago NorthShore - Family Medicine Residency (Glenview)

SIU Center for Family Medicine - Springfield

SIU-Carbondale Family Medicine Residency Program

SIU-Decatur Family Medicine Residency Program

Saint Louis University Family Medicine Residency - Belleville

University of Illinois at Chicago Family Medicine Residency Program

University of Illinois at Rockford

Univ. of Illinois - Dixon Rural Track

University of Illinois College of Medicine at Peoria

MacNeal Family Medicine Residency (Berwyn)

Northwestern McGaw Family Medicine Residency Programs

-Humboldt Park in Chicago

-Lake Forest

-NEW: Delnor Hospital

West Suburban Medical Center (Oak Park).



Learn more at www.iafp.com/family-medicine-midwest-conference



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Government Relations



New name, same big impact. IAFP leaders at AAFP Family Medicine Advocacy Summit:

As the largest state delegation to the Summit, 18 IAFP members were out in force on Capitol Hill May 23rd for the AAFP's Family Medicine Advocacy Summit (formerly Family Medicine Congressional Conference). IAFP leaders met with the offices of both U.S. Sen. Dick Durbin and Sen. Tammy Duckworth, as well as many of the U.S. Representatives' offices. Not only did they share AAFP's messages, but also insights on how federal policies, funding (or lack thereof) impact their work and their patients here at home. IAFP resident board member Jessica Reader, MD was

interviewed by AAFP about her experience and you can [see the full story from AAFP News](#).



Rep. John Shimkus (R-15) welcomes the Illinois delegation.

Teaching Health Center reauthorization introduced: A bi-partisan and bi-coastal group of U.S. Representatives introduced the Training the Next Generation of Primary Care Doctors Act of 2017 HR 3394 to reauthorize the Teaching Health Center Graduate Medical Education (THCGME) Program for three years. This legislation will also allow for the expansion of new programs within existing centers and the creation of entirely new teaching health centers while emphasizing the importance of establishing sustainable funding. Illinois Representatives Janice Schakowsky, Danny Davis and Bobby Rush are co-sponsors.

Contact your U.S. Representative and urge support. If we do not take action, this important program will expire on September 30, 2017! Tell your legislators to reauthorize the Teaching Health Center GME program by sending [this pre-written letter](#) from AAFP Speak Out.



IAFP meets with new Rep. Raja Krishnamoorthi

Independence at Home Extension introduced: Congressman Peter Roskam (IL-6) reintroduced H.R. 3262, which extends the Independence at Home Medical Practice Demonstration Program (IAH) from five to seven years. IAH has proven successful in cutting costs while providing valuable increases in benefits to high-need beneficiaries. His constituent, IAFP member Dr. Thomas Cornwell, who has long been a champion for bringing primary care to seniors in the comfort of their own homes, brought this important demonstration program to his attention and is quoted in the press release on the legislation.



All aboard the Metro to Capitol Hill!

NHSC Expires September 30: Urge Your Representative to Save the Corps!

Since 1972, the National Health Service Corps (NHSC) has awarded scholarships and loan repayment to family physicians who commit to practice for at least two years in an approved Health Professional Shortage Area (HPSA) site. NHSC programs provide access to primary care in underserved areas as well as medical student debt relief. This effective program will expire September 30, 2017 if Congress does not act. Please send this [this pre-written letter](#) from AAFP Speak Out.

ACA Repeal and Replace voted down (again): Early on July 28, the Senate voted down by the count of 49-51 the latest proposal to repeal and replace the Affordable Care Act. The AAFP sent a [letter](#) dated July 27 "to once again call on the United States Senate to set-aside this reckless path and seek bipartisan, meaningful, and impactful solutions that improve our health care system."



Michael Hanak, MD; Ellen Brull, MD; Rep. Jan Schakowsky (D-9) and Anna Balabanova, MD

Congress on August recess: Both chambers of Congress are in recess until September 5. The Senate Health, Education, Labor, and Pensions (HELP) Committee will hold bipartisan hearings on health care in early September.

Illinois has a budget!

On July 6th, after nearly three years of a budget impasse, the Illinois General Assembly completed its override of Governor Rauner's budget package vetoes. The revenue bill (SB9) passed the House with the bare minimum of 71 votes, including a handful of Republican votes. However, major issues remain: While the budget package authorized an additional \$6 billion in borrowing to pay back old bills, there isn't enough money in the budget to finance a debt expansion and no reforms were included in the package. Some important highlights:

- Service taxes, soda taxes, satellite or streaming taxes as proposed in earlier versions were removed;
- Income taxes are permanently increased for individuals to 4.95% (from 3.75) and 7% for corporations (from 5.25) beginning July 1, 2017;
- Earned income tax credit and education expense credits are increased;

The budget bill, SB 6, spends roughly \$36 billion. Most notably it would provide the first full year funding appropriation in two years. Major highlights are below:

- Provides for a full-year appropriation for state universities and community colleges;
- Funds Medicaid;
- Funds pension and group health;
- Funds various social services.

The budget implementation bill (BIMP), SB 42, is the paperwork needed in order to implement the spending and authorizes up to \$8 billion in payments for the bill backlog.

Local/Grassroots Advocacy

Cook County Sweetened Beverage Tax went into effect on Wednesday, Aug. 2nd. More information about implementation can be found on the County's sweetened beverage tax [website](#). Literature and materials on the health impacts of sugary drink consumption and the benefits of Cook County's sweetened beverage tax and the Healthy Eating Active Living (HEAL) Act. are available for order in limited quantity of (posters, brochures, sugary drinks infographic, HEAL infographic, or Cook County infographic) You can also find them [here](#). The implementation of the tax has caused some confusion for retailers and consumers, which continues to be addressed.

Berwyn passed tobacco 21 on Tuesday, July 25th. The vote was a mandate to have the City redraft the existing ordinance. Once the ordinance is finalized by the legal department - it will be adopted. Berwyn will join Chicago, Evanston, Oak Park, Highland Park, Deerfield Naperville and Lincolnshire as Tobacco 21 cities. *Thank you to the Berwyn IAFP members who attended the meeting and made contacts with the city council to support this important tobacco use reduction policy.*



Steven Knight, MD with Rep. Rodney Davis (R-13)

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Start now to avoid a negative payment adjustment in 2019.



Let the AAFP guide you through the Quality Payment Program (QPP) and MIPS.

aafp.org/MACRAREady

IMPORTANT!

October 2 is the last day to begin gathering data in order to fully or partially participate in MIPS.

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AMERICAN ACADEMY OF
FAMILY PHYSICIANS

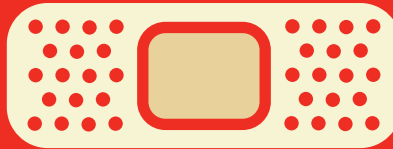


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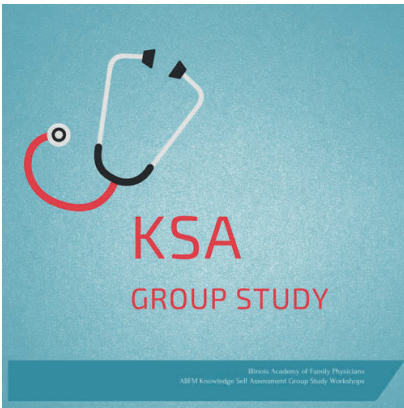
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KO those KSAs with IAFP

Take a Friday away and knock out one or two of those ABFM's Knowledge Self-Assessment (KSA) activities together with your peers in a classroom-like setting and get it done more efficiently!

The IAFP KSA activity offers a convenient and high-quality solution for your busy schedule to complete the American Board of Family Medicine (ABFM) Maintenance of Certification (MoC) Knowledge Self-Assessment (KSA).

Our Group Study Workshops take you through the 60 core competency questions to determine the correct answers. After the session, IAFP staff will report your answers directly to the ABFM. Our KSA format is a small (15-35 people) working study group that completes the knowledge portion of the process. Led by physician facilitators the group works through all 60 questions together. Physician facilitators will offer insight, education, and references on all questions to help achieve the correct answer. Attendees do not need to prep for this workshop or bring a laptop. All answers will be recorded by staff throughout the workshop and will be submitted to the ABFM directly. Copies of the ABFM questions with possible answers are handed out onsite and emailed to attendees prior to the workshop.

Upcoming live KSA workshops on Friday, October 6

8:00 am – 12:00 pm Heart Failure

Presented by: Brenda Fann, MD & Rush Copley Family Medicine Residency program, Aurora

1:00 pm – 5:00 pm – Well Child Visit

Presented by: Sharon Smaga, MD, Kyaw Naing, MD & Socky Shelton, MD, SIU Department of Family Medicine, Carbondale

KSA Fees (per workshop):

\$245.00 - Physicians & other Medical Professionals
\$200 - New Physician (less than 7 years post-residency)
\$75 - Residents - \$75.00
Register for KSA at www.iafp.com/ksas

Location: HILTON ROSEMONT/CHICAGO O'HARE
5550 N. River Road,
Rosemont, IL, 60018
Garros Room (2nd floor)



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ILLINOIS ACADEMY OF FAMILY PHYSICIANS
JUNE 2017

E-CIGARETTES – ARE THEY SAFE?

A UPDATE FOR PRIMARY CARE PHYSICIANS



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

By:

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Department of Family Medicine
Associate Director of Family Medicine Inpatient
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Core Faculty for the University of Chicago Family
Medicine Residency

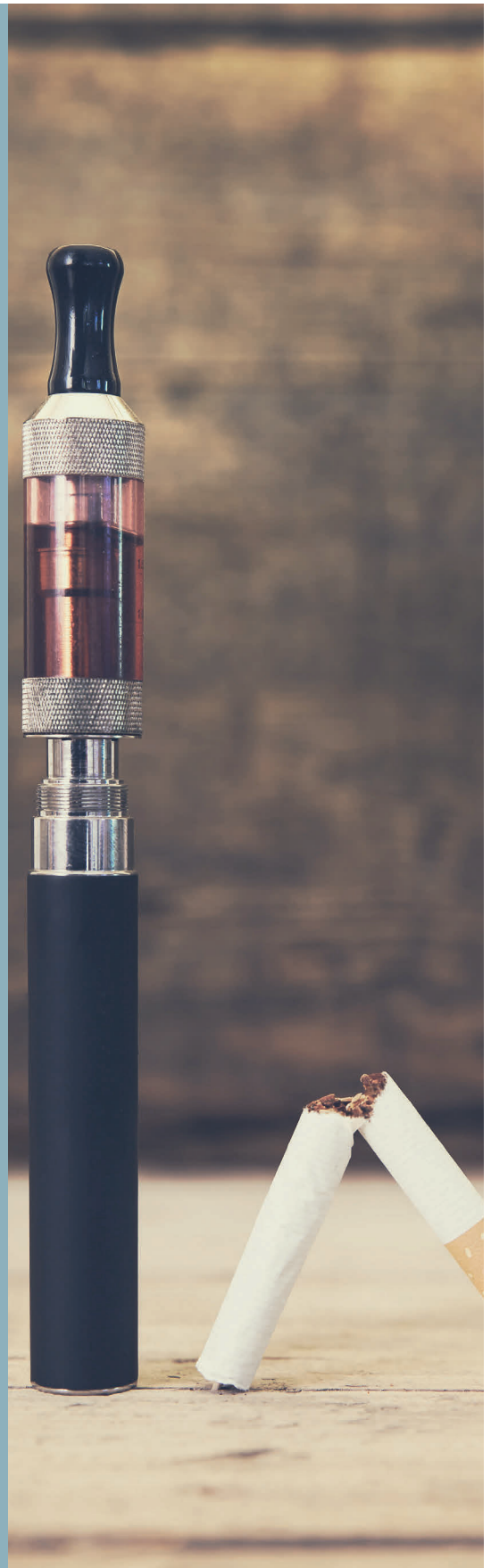
Learning objectives:

- List the adverse reactions of e-cigarette usage
- Explain the limitations of research on e-cigarette usage as a tobacco reduction strategy
- Describe the uncertainty of amounts of nicotine in ENDS

Sponsored by the Illinois Academy of
Family Physicians (IAFP)

Support:

This project was made possible by funds
received from the Illinois Department of Public
Health.



Electronic cigarettes (E-cigarettes/E-cigs) are tobacco products that deliver nicotine via a battery-operated device, with a heating element that turns a flavored liquid into a vapor, which the user inhales¹. They were first developed by a Chinese pharmacist in 2003 and introduced into Europe and the United States in the mid-2000s². E-cigarettes entered the market as consumer products without much government regulation. Since 2010, sales have risen exponentially with more than 400 brand names and over 7,000 flavorings, especially due to widespread advertising campaigns by tobacco companies in television, print, and the media³. Yet there is still much uncertainty about the long-term health effects of e-cigarettes and whether they are ultimately safe to use⁴.

The AAFP encourages all members to screen for e-cigarette use in all age groups, to discuss the potential harms of e-cigarette use, and to recommend evidence-based smoking cessation interventions with e-cigarette users.³⁷

Often perceived to be more innocuous than traditional cigarettes because they do not have combustion products of tar, ash, or carbon monoxide, e-cigarettes still contain nicotine and

inhaling their vapors may expose people to toxic substances like tin, lead, cadmium and nickel^{5,2}. Most e-cigarette users are also traditional cigarette

The safety and efficacy of using e-cigs as tobacco cessation products is still unknown.⁷

smokers⁶, and surveys show that a majority of smokers see e-cigs as a tool to help them quit or reduce their smoking³, yet the safety and efficacy of using e-cigs as tobacco cessation products is still unknown⁷. Moreover, the manufacture and distribution of e-cigarettes is not well regulated and the exact amounts and components or health consequences are uncertain⁸. There is also growing public health concern on the effect e-cigarettes may have on smoking prevalence or the potential to be used as gateways to other tobacco or illicit drugs, particularly among the youth⁴. The Surgeon General recently issued a report discussing the potential health effects of nicotine and e-cigarettes on America's youth and the increase in consumption in recent years, calling to action health care providers, teachers, and society to educate about the dangers of nicotine and to discourage tobacco use in any form⁴. Family physicians often encounter patients who use or ask about e-cigarettes, and it is important to keep up

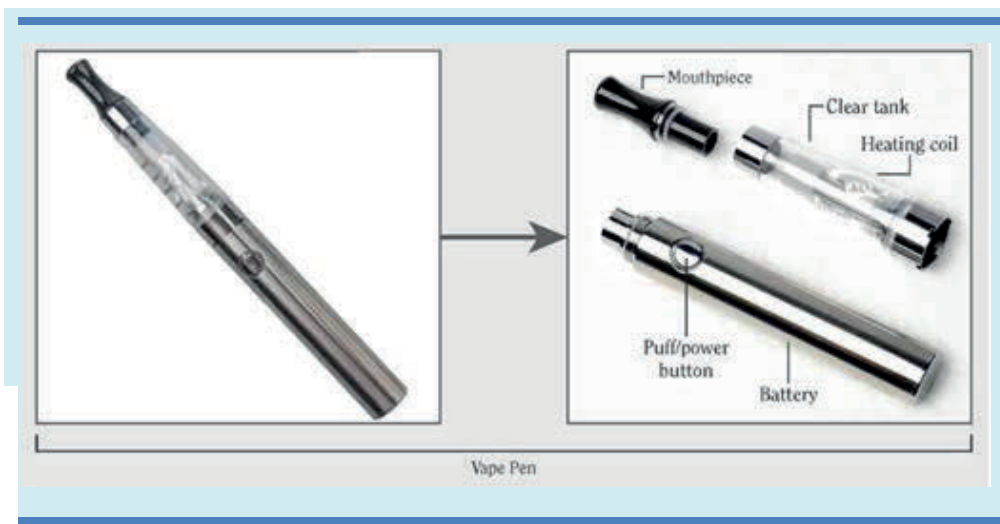


Figure 1:
from USDHHS
2016

with the latest information. Below is a brief overview to help make informed counseling decisions.

Device Components:

E-cigarettes are electronic nicotine delivery systems (ENDS), which may also be referred to by other names such as: e-cigs, cigalikes, e-hookahs, mods, vapes, vape pens, or tank systems¹⁰. Typically, they have three main components: a cartridge that contains a solution (an e-liquid with nicotine, propylene glycol or glycerol and flavorings), an atomizer (or vaporization chamber with a heating element), and a battery¹¹ (see figure 1). There are multiple generations of products. First-generation e-cigs often mimic conventional cigarettes in their shape and design with a tan body and white mouthpiece. Newer second-generation models are shaped more like pens (“vape pens” or “eGos”) with larger cartridges, refillable tanks and replaceable batteries. Third/fourth-generation devices are more diverse and modifiable (“mods”), allowing the user to customize the atomizers and batteries, producing widespread variability in the amount of nicotine and levels of chemicals present in the aerosolized vapor¹².

The amount of nicotine exposure in e-cigarettes also varies depending on the concentration of e-liquid, user experience, puffing intensity & frequency, device components and characteristics, as well as vaping technique^{18,19}

Prevalence:

By 2012, consumption of e-cigarettes doubled, and by 2014, about 4% of adults in the United States reported using e-cigarettes every day or some days¹³. Many consumers are also dual users. A recent Journal of Family Practice article cited 52% of conventional cigarette smokers also use e-cigarettes¹⁴. A majority (79%) perceived them as a tool for smoking cessation, yet they did not perceive a greater likelihood of quit success¹⁴. This potentially exposes them to the dangers and toxicity of compounds in both tobacco and e-cigarettes. Rates of e-cig use also appear to be increasing among current and former conventional tobacco smokers. This is particularly prevalent in adolescents and young adults, where 16% of high

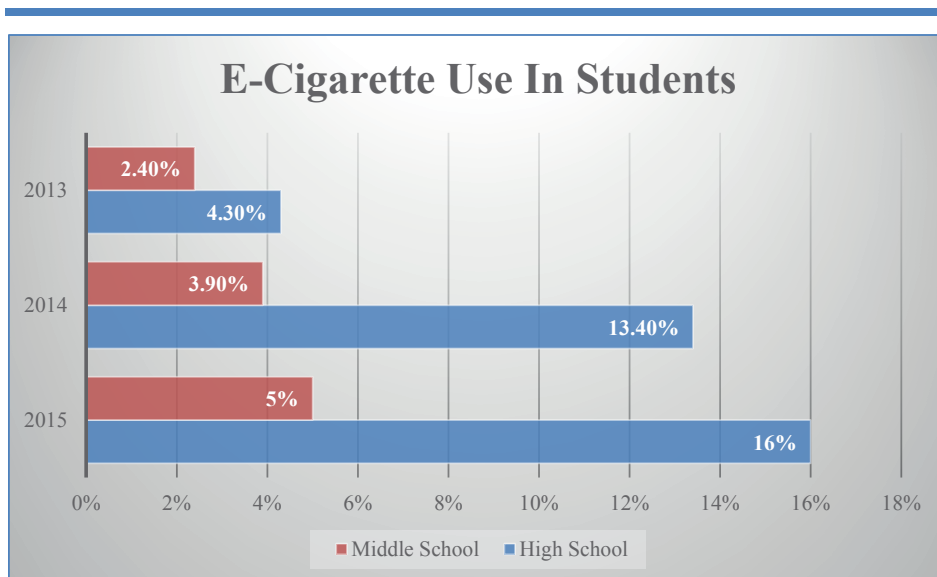


Figure 2:
CDC/CDC
National Youth
Tobacco Survey
USDHHS 2016

According to a 2015 survey, e-cigs were the most commonly used tobacco product among high school and middle school students – 620,000 middle school students and 2.4 million high school students reported using e-cigs in the past 30 days¹⁵.

school students and young adults 18-24 years of age (compared to 13% in 2014) and 5% of middle school students (compared to 3% in 2014) reported using e-cigs in the past 30-days in 2015⁴. (see figure 2) All in all, e-cigarette use has grown 900% among high school students from 2011 to 2015 based off this data⁴.

Adverse Health Effects:

Currently, there is no observational data examining the long-term health effects of e-cigarettes, although a *JAMA* study found that e-cig use for at least one year was associated with increased oxidative stress and cardiac autonomic balance, factors correlated with increased cardiovascular risk¹⁶. Although it is not known whether the particles cause toxicity, the vapor from e-cigarettes contains particulate matter, with some reports suggesting concentrations similar to conventional cigarettes². A *Chest* study found changes in airway respiratory function but to a much smaller extent than conventional cigarettes¹⁷. The amount of nicotine exposure in e-cigarettes also varies depending on the concentration of e-liquid, user experience, puffing intensity & frequency, device components and characteristics, as well as vaping technique^{18, 19}. Nicotine exposure during adolescence has been shown to cause addiction and can hurt the developing brain⁴. It is also harmful for the fetus in pregnancy, as nicotine crosses the placenta and has known adverse effects on postnatal development, resulting in health consequences such as Sudden Infant Death Syndrome, deficits in auditory processing and even obesity⁴.



The health effects of aerosolized constituents of e-liquids (solvents, flavorings, and toxicants) are not completely understood yet, although preliminary data does show linkage to bronchial irritation, causing chronic cough and phlegm, due to changes in airway respiratory function²⁰. A relationship between cytotoxicity and certain flavorings, especially sweet and cinnamon, has also been shown²¹, and cherry-flavored e-liquids have been linked to higher levels of benzaldehyde, a respiratory irritant²². Other compounds like nicotine, carbonyl compounds and volatile organic compounds are present and known to have health consequences⁴. At high temperatures, excess levels of formaldehyde, aldehyde and acrolein (known carcinogens) are present through heating of e-liquid solvents (propylene glycol and glycerin) and heavy metals (lead and cadmium) have been found in some e-cigarette aerosols⁴. Ingestion or skin exposure to e-liquids can cause toxicity in various quantities, as well. Most e-cig poisonings are caused by unintentional exposure to nicotine from e-liquid refills via ingestion, skin absorption, inhalation or dropping into eyes⁴. Consequences of e-liquid nicotine intoxication at low doses include nausea, vomiting, dizziness, headaches, and diarrhea; however high doses may cause tachycardia, seizures, abdominal pain, confusion and even death²³.

Role in Smoking Cessation:

Although tobacco companies make claims for use of e-cigs as smoking cessation aids, there is not. Few randomized controlled trials have evaluated e-cigarettes as smoking cessation tools, but one RCT that did, found quit rates did not differ significantly from other smoking cessation tools²⁵. Multiple observational studies found e-cigs are not associated with higher rates of quitting or reduced smoking²⁶. Some studies propose e-cigarettes may decrease nicotine cravings and withdrawal enough data to support their efficacy and safety²⁴. symptoms, insinuating the potential use as a harm reduction tool²⁷. Countries like Great Britain are recommending their use as nicotine-replacement aids, but more data is needed before an official recommendation is made by the FDA⁴.

Click [HERE](http://www.iafp.com/tobacco-smoking-cessation) to finish the article on the IAFP web site:



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Why did you choose family medicine?

As a medical student at Cook County, I realized that most of what impacted people's health happened outside of the hospital, and outside of the clinic. Of all the specialties, I saw family physicians as the doctors who were the most embedded in the community setting and the ones who seemed to embrace the important connection between physical health and behavioral health. I also loved that family doctors could care for an entire family- adults, kids, pregnant women- often spanning multiple generations in a single family. Finally, I saw many family physicians who were leaders of community health centers- a model of care that has always and continues to resonate with me.

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

I hear from many students that they are interested in family medicine, but the "horror stories" of fifteen minute visits and insurance company restrictions make them feel hesitant to enter the field. I let them know that while many systems do function in this way, there are new models being studied and implemented; and that we need intelligent and committed family physicians to lead the charge in improving our health system!

What do you enjoy most about your involvement with IAFP?

I am continually inspired by and constantly learning from other family physicians around the state. It's amazing to see all of the different settings in which people work, the populations they serve, the various leadership roles that they hold, but more than anything, the level of commitment they hold to the patients they serve.

Elizabeth Salisbury Afshar, MD
Chicago Department of Public Health
IAFP New Physician board member

What do you think is the most significant change you've seen in family medicine during your career?

When I was a medical student, the dean of my medical school told me that family medicine was "a dying field." While I'm not sure whether that individual has changed his tune on the field of family medicine, I believe that there is an increasing awareness of the importance that primary care physicians play in improving health outcomes and reducing health costs. Similarly, there seems to be a growing awareness the general misalignment of health care spending across the health system. I hope that during my career, I will see us move toward a system that puts more emphasis on wellness and prevention than illness and end of life care.

You've taken on opioids, substance use and related health care impacts in your role at CDPH. Give us a sense of the scope of the issue and your ability to impact provider training and patient outcomes in your role.

Approximately 52,000 people died of drug overdose in the US in 2015, which is more than the number of people who died of AIDS at the peak of the epidemic in 1995. Unfortunately, the trend seems to continue to increase each passing year. In my role at CDPH, we are focusing on multiple interventions including but not limited to: community education about the risks of opioids; provider education about prescription opioid stewardship; increased funding to expand access to

evidence-based treatments for opioid use disorder; and expanding access to naloxone, the medication that can save someone's life by reversing an overdose. There are many ways in which family physicians can be involved in curbing the current crisis, but especially through opioid stewardship, naloxone prescribing, and providing treatment for opioid use disorder in their own clinical settings by prescribing buprenorphine.

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

I often wonder what "balance" looks like- I'm not sure I've mastered this! Increasingly, I try to make sure that I'm present wherever I am- if I'm eating dinner with my family, I'm not thinking about work. If I'm going to yoga to try to improve my own wellbeing, I try not to think about what my kids are doing while I'm there. In a world with constant messages coming at us all at the same time (whether it be the news, the radio, Twitter, Facebook, email, the list goes on), it amazes me how hard it can be to just be present in what is happening at that moment. When I can do it, I find it helps with feeling more "balanced!"

If you weren't a doctor, what other career might you have chosen?

If I didn't go into medicine, I think I probably would have gotten my PhD in public health. Which I guess isn't surprising, because I work in public health now!

News You Can Use

5 Ways for Healthcare Providers to Get Ready for New Medicare Cards

Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of our Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems we use now. We'll start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

CMS is committed to helping providers by giving them the tools they need. We want to make this process as easy as possible for you, your patients, and your staff. Based on feedback from healthcare providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other healthcare providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier for you and your business operations, there is a 21-month transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Therefore, even though **your systems will need to be able to accept the new MBI format by April 2018**, you can continue to bill and file healthcare claims using a patient's HICN during the transition period. We encourage you to work with your billing vendor to make sure that your system will be updated to reflect these changes as well.

Beginning in April 2018, Medicare patients will come to your office with new cards in hand. We're committed to giving you information you need to help your office get ready for new Medicare cards and MBIs.

Here are 5 steps you can take today to help your office or healthcare facility get ready:

1. Go to our provider [website](#) and [sign-up](#) for the weekly MLN Connects® newsletter.
2. Attend our [quarterly calls](#) to get more information. We'll let you know when calls are scheduled in the MLN Connects newsletter.
3. Verify all of your Medicare patients' addresses. If the addresses you have on file are different than the Medicare address you get on electronic eligibility transactions, ask your patients to contact [Social Security](#) and update their Medicare records.
4. Work with us to help your Medicare patients adjust to their new Medicare card. When available later this fall, you can display helpful information about the new Medicare cards. Hang posters about the change in your offices to help us spread the word.
5. Test your system changes and work with your billing office staff to be sure your office is ready to use the new [MBI format](#).

We'll keep working closely with you to answer your questions and hear your concerns.
To learn more, visit: cms.gov/Medicare/SSNRI/Providers/Providers.html

This article was provided to IAFP by the Centers for Medicare & Medicaid Services (CMS) Region V office.

Back to school time! Make sure your pediatric patients and the adults are up to date on Immunizations

IAFP is proud to partner with the Illinois Department of Public Health to provide up to date education for providers and resources for talking with patients and parents about immunizations. IAFP keeps a wealth of immunization information and resource materials at <https://iafp.com/immunizations>.

In 2017, we launched an adult immunization project. Check out the full list of resources available at www.iafp.com/adult-imm.

Components of the IAFP Adult Immunization Initiative

[Listen](#) to the IAFP Public Service Announcement on Adult Vaccines

IAFP Online CME: Update on Adult Immunizations For Primary Care Providers

Presented by: Corinne Kohler, MD, FAAFP, Frances Nelson Medical Director & Promise Healthcare, Clinical Assistant Professor, College of Medicine, University of Illinois, Champaign-Urbana, IL

* Please note you must log in or create a free account on cme.iafp.com to view content.

Learning Objectives

* Understand the current ACIP recommendations and immunization schedules for adults.

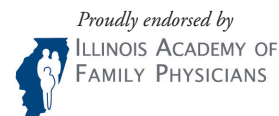
* Educate adult patients about the importance of immunization.

* Develop an office-wide strategy to improve the immunization rate with adult patients (e.g., patient recall and reminder systems, standing orders).

You'll also find printable patient education information, schedules and much more on that website

Funding for this program was made possible by funds received from the Office of Health Protection, through the Illinois Department of Public Health

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