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

ILLINOIS FAMILY PHYSICIAN

VOLUME 68, ISSUE 4
OCT/NOV 2017

Published by the Illinois Academy of Family Physicians
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Rahmat Na'Allah, MD – 2017 FP of the Year

"Remember, before you were a doctor you were something. Someone helped you get here and you must never forget that. Do something and pay it forward." Those were the words often repeated during a sit-down conversation with the 2017 Illinois Family Physician of the Year, Rahmat O. Na'Allah, MD, FAAFP of the University of Illinois College of Medicine at Peoria Family Medicine Residency Program. The soft-spoken Na'Allah has a big voice powered by tremendous admiration and respect from colleagues, patients and the community where she has served since 2009.


Rahmat Na'Allah, MD was nominated by colleage Asim Jaffer, MD.

"We chose family medicine because we want to serve and take care of the underserved. We wanted to help. Not just treat diseases, but do something!"

"It is not easy for anyone to make as big of an impact as she has," says Peoria colleague and IAFP president-elect Asim K. Jaffer, MD. "It is even more impressive that she does it as a female minority immigrant Muslim in Central Illinois. She is truly a great role model and exemplifies the fact that Community Medicine is such an important part of what makes family physicians so integral in the health care of our country."

Na'Allah simply says, "Despite our differences, we [physicians] have something in common in that we want to make this a better place for everybody. If something is wrong, it's just wrong and we need to speak up about it. The struggles our communities face are real and we have to speak up for what is right."

Peoria HealthCare Coalition member Katie Jones summarizes Na'Allah's impact as a physician advocate. "What does a family seek in a family practice physician? This mother of four seeks to partner with healthcare providers who are abreast of local, state, national and international population health initiatives, standing up for the rights of all of my neighbors and friends, regardless of zip code, race or religion. Dr. Na'Allah makes us all proud and inspired to seek a better healthcare system for our community, our state and our nation."

The courage to speak out comes from her very strong parents; both were teachers in Nigeria. "My dad always said, 'speak the truth and stick with it' and encouraged me to stand up for justice. I was always surrounded by strong women. Sometimes you may have a voice, but not the opportunity to use it. Here I have the education and the opportunity to give a voice and empower strong women."

It was her husband, Abdul-Rasheed, a professor, who started their journey from Nigeria to America, which included a stop

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President's Message

Donald Lurye, MD, FAAFP

If you're not able to attend the annual meeting, you miss out on the always inspiring annual awards presentations. As my last act as the outgoing president, I will present my two President's Awards to two amazing members. Both of these family physicians have made a huge impact in the communities they serve and have personally impressed me with their accomplishments, advocacy and leadership.

First is Janet Albers, MD, FAAFP, the current Chair of Family and Community Medicine for Southern Illinois University School of Medicine. She's also a force to be reckoned with in the annals of Illinois family medicine. She has a brilliant mind, combined with an enormous heart powered by a mega-watt smile that generates positivity and compassion, and exudes all that is special about family medicine.

Dr. Albers has exceptionally served her patients, her profession and the community as a whole. Under her leadership, SIU Family Medicine has expanded not only the types of services they can offer, but also their reach, enabling new access for thousands of uninsured and underserved who previously had no care other than the emergency room. I have read so many news articles in the past few years showcasing the amazing impact that SIU family physicians and their teams are having in central Illinois. It all leads back to Dr. Janet Albers and the collaborations she fosters throughout the region.

Dr. Albers is a role model for women physicians, specifically inspiring IAFP 2017 family physician of the Year, Dr. Rahmat Na'Allah. Albers was program director of the SIU Center for Family Medicine residency program in Springfield for 16 years, where she recruited and trained many of our state's great family

physicians. Through her many years of involvement at IAFP, she's had the platform to inspire and share her passion with even more physicians, male and female, residents and students, beyond the SIU system. She's been our president, and remains a long time leading voice in our government affairs efforts. She brings it all to the table with a level of professionalism, kindness, compassion and dedication that is unmatched.

I gave my second President's Award to an IAFP member and a respected professional colleague of mine, Sanjeeb Khatua, MD, MPH, MBA, FAAFP. I am especially impressed by his meteoric rise in the ranks of a high-powered independent health system in a very competitive environment.

His story started with a medical degree from the University of Silesia in Poland. He completed his family medicine residency training at Adventist Hinsdale Hospital and served as Chief Resident. He then started working for Edward Medical Group in 2010 in South Plainfield. Six months after starting at Edward Medical Group, there was an opening for the position of Associate Medical Director of the Physician Hospital Organization (known as NHCA) and he got the job. Shortly thereafter, he was promoted to Medical Director of NHCA.

A new PHO was created in 2012 named Illinois Health Partners (encompassing physicians from Edward, Elmhurst, and DuPage Medical Group) and Dr. Khatua was named Medical Director for the Edward Tower. In 2013, he added Medical Director, Clinical Integration & Population Health for Edward Hospital and continued to serve as the Edward Tower Medical Director for IHP. In 2016, he was promoted to Vice President, Physician Network & Population Health for Edward Hospital. In January of this year, he was promoted to Vice President & Chief Medical Officer of Edward Hospital. He continues to do urgent care shifts about 2-3 times per month and directs the North Central College Medical Clinic.

I told you it was an impressive rise, and he's not even 40 years old yet!

These are two family physicians who clearly demonstrate that family medicine is leading the way to better care and must be at the forefront of better health care for all in every part of the state and the nation.

As my presidency ends on October 5, I looked back at my president's address from November 2016, to see how my goals translated into action.

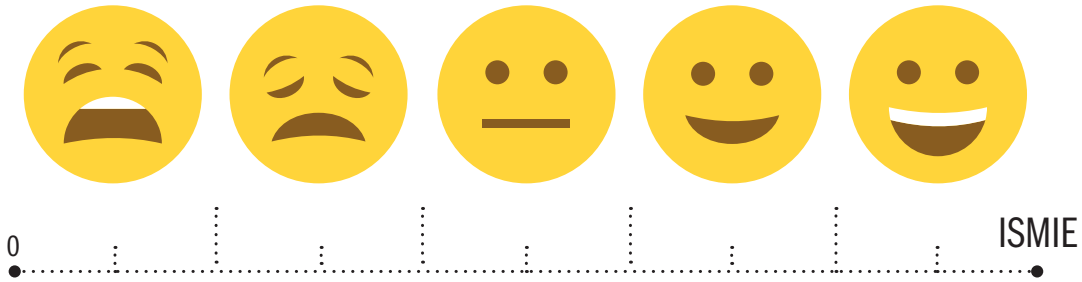
I wanted to launch and develop Member Interest Groups to connect members across the state who share a common ground. We now have four MIGs with potentially two more in formation. We provided physician resiliency and burnout prevention education at the Ten State Conference and resources on our web site. Our education and CME programs and products continue to grow.

2017 was a great year for advocacy with record-breaking attendance at three days of Spring into Action in Springfield and the largest state delegation to AAFP's Family Medicine Advocacy Summit. Our commitment to public health drove involvement in local Tobacco 21 policy victories, a sugary drink tax for Cook County, and ongoing work with our colleagues at the Illinois Chapter of the American Academy of Pediatric to ensure vaccine availability and increase the number of Illinois residents immunized and protected.

As I take the role of board chair, I welcome your next president, Dr. Asim Jaffer, to continue our work representing you. Alongside the new board and long-serving staff, we will continue to be your voice for family medicine by promoting the value of family physicians and improving health for all through advocacy, education and action.

TAKE THE PAIN

OUT OF THE CLAIM.



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IAFP News

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in Canada before he took a position at Western Illinois University in Macomb. But Macomb was too small for Rahmat! Though she already had her medical degree from Nigeria and an intern year at a hospital in Granada, she enrolled in the MPH program at University of Illinois at Springfield the family moved and Abdul-Rasheed continued to commute to Macomb.

After completing her residency training at Southern Illinois University at Springfield, she completed a high-risk obstetrics fellowship at West Suburban Hospital in Oak Park and she was ready to take the next steps in her dream career. And it had to be somewhere she could truly make a lasting improvement in the health of the community. Where she could use that high-risk obstetrics and the public health education and truly address the needs of a community to serve.

She sought an opportunity to use that training to bring full scope obstetrics to her practice and to train others. UICOM-Peoria gave her that opportunity to blaze the trail for the Peoria area. She was the first family physician to be credentialed to do C-sections in Peoria. Now she's the director of the OB fellowship program there, ensuring that the community has access to family physicians who can deliver babies in rural and underserved communities where an obstetrician could be miles or even counties away. Three other family physician faculty are now also credentialed for C-sections. "We need to have family physicians who can go to these rural communities where there is such a need, but not an obstetrician willing to practice there."

She brings that same strong voice in training residents at the program. Resident Noman Shadid, MD shares, "She brings a unique level of energy and passion every single day to help train future physicians. She is pushy, in the greatest way possible, asking her learners to exceed even their own expectations."

Dr. Jaffer concurs. "Rahmat has used her background and passion for public health and community medicine to energize the students, residents and fellow attendings. She has taken other doctors on her community outreach programs. She is involved in the hospital, community, mosque, and school system, all while raising four intelligent and successful daughters. It is inspiring - and maddening- to see how much she is able to accomplish!"

She has been able to impact patients across the life span, and especially those with high-risk pregnancies. One patient, Tehseen Syed, shared her story with IAFP.

"I remember my husband saying 'You just have to meet her.' Though his words were vague then, I have come to understand what he meant. Today, I have two beautiful daughters Insherah and Maymunah, their names holding even more significance because of what I went through during these pregnancies. Insherah means "Solace" and Maymunah means "Blessing". My family and I will always be grateful to Dr. Na'Allah for her kindness and dedication. For our family, Dr. Na'Allah is not only the Physician of the Year 2017 but the Physician of the Year for life.

"Dr. Na'Allah is very well known in our small community and very much loved and respected. A role model for minority women trying to balance family life with individual social responsibility, philanthropy and a professional career."

Her passion is caring for teen girls and tackling the problems of teen pregnancy and sexually transmitted disease. There are certain zip codes in Peoria with tremendous discrepancies in teen pregnancy and sexually transmitted disease rates between black and white teen girls – and Na'Allah wants to change that. "We have a big responsibility here. We are lucky to be where we are, and not everyone has that same luck. These girls often have no role models or anyone to support them and tell them they are worthy and to respect their bodies, say no to drugs and sex. I can talk to them, tell them they need to respect themselves first."

The Peoria Family Medicine Center is using a pilot program for girls age 11-24 identified as high-risk for STDs and pregnancy. Any time a patient in that age band comes into the clinic for any reason they are screened for sexual activity and counseled by the family medicine center physicians and nurse practitioners. They can then intervene with education and contraception.

She has impacted many young women, including some help from her own four daughters, who are ages 13 to 21. "I've learned a lot from my kids. They help prepare me to work with teens by helping me bridge the generation gap. What to say, what's cool and what's not. I'm a girly girl at heart and I love working with young women to empower them and tell them they must respect themselves first."

Dr. Shadid says Na'Allah's impact will be felt for years to come. "There will always be a touch of Dr. Na'Allah that surfaces when her learners (students and residents) see patients as they replicate her contagious hugs and her ability to go above and beyond for patients."

Peoria shouldn't worry, despite her accomplishments and the title of 2017 Family Physician of the Year, Rahmat isn't going anywhere. "I'm happy here. I love what I do. Next I want to get more involved with the schools. I want to collaborate with the medical school and the OBGYN residents and go out into the communities where the young people are. I want to mentor them and show them what they can be. There are always opportunities to do more, and we have to pay it forward." This kind of satisfaction I get from this life is exactly why I'm not tired, or burned out. It's my own selfish interest, doing what I love and making a difference. I'm going to continue to do what I'm doing and still look to do more."

2017 Distinguished Service Award
Ellen S. Brull, MD, FAAFP

Ellen S. Brull, MD has been a constant presence at IAFP since she moved to Illinois after completing residency training in Ohio. Through decades of involvement, she's become a physician leader within the Advocate system, a trusted advocate with her own lawmakers and a valued friend and leader for IAFP members.

For her unwavering dedication to the Illinois and American Academies, Dr. Brull is honored with the IAFP's Distinguished Service Award. She has served on the IAFP board, including president and board chair, and has been the Illinois alternate and delegate to the AAFP Congress of Delegates. She has served for over a decade on the IAFP Government Relations committee and also a three-year term on the AAFP's Commission on Government Advocacy.

As the co-owner in a small practice in Niles, Brull has been able to champion the views and challenges of small practice physicians to lawmakers, while also working diligently to support and advance small practices within the Advocate Physician Partners system. Her practice partner, Deborah Geismar, MD has worked side-by-side with Brull for 25 years. "Dr. Brull has been a leader in the administration of our office, spearheading the search and evaluation of electronic medical record systems," said Geismar. "She also has served as the original champion for becoming a Patient Centered Medical Home in 2014, We are now renewing that certification through the NCQA."

She also serves as a PHO Medical Director for Lutheran General Hospital at Advocate and continues to advocate on behalf of Family Physicians during her role on the Advocate Physician Partners Utilization Management committee. She has also supported the roll out for PCMH transformation of other aligned independent practices at her PHO.

IAFP Board Chair, Alivia Siddiqi, MD cites Brull's leadership impacting her back when she was a resident. "She helped lead the FMCC (AAFP Family Medicine Congressional Conference) delegation when I was a resident scholarship recipient to the conference about 10 years ago. I still recall her asking then-Senator Barack Obama if he recognizes the value of primary care and what he plans to do to help primary care and family medicine physicians."

Brull is a consistent and valued voice at the Academy's state and federal advocacy events. She is a regular participant in IAFP's Spring into Action and AAFP's Family Medicine Advocacy Summit, where she is a welcomed guest in the offices of her state and federal lawmakers. Brull also carefully cultivates these relationships back home in the district. Her commitment to advocacy through her time, expertise and contributions make her a trusted voice for family medicine. U.S. Representative Jan Schakowsky says, "She is an invaluable resource to me and the Illinois Congressional Delegation on so many issues, from resident training to health information technology to payment reform. True to the values of family medicine, she has always promoted quality care for patients as the top priority in any policy or legislative discussion."

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Brull's continuous advocacy work led to her appointment to the AAFP FamMedPAC board of directors. This allows her to continue to voice the importance of the political action committee and help to decide where the PAC's contributions are directed. Many Illinois members of Congress who support family medicine issues have received support from the PAC.

Her unique position has also been valuable in fielding media requests and doing interviews on topics across the board, from patient care, to policy to electronic health records and practice management. Within IAFP, she currently works with the new Women in Leadership interest group to share her experiences with women members. Perhaps the next "Ellen Brull" will emerge from that group!

2017 Family Medicine Teacher of the Year
Cynthia M. Waickus, MD, PhD – Rush Medical College

There's no place like Rush for the 2017 IAFP Family Medicine Teacher of the Year, Cynthia Waickus, MD, PhD. She's been at the same institution since enrolling as a medical student in 1984. She works at the same place she attended medical school and returned after completing her family medicine residency training at the affiliated residency program, located at Christ Hospital back in 1991.

Now Dr. Waickus leads the Family Medicine Leadership Program at Rush Medical College. Each year, up to five Rush students are selected for the four-year longitudinal program, where students develop their own patient panels through weekly outpatient clinic visits with a family medicine physician in the community. They also develop and implement community and research projects, and engage in didactic sessions about leadership in family medicine.

Waickus is also vital to "closing the deal" with students considering family medicine. "She is supportive of students interests and helps facilitate connections with other family medicine physicians who share similar passions, and she is able to help students envision how they can pursue their passions through a calling as a family medicine physician," says Emma Richardson, the Rush student who nominated Waickus for the award. "As a student in the Family Medicine Leadership Program at Rush, Dr. Waickus' support and mentorship has helped me find a home in family medicine and strengthened my resolve to become a family physician."

Steven K. Rothschild, MD a longtime colleague at Rush, estimates that Waickus has impacted the education of nearly 3,000 physicians through her direct work with medical students. He is especially enthusiastic about the Family Medicine Leadership Program, which graduated its first class in May 2017. In the first four years of existence, the FMLP boasts three Pisacano scholars, two Albert Schweitzer Fellows and the two current IAFP student leaders, president Sean McClellan and president-elect Emma Richardson. The Family Medicine Leadership Program has created a strong network of support and resources for students with a passion for family medicine. Her leadership of this program has helped create a culture and community that emphasizes the value of family medicine and supports students' pursuits as emerging leaders in family medicine.

FMLP student Kristin Hillgamyer also submitted strong support for Dr. Waickus on behalf of current program participants. "Dr. Waickus is the mentor and advocate every medical student hopes to have. From the very beginning, she takes the time to understand our personal goals and foster our love for family medicine."

She fosters independence, confidence, and clinical competence in the students she teaches and demonstrates a commitment to service and compassion for others through her volunteer work at CommunityHealth and close mentoring of medical students. She has led the annual Medical Service Mission to Haiti for Rush Global Health since 2010 and has served as the faculty supervisor for the Rush Community Service Initiatives Program (RCSIP) for 20 years. She showcases all that family medicine is and can be, inspiring students to find their path through family medicine.

"Cindy Waickus is unflagging in her commitment to each student she works with and to our programs in family medicine. She is the ideal teacher – unfailingly tough and demanding of both students and faculty who teach them – but also passionate and generous," Rothschild concludes.

ILLINOIS ACADEMY OF FAMILY PHYSICIANS

Devoted to Advocacy, Education & Action

Celebrating 70 years — a Closer Look at the Last 10

The Beginning

At the AMA convention in Atlantic City in June 1947, the American Academy of General Practice was born and Dr. George Marchmont-Robinson of Illinois was appointed to the original board of directors. Although chartered in Illinois, AAGP soon relocated to Kansas City, Missouri. Dr. Marchmont-Robinson then organized the Illinois Chapter of the American Academy and appointed the original officers and directors who served a year before the Illinois Constitution and bylaws were ratified at the first meeting in Springfield in 1948.

Highlights from the past decade:

2007 The Illinois General Assembly approved the Smoke-Free Illinois Act, which took effect January 1, 2008.

2008 History was made in 2008 when the United States elected the first African American president, Barack Obama from Chicago

2010 A pilot program called Teaching Health Centers funded 59 primary care residency programs in community health centers, including the Northwestern McGaw Family Medicine Residency at Erie Family Health Center in Chicago's Humboldt Park neighborhood.

Independence at Home Act -Created in 2010, IAH provides home-based primary care to high-need Medicare beneficiaries with multiple chronic conditions, helping them to avoid unnecessary hospitalizations, emergency room visits, and nursing homes. IAFP member Thomas Cornwell, MD, whose practice is entirely home visits, worked with his Congressman, U.S. Rep. Peter Roskam, to draft and pass this legislation which documents the savings of home care and advanced the model.

2011 Javette C. Orgain, MD, MPH of Chicago was elected AAFP Vice Speaker, re-elected for a total of four terms, and then elected two terms as Speaker in 2015 and 2016.

2012 Illinois, Wisconsin and Minnesota leaders launched the Family Medicine Midwest Foundation with an annual conference to unite the Midwest region in a common goal of recruiting students into family medicine residencies and eventual careers as family physicians in the Midwest.

2013 IAFP introduced the new tagline Devoted to Advocacy Education and Action as part of a rebranding effort to crystalize what makes IAFP a unique membership association

2015 Death of the SGR - at last! The punitive Medicare sustainable growth rate formula was replaced by an enormous compromise bill called the Medicare and CHIP Reauthorization Act (MACRA).

2016 IAFP launched the Women in Leadership interest group, uniting IAFP women members across the constituencies for collaboration at live events and individual relationship building.

Get the entire ten-year update on our web site at www.iafp.com/last-10-years

Illinois members in high gear at AAFP Congress of Delegates

IAFP Officers, Delegates, Alternates, and other Board members participated in this year's AAFP Congress of Delegates meeting Sept. 10-13 in San Antonio, Texas. By using the links below, you can read up on all the highlights:

- Board Reports
- Reference Committee Reports with Congress Actions
- AAFP Officer Speeches

IAFP submitted four resolutions; the resolved clause of each is listed below with the resulting Congress action:

Resolution 603 was assigned to the Reference Committee on Education:
RESOLVED, That the American Academy of Family Physicians study the national impact of American Board of Family Medicine (ABFM) removal of board certification based on state licensure actions and engage with the ABFM to arrive at a fair and rational approach to these issues that is in the best interest of the public and fair to family physicians.
Those testifying in reference committee pointed out that a variety of factors can lead to the restriction, suspension or revocation of a physician's medical license, not all of which are related to the physician's competence to provide quality patient care. There was widespread support on the call for a collaborative study by the AAFP and the ABFM and Resolution No. 603 was adopted.

Resolution No. 307 was assigned to the Reference Committee on Practice Enhancement:
RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services and/or state Medicaid officials to set up a pilot project which demonstrates the value and outcomes that a panel of patients within a region receives through a direct primary care practice, and be it further
RESOLVED, That the American Academy of Family Physicians provide members updates on the Centers for Medicare and Medicaid Services work regarding pilot projects which demonstrate the value and outcomes that a panel of patients within a region receives through a direct primary care practice.
The reference committee acknowledged that the AAFP is monitoring various DPC pilot programs in progress and encouraged staff to look for ways to communicate this information more readily with members. Ultimately, Resolution No. 307 was not adopted.

Resolution 305 was also assigned to the Reference Committee on Practice Enhancement:
RESOLVED, That the American Academy of Family Physicians work with the Centers for Medicare and Medicaid Services to establish policy that ensures Medicare Wellness Visits are carried out and reimbursed to primary care physicians.
This resolution was placed on the consent calendar as current AAFP policy.

Resolution 505 was assigned to the Reference Committee on Advocacy:
RESOLVED, That the American Academy of Family Physicians recognize that health care is a human right for every person, not a privilege.
The reference committee heard from several delegations stating that many individuals experience unacceptable barriers to care. Testimony was given referencing the World Health Organization's emphasis on "health" vs. "health care." Ultimately, the following was adopted as a substitute resolve:
RESOLVED, That the American Academy of Family Physicians recognizes that health is a basic human right for every person, and be it further
RESOLVED, That the right to health includes universal access to timely, acceptable and affordable health care of appropriate quality.

Thanks to those IAFP members who actively served on reference committees and/or as Delegates and Alternates:

- Asim Jaffer, MD, Chair of the Reference Committee on Practice Enhancement. IAFP President Dr. Jaffer also serves as IAFP Delegate.
- David Hagan, MD, member of the Reference Committee on Practice Enhancement. Also serves as IAFP Delegate.
- Sachin Dixit, MD, observer on the Reference Committee on Organization and Finance. IAFP President-elect Dr. Dixit also serves as IAFP Alternate Delegate.
- Alvia Siddiqi, MD, serves as IAFP Alternate Delegate.
- Lubna Madani, MD, serves as Delegate from the Special Constituencies.
- Javette C. Orgain, MD, MPH, FAAFP concluded her service on the AAFP board of directors and
- Dr. Hagan announced his candidacy for the AAFP board of directors in the 2018 elections.

Every year, IAFP's President hosts a reception on Wednesday evening at the AAFP headquarters hotel to welcome registered IAFP members attending FMX. Dr. Lurye hosted this year's successful gathering of Illinois family physicians.

David Hagan, MD and Javette Orgain, MD

Lubna Madani, MD

L to R: Asim Jaffer, MD; Sachin Dixit, MD; Carolyn Lopez, MD; Donald Lurye, MD; Javette Orgain, MD; Michael Hanak, MD; Lubna Madani, MD; Alvia Siddiqi, MD; Monica Fudala, MD and David Hagan, MD.

Highlights from the 2017 IAFP Active member survey

Every two years, the IAFP surveys our active membership to get more information about our members, and their assessment of IAFP and our services. It also provides an opportunity to examine our priorities and services to meet your needs.

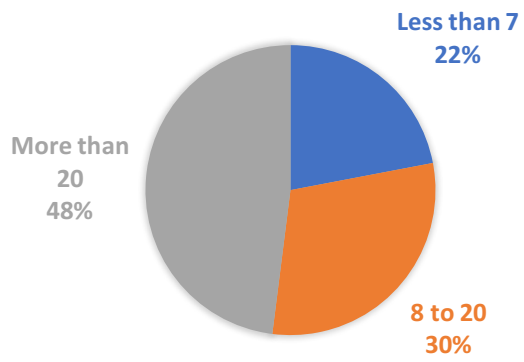
The 2017 survey was deployed to active members June 1. The IAFP board received the full results and used them in their work for the August board retreat and will use the data in discussions at their October 5 board meeting. Meanwhile, all members who included specific questions or concerns, along with their contact information have been directly contacted by IAFP board members and/or the appropriate staff.

Much more data from the 2017 Active member survey will be shared in the IAFP 2017 Annual Report in February 2018. Some preliminary results are below.

About the survey respondents

- IAFP received the highest response rate in many years with 250 responses which equals just under 10% of the members who received the survey (2,500 by email, 140 by US mail). For comparison, the 2015 survey generated 149 total responses.
- 140 of all survey respondents (60%) have attended an IAFP event or activity

YEARS IN PRACTICE



TEACHING ROLES

Do you have any precepting or teaching responsibilities?

Numbers do not equal 100% as multiple responses were allowed.

Medical students	50%
Residents	37%
Other providers (Nurse, PA, etc)	34%
No	27%

Members were asked to rate issues on a scale of 1 to 5 on importance to them. Issues that received an average score of at least 4.0 out of 5

*Payer and insurance issues (Prior authorizations, administrative burden)	4.43
Public health and safety issues	4.19
Medical liability reform	4.16
Addressing physician resiliency/well-being, preventing burnout	4.16
Opposing legislative mandates on medical practice	4.16

* Administrative burden was also the top-rated priority concern on the AAFP membership survey

Information you need to know about Illinois Medicaid Managed Care

Government Relations

New contracts will reduce the number of plans and expand managed care statewide.

Starting January 1, 2018, the new Medicaid MCOs will be:

- Blue Cross Blue Shield of Illinois
- Harmony Health Plan
- IlliniCare Health Plan
- Meridian Health
- Molina Healthcare of Illinois
- CountyCare Health Plan (Cook County only)
- DCFS Youth: IlliniCare Health Plan

Although HFS has not yet issued official provider notices, they have made statements at various public meetings regarding the roll out timeline. **Please note this information was gleaned through public meetings with HFS and is not meant to inform you of official HFS policy.** HFS will be issuing provider notices in the coming weeks. For inquiries and official policy, please visit https://www.illinois.gov/hfs/Pages/default.aspx

Current Managed Care Areas: Starting January 1, 2018, all children and adults currently living in Medicaid Managed Care regions will be enrolled in one of these health plans. If they are currently enrolled in one of the plans listed above, they will continue to be enrolled in that plan. Otherwise, they must either choose a new plan or be auto-enrolled into one of the plans listed above. HFS has stated that all clients will be auto-assigned based on their PCP relationship. As with the previous roll out, they will receive letters from HFS before January 1 with instructions on how to choose a plan and which plan they will be enrolled in if they do not choose a plan. **After January 1, 2018, all clients will have 90 days to change plans.**

Please consider taking this action if you are in a current managed care area:

- If you are not already contracted with at least one of the plans listed above, you should contact them to begin the contracting process. This is the only way your patients can be auto-enrolled in the correct plan.
- Reach out to your Medicaid families to let them know this change is coming. You can tell them which plans you have contracted with as long as you list ALL the plans with which you have signed contracts.
- HFS will be sending out provider notices to inform physicians on these changes. Sign up to make sure you are receiving the most up to date information.

New Managed Care Areas: (i.e. the rest of Illinois)

Starting on or around April 1, 2018, all children and adults outside of the current managed care areas will be auto-assigned to plans. HFS will send letters to families in February alerting them they need to choose an MCO and will also list the MCO they will be auto-assigned to on April 1 if they do not select a plan. HFS has stated they will base auto-assignment on existing PCP relationship. **All clients will have 90 days to change plans once they are enrolled with a plan.**

Please consider taking this action if you are in a NEW managed care area:

- If you are not already contracted with at least one of the plans listed above, you should contact them to begin the process. This is the only way your patients will be able to be auto-enrolled in the correct plan.
- You may tell your patients which plans you contract with, if you tell them all of the plans with which you have contracts.
- Reach out to your Medicaid families to let them know this change is occurring. You can tell them which plans you have contracted with as long as you list ALL the plans you have signed contracts.

Other Valuable Information

Payment on current contracts: HFS has stated that the current MCOs are liable for all services preformed through December 31, 2017 and is the process of hiring an audit firm to close out these contracts. Currently, the state is in the process of catching up on payments to MCOs which were delayed during the budget impasse. The timeline for payments from HFS to MCOs is dependent on available funds. The state is under court order to prioritize payments to Medicaid providers and MCOs.

Credentialing: HFS has stated that they will start uniform credentialing in the near future, so that you will not have to credential with each individual plan. The process will be based on the information included in the IMPACT system. Although HFS has not yet committed to a firm timeline for this process, they expect to do a soft launch in the fall and then begin on January 1.

Included in the RFP process is a mandate for plans to follow a single drug formulary. Plans will still be able to require pre-authorization, step plans, etc., but they must cover the drugs listed on the HFS formulary.

Mental Health/1115 Waiver: Please note that also included in the model contracts are waivers from the Centers for Medicaid Services (CMS) to further integrate behavior health services for Medicaid clients through Integrated Health Homes. CMS has not yet granted the waiver (known as the 1115 waiver) or the state plan amendment (needed for the integrated health homes).

DCFS and DSCC: We do not yet have information to share on the transition plan for DCFS youth or those whose care is coordinated by Division of Care for Specialized Children (DSCC). If you are a provider that sees DCFS youth, you will have to contract with IlliniCare in the future.

Education

Evaluation of Preventative Screening in Rural Illinois Primary Care Practices

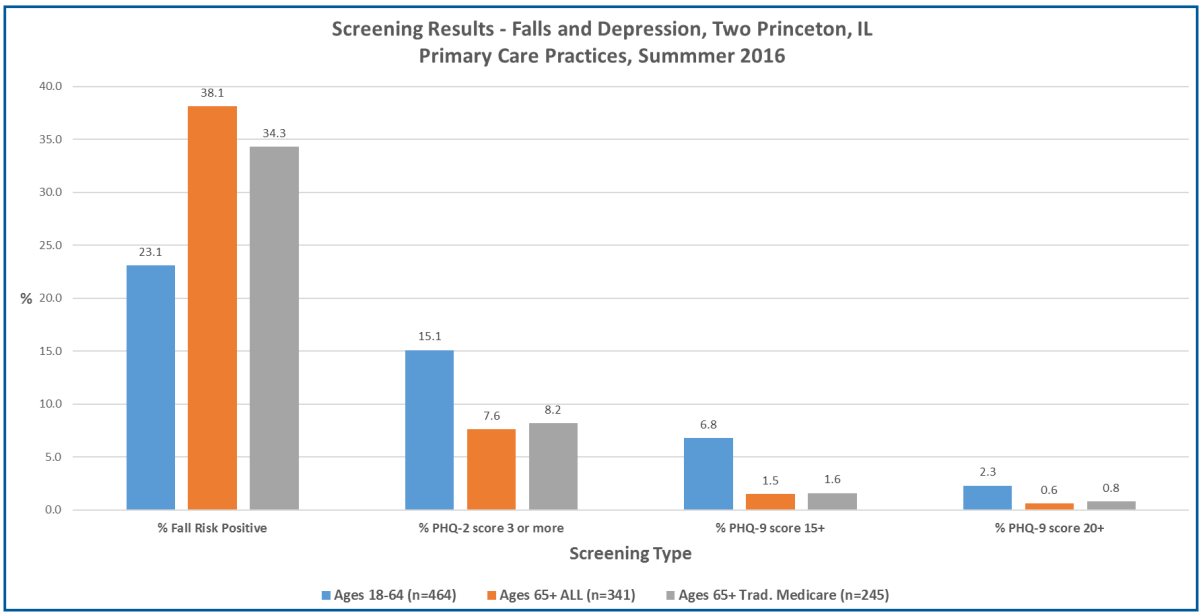
By: Zeke Hartman, BA, M3 – UIC-Rockford, Rural Medical Education Program

In the summer of 2016, I decided to take on a research project with Martin MacDowell, DrPH looking at screening methods for fall risk and depression. Due to the changes coming with MACRA, we felt that a project examining the rates of positive screens for fall risk and depression in a typical rural Illinois town could show rural Illinois providers the need for these screens.

We recruited seven providers in two separate practices in Princeton, IL and asked them to screen all patients over age 18 and older for depression and fall risk from June 2016 to August 2016. We created a one-sheet form for the providers to give to the patient that contained both screens. For fall risk, we used a two-question screen recommended by the CDC asking if they had recently fallen and if they had a fear of falling. If the patient answered "yes" to either question, that triggered the provider to work up the patient's fall risk to determine the exact etiology of their fall risk. For depression, we asked the patients to fill out a PHQ-2, a screen recommended by numerous organizations for depression. The patient rates feelings about a question on a scale from 0-3, a '0' means they never feel that way and a '3' means they feel that way all the time. The PHQ-2 uses two of the questions from the full PHQ-9. If the patient scored three or higher on the PHQ-2, they were directed to complete the full PHQ-9. The total score from the patient's PHQ-9 corresponds with a level of depression ranging from mild to severe.

At the end of the project, we had 805 surveys completed by patients 18 and older. For fall risk, 23.1% of working-age people (ages 18-64) screened positive for fall risk and 38.1% of the Medicare population (ages 65+) screened positive. For depression, 15.1% of working-age patients scored 3 or more on the PHQ-2, thus triggering the PHQ-9. In the Medicare population, 7.6% people needed to fill out the PHQ-9. Nearly seven percent of working age patients screened over the threshold for moderately severe depression (15 or over on the PHQ-9) and 1.5% of Medicare-aged patients were over the same threshold. Meanwhile, 2.3% of working-age patients screened positive for severe depression (20 or over on the PHQ-9) and 0.6% of Medicare-aged patients were over the same threshold.

We were surprised by some of our results. First, the number of working-age patients who presented with fall risk is high (23.1%). This should give providers reason to consider screening for fall risk at age 55 or 60. The fall risk rate among those 65 and over further proves that we need to screen for fall risk in all our patients in this population. The annual costs of falls are very high, averaging $30,000 per occurrence. Medicare spent $31 billion on care due to falls in 2015. So, a simple two-question screen could reduce healthcare spending in this category.



The depression results showed that working age patients screened positive at a higher rate than those 65 and over. We expected to find higher rates of depression in the 65 and over group.

The results for patients who screened positive for moderately severe and severe depression were also noteworthy to us. According to the Substance Abuse and Mental Health Administration, Illinois had a serious mental illness (SMI) rate of 3.7% from 2013-2014. Their definition of SMI is: "adults aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the DSM-IV that has resulted in serious functional impairment, which substantially interferes with or limits one or more major life activities." While the correlation between the PHQ and this definition is not clear, serious mental illness would most likely correspond with a PHQ-9 of 20 or higher and our data showed that 2.9% of our survey population scored there, slightly under the state average. However, if the threshold for serious mental illness was the threshold for moderately severe depression, or a PHQ-9 of 15 or higher, then our result of 8.3% would exceed the state average by a wide margin.

Challenges with implementing these screening practices came from convincing practices about the value of implementing screenings. Some of the providers in the study felt these screens are unnecessary because these problems are difficult to treat and/or they feel the risk isn't prevalent in their practice. With the current trend in the federal government's move to payment structures rewarding those who prevent illness and injury, practices will benefit by preventing problems.

Logistical problems occurred in these offices in adding the screenings into the practice's workflow. We found the best time to screen is when the patient was roomed and waiting for the provider. This is especially true in practices without EMR screening capabilities. In EMR-enabled practices, using your EMR to "pop-up" screens on patient charts will be an excellent mechanism to ensure these screens are completed. Overall, we found that these screens did not hamper an office's workflow in any significant way because the screens were completed during a period where the patient is typically waiting for the provider.

Currently, the payment structure is scoring practices on simply implementing screening procedures for depression and fall risk. Providers do not get an incentive to treat these patients with these conditions. There needs to be a change in this system so the provider is scored not only for the screening, but also for finding solutions for positive screens. This is typically a break in the chain for many of these patients. Referral procedures need to be standardized for screens to make the next decisions easier for providers..

We found that it was easier to refer a patient for fall risk because that typically has a clear solution. Most of the time patients can trace why they fell or why they fear falling to one or two reasons. If a patient fears falling because of weak muscles or joint pain, a referral to physical therapy or orthopedics could help them. If a different patient fell because they don't have a walk-in shower, a referral to the local Agency on Aging could help that patient with getting their bathroom retrofitted. Another common reason for falls is vision issues, so that patient's fall risk could be reduced with an appointment with their local optometrist or ophthalmologist.

Many providers are willing to screen for depression, but do not feel comfortable treating depression or are not trained to manage it. In addition, referrals are difficult for some areas of the state because of a lack of psychiatrists and the waiting list is often quite long.

Research into how primary care providers feel about treating mental illness could help shape continuing medical education. This, in turn, would increase the number of providers available to help patients who screen positively for depression.

Overall, our research showed that these conditions CMS is asking providers to screen for are prevalent in our communities. Going forward, we need to implement these screens and utilize the data to create better outcomes.

This article was submitted by Mr. Hartman, and is not CME. Members may submit articles for consideration to Ginnie Flynn at gflynn@iafp.com

Members in the News

IAFP student board member Sean McClellan, a fourth-year student at Rush Medical College, is one of only seven medical students across the country to receive a 2017 Pisacano Scholarship. The scholarships, valued up to $28,000 each, are awarded to students attending U.S. medical schools who demonstrate a strong commitment to the specialty of 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. Since 1993, the PLF has selected 140 outstanding medical students. The Scholarship program provides educational programs, leadership training and funding for outstanding 4th-year medical students who have been identified as the future leaders in the field of family medicine.

As a college student at the University of Chicago, Sean spent a year with Health Leads, a national organization of college students dedicated to understanding the socioeconomic barriers that lead to poor health and helping patients overcome them. He also volunteered for three years with STRIVE, a mentoring and support program for youth with sickle cell disease at a local children's hospital. Sean received a grant from the Human Rights Program at the University of Chicago to work with Primeros Pasos, a medical NGO that operates a clinic in rural, indigenous areas of Guatemala. As a health educator, he taught daily lessons to elementary school children focusing on nutrition and hygiene.

After graduating from college, Sean became involved with Undocumented Illinois, a Chicago grassroots organization led by undocumented youth working toward the recognition of the rights and contributions of all immigrants. Sean has continued his involvement with the group.

As the recipient of a Fulbright Program Research Fellowship, Sean spent a year prior to medical school exploring the intersections of health and popular politics in Guatemala and conducting fieldwork with a Mayanist association of health promoters, the national healthcare workers' union and an environmental NGO that supports communities affected by mining projects. Sean also received the Clarissa D. Haffner Family Practice Endowed Scholarship, a three-year scholarship awarded annually to a student at Rush University who demonstrates a commitment to leadership within the field of family medicine. At Rush, Sean has been involved with the Latino Medical Students Association, Family Medicine Leads Emerging Leaders Institute and currently with the Illinois Academy of Family Physicians (IAFP) Government Relations Committee.

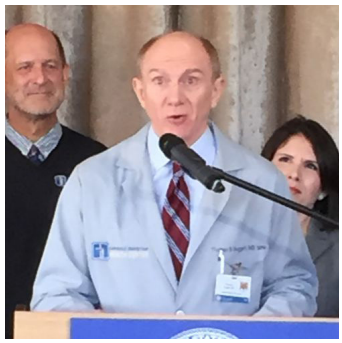
"My experiences doing community work before I came to medical school convinced me I wanted to do primary care, but I didn't really know what family medicine was when I began medical school," said McClellan. "The Family Medicine Leadership Program, a four-year longitudinal leadership program for students at Rush Medical College, showed me what family medicine was."

After residency Sean would like to work at an FQHC on Chicago's Southwest side. "I want to be working and taking care of patients in the community where I live and building relationships with community organizations to address social determinants of health. I would also love to work with residents and students and continue to learn with them about health equity."

The Pisacano Leadership Foundation, Inc. was created in 1990 by the American Board of Family Medicine in tribute to the founder and first Executive Director of the ABFM, Nicholas J. Pisacano, M.D. In 2016 University of Illinois - Urbana student Elise Duwe received a Pisacano Scholarship. In all, 10 Illinois medical students have received Pisacano Scholarships.

News You Can Use

Illinois Opioid Task Force announced



Gov. Bruce Rauner signed Executive Order 17-05 on September 6, creating the governor's Opioid Overdose Prevention and Intervention Task Force. The task force will look at strategies to prevent expansion of the opioid crisis, treat and promote the recovery of individuals with opioid-use disorder, and reduce the number of opioid overdose deaths. IAFP member Thomas D. Huggett, MD was a speaker at the bill signing and said, "As a family doctor at Lawndale Christian Health Center on the west side of Chicago, I am privileged and blessed to be on a team that tries to respond to the needs of our community. One of the greatest needs we see right now is preventing deaths from opioid overdose. Medication assisted treatment, behavioral health counseling, and social support are vitally needed as we walk beside our patients who want to leave opioid-use disorder and heroin behind."

Since 2013, the number of heroin overdose deaths in Illinois has doubled, and the number of opioid overdose deaths has quadrupled. More than 1,900 people in Illinois are expected to die of opioid overdoses this year - more than one-and-a-half times the number of homicides and almost twice the number of fatal motor vehicle crashes. Between 2013 and 2016 in Illinois, total drug overdose deaths increased by almost 50 percent, overdose deaths involving opioids increased 76 percent, and overdose deaths involving synthetic opioids (such as fentanyl) increased 258 percent.

"The opioid crisis in Illinois is not something that we can arrest or even treat our way out of," IDPH Director Dr. Nirav D. Shah said. "Active collaboration and engagement with state agencies, elected officials, the medical community, providers, insurers, educators, law enforcement, patient advocacy organizations, and the public will be critical to our success."

The Task Force will look at how to increase the number of providers that use the Illinois Prescription Monitoring Program; reduce high-risk opioid prescribing; make information and resources more accessible to the public; strengthen data collection, analysis, and sharing; reduce the number of overdose deaths of individuals recently released from an institutional facility; and increase naloxone availability and training.

Dr. Huggett summarized the impact that family physicians can have, and the help that they need to be effective in working with patients, "As we see patients in our communities, we as doctors need to use evidence-based strategies that really work. It needs to be easier for us to use the Prescription Drug Monitoring Program (PMP) in our offices as we see our patients. The PMP needs more resources to upgrade their systems. Reasonable prescribing and dispensing guidelines, developed with physician input and working with insurers, can prevent and limit the over-prescribing of narcotics. And finally, we need to strengthen residential and inpatient programs so patients can get the care they need when they need more than what we can give in our offices. Treatment is available, treatment works, and there are doctors and counselors who want to help."

Use Technology with Caution

By Jeremy Wale. Provided by ProAssurance

Healthcare looks very different than it did 25 years ago. Physicians are using tablets, smartphones, interactive apps, and other electronic means to provide efficient healthcare to patients.

According to several sources, between 75 and 85 percent of physicians use a smartphone or tablet for professional purposes.[1] Uses include email, research, EMR entry, x-ray review, telehealth, and more. While electronic devices have many benefits, their use presents new risks.

Chief among these risk exposures is the increased possibility of a HIPAA violation. While a HIPAA violation is not the same as a malpractice claim, it can still negatively impact you and your practice, staff, and patients.

HIPAA concerns arise in several areas of electronic device use. Losing a device may allow an individual access to protected health information (PHI) stored on the device. If the device is not properly encrypted or secured, an individual may access PHI through apps, email, or hacking into a system using the device's connectivity.

Another risk arising from mobile electronic devices involves app usage. There are approximately 26,000 healthcare apps available, and 7,400 of those apps are marketed to physicians.[2] Somewhat surprisingly, the FDA has only approved 10 healthcare apps as of July 26, 2016.[3]

One physician wrote about a blood pressure app he was using that gave inaccurate readings. When he contacted the app's developer, he was told the app was in the "beta-testing stage" and intended for "entertainment purposes only." Despite this information, the developer was selling the app to end-users—without any disclaimers or mention of its test status.[4]

Healthcare providers need to be vigilant when deciding whether to use certain apps. Research the app's usage and do preliminary testing to ensure its accuracy. Use the app, then verify the results with traditional testing until the physician is satisfied the app's results are accurate. Another suggestion is to contact the app's developer and request testing/clinical trial results on its accuracy.

Use of smartphones, tablets, laptops, etc., in healthcare becomes more main stream every day. Be sure you are proactive in mitigating the accompanying risks. You may need to contact an IT security specialist to help ensure you are managing potential risks as effectively as possible.

[1] "Mobile Officially a Staple in the Doctor's Office," March 26, 2015, <http://www.emarketer.com/Article/Mobile-Officially-Staple-Doctors-Office/1012271>, accessed on October 11, 2016.
"Professional usage of smartphones by doctors in 2015," October 27, 2015, <http://www.kantarmedia.com/us/thinking-and-resources/blog/professional-usage-of-smartphones-by-doctors-in-2015>, accessed on January 30, 2017.
[2] Sher, D, MD, "The big problem with mobile health apps," March 4, 2015, <http://www.medscape.com/viewarticle/840335>, accessed on October 13, 2016.
[3] "Mobile medicine resources: FDA approved apps," July 26, 2016, <http://beckerguides.wustl.edu/c.php?g=299564&p=2000997> , accessed on October 13, 2016.
[4] Sher, D, MD, op. cit.

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