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

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Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004
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Meet You at the IAFP Annual Meeting!

There is no better time to reconnect or dive in with your Academy colleagues than our annual meeting. We keep it compact, concise and stocked with information and opportunities for all our members.

Friday, October 26 at Elmhurst Hospital

With easy access from Chicago and the suburbs, with tons of free parking, we've made it easy for you to join us!

More information is at http://www.iafp.com/annual-meeting. Online registration is now open.

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Illinois Academy of Family Physicians
Devoted to Advocacy, Education & Action

ILLINOIS FAMILY PHYSICIAN

President's Message

Asim Jaffer, MD, FAAFP

Family Medicine Shines in an Unexpected Local Crisis

In a public health crisis situation, there is no specialty better equipped to handling it than Family Medicine. Family physicians are well trained to address the immediate patient needs in a crisis situation, and also ensure that the affected patients are properly followed with the appropriate resources when they leave the hospital. I'm particularly proud of the efforts of our University of Illinois College of Medicine at Peoria family medicine residency program and our response to a crisis triggered by synthetic cannabinoid use that caused excessive bleeding in patients. Our experience was shared nationwide by AAFP News https://www.aafp.org/news/health-of-the-public/20180518cannabinoids.html earlier this year.

According to the Illinois Department of Public Health, Peoria County had 35 of Illinois' 164 cases of severe bleeding from March 7 to May 9, making it the state's third highest concentration of cases, behind only Chicago (40) and Tazewell County (49).

Our family medicine residency staff treated many of the cases that presented in Peoria using an interdisciplinary approach that included the ER, ICU and resident rounding service at the hospital, as well as follow-up care at the residency center. Melanie Andrews, MD who is also a core faculty member and the site lead for the residency clinic, UnityPoint Clinic – Family Medicine- Peoria, was instrumental in arranging the very complex transition of care between the hospital and all post-hospital follow-ups.

IDPH issued a bulletin warning that there could be patients presenting with severe bleeding from synthetic cannabinoid use and within a few days we were seeing patients presenting with symptoms of severe bleeding, including hematuria, groin pain, testicular pain, vaginal bleeding, hematemesis, epistaxis, and hemoptysis.

What was particularly challenging with these patients, not only was there not a protocol already in place to manage them, but they initially did not respond to the traditional treatments for controlling the bleeding. Many of these patients ultimately required 10-20 times those doses of vitamin K and needed recurrent, multiple-times-a-day dosing, usually up to 150 mg daily.

As we looked back on how we handled the crisis, one element of our success is that we had a consistent family medicine team in the hospital that saw every patient affected by this outbreak and admitted them to the medical floor, as opposed to assigning them to different services. We were able to standardize our counseling and treatment plans and better understand some of the unique challenges of this patient population. Not all of our patients had health insurance, and it became evident that cost would quickly become an issue for adherence. An oral supply of vitamin K for two weeks of treatment can cost up to $8,000 and treatment might be required for months. With the help of an amazing interdisciplinary team, we were able to source the medication from suppliers offering a lower cost and quickly apply to federal programs that helped subsidize medication costs. It took a great deal of time and effort and coordination between the physicians, pharmacists, insurance companies and federal programs. Ultimately, we were able to offer affordable or free medications for all patients affected.

As family physicians we pride ourselves in coordinating the care of health care teams. Our hospital held daily interdisciplinary meetings with representatives from hospital administration, the emergency department, nursing, social work, pharmacy, intensive care and the family medicine residency to discuss the affected panel of patients and any related challenges, including obtaining enough vitamin K for our patients, and arranging their discharge plans. After patients were stabilized and discharged from the hospital, the family medicine residency team continued to treat them during regular follow-up appointments. Each patient also had their own dedicated social worker and care facilitator.

I am proud of our family medicine residents for working overtime to build relationships with these patients and educate them on adherence to the treatment plans and ensuring regular follow-up. The potential complications from missing appointments or doses could potentially be fatal. Understanding the social situations and barriers to care for our patients is a fundamental part of what makes family medicine so special, and the reason we were successful in handling this crisis. I strongly believe that family medicine is the only specialty that treats the patient and not just the disease.

Learning about the social network of our patient populations also helped us reach out to the community to encourage other affected patients who were hesitant to seek treatment. We encouraged these patients to reach out to their family and friends who might be

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IAFP News

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IAFP Annual Meeting Schedule of Events

7:30 a.m.	Registration opens
8:00 a.m. to Noon	Optional KSA on Mental Health in the Community. Presented by Raj Shah, MD, Rush University Health System & Kevin Chang, MD (Separate registration and fee required). Learn more at https://iafp.memberclicks.net/annual-meeting-ksa
9:00 a.m.	Optional *Women in Leadership* CME session *The Personal is Professional* - Emma Daisy, MD, Heartland Health Center, and Janice Benson, MD, University of Chicago/NorthShore; co-chairs of Illinois AFP Women in Leadership Member Interest Group
11:00 a.m. to 1:00 p.m.	Board Meeting and Installation of newly elected board members
1:00 – 3:30 p.m.	Primary Care Resource Fair *This isn't your old-fashioned exhibit hall – find new resources and spend time with these supporters of family medicine*
1:00-5:00 p.m.	Optional KSA – Hypertension – Presented by faculty and residents from Rush Copley Family Medicine Residency Program (Separate registration and fee required)
1:00 - 2:00 p.m.	Committee meetings (CME, Government Relations, Public Health)
2:00 p.m.	Resident Workshop – *Gear Up for Your Career!*
2:15 – 3:15 p.m.	Member Interest Groups *Connect with IAFP leaders, learn more about what opportunities await YOU! These member interest groups will meet and are open to all members: Women in Leadership, Reproductive Health Care, Food is Medicine, Urgent Care, Direct Primary Care, and FPs in Federally Qualified Health Centers.*
3:30 – 4:30 pm	**Plenary: Health Equity Panel** (CME credit provided) *Health Equity 201: Our Stories* - Providing a common frame for health equity will launch us into personal exploration of our implicit biases, and point to next steps for us and our clinical teammates. Javette Orgain, MD, MPH, FAAFP past officer, AAFP; past president, IAFP; moderator Kiran Joshi, MD, MPH, chair, IAFP Public Health Committee; Senior Medical Officer, Cook County Department of Public Health
4:30 – 5:30 p.m.	Installation of IAFP President Sachin Dixit, MD, FAAFP, AAFP Fellow Convocation, IAFP awards presentations, Open mic/Town Hall. AAFP representative Alan Schwartzstein, MD, FAAFP, AAFP Speaker of the Congress of Delegates, Wisconsin.
5:30-7:00pm	Battle of the FMRs and Reception *Support the best and the brightest new Illinois family physicians* Illinois family medicine residents compete against one another in an impressive display of knowledge and poise under pressure, to win the Battle Champion Trophy (yes, there is an actual trophy!). The Battle of the FMRs is a game show hosted by the IAFP Foundation. Residents will field questions about medicine (and perhaps some sports and pop culture, too) eventually edging out the competition until one champion remains.

Thank you to our Annual Meeting Supporters

- Advocate Medical Group
- Alzheimer's Association, Greater Illinois Chapter
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- Pfizer
- ProAssurance
- Riverside Medical Center
- Shriners Hospitals for Children - Chicago
- VaxCare
- Wexford Health

IAFP Board of Directors

The new IAFP board of directors will meet from 11:00 a.m. to 1:00 p.m. on October 26 before the annual meeting activities. Members may attend (with advanced notice to IAFP Executive Vice President Vincent D. Keenan at vkeenan@iafp.com). Members are invited to submit issues for consideration in writing in advance.

How to submit proposals for consideration to the Illinois AFP Board of Directors

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

2018 Board candidates and voting

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 August 3. You can view all the candidates' information at http://www.iafp.com/2018-board-candidates

Voting instructions will be emailed to all active members on September 4. Active members without a valid email address on file will receive one letter via US mail with their voting instructions. Voting will remain open until October 1. The newly elected board members will be installed at the IAFP board of directors meeting on Friday, October 26 in Elmhurst.

Candidates for 2018-19 Board of Directors

President-elect: Monica Fudala, MD
First vice president: Michael Hanak, MD
Second vice president: Tabatha Wells, MD
Class of 2021 (3 openings): Shami Goyal, MD, Scott Levin, MD, and Kate Rowland, MD,
New Physician Class of 2020: Brandyn Mason, DO
AAFP Delegate: Asim Jaffer, MD
AAFP Alternate Delegate: Alvia Siddiqi, MD

Summer Fun at AAFP National Conference

Illinois' strong presence was felt throughout AAFP National Conference of Medical Students and Family Medicine Residents August 2-4 in Kansas City. With 25 Family Medicine Residency programs plus OSF Healthcare and SSM Hospitals collaborating in one big Illinois Block Party, students got a glimpse of all the great things going on in Illinois. Illinois AFP was proud to organize our state's Friday evening reception welcoming Illinois medical students and others exploring the possibilities to enjoy Illinois through the Match. Thanks to so much collaboration and generous support from OSF and SSM, we hosted a reception that welcomed more than 200 guests.

Meanwhile Illinois' own Kristina Dakis, MD served as the Chair of the Resident Congress, shepherding the resident advocacy and governance from opening gavel to closing actions.

Congratulations to Michelle Byrne, MD, MPH, from Northwestern-McGaw Erie Humboldt Park residency, who was elected to be the Resident Member of the AAFP board of directors. She will be installed at the AAFP Congress of Delegates, October 7-10 in New Orleans.

Thanks to Dr. Maggie Tate from Carle Family Medicine Residency for her service as Delegate to the Resident Congress. Tiffany Ku of Loyola and Rebecca Wornoff from Rush tag-teamed as Delegate and Alternate Delegate, respectively, to represent Illinois at the Student Congress. Link to the actions from both the Resident and Student Congresses here: https://www.aafp.org/dam/AAFP/documents/events/nc/congress/nc18-ncsm-summary-actions.pdf

Dr. Byrne was also a panelist in a session on student loan repayment and Anna Balabanova, MD from Northwestern McGaw Lake Forest Family Medicine Residency presented on Massages, Mindfulness and Medicine: An Introduction to Integrative Medicine.

Three Illinois posters were on proud display in the Exhibit Hall.
Poster Presentation: Health System Utilization for Substance Use Disorder (Research) Kathryn Rooney Rush Medical College. Rush University Medical Center (RUMC) in Chicago, IL has identified mental health and substance use as priority health needs in the area serviced by RUMC. Our study sought to determine the association between insurance status and hospital use for SUD services at RUMC. They found that the majority of individuals who sought SUD services at RUMC from 2011-2015 had health insurance. In addition, SUD encounters increased following the implementation of CountyCare in 2013, indicating that individuals may have greater access to SUD services at RUMC as a result of insurance provisions under the ACA.

Poster Displays
Loperamide Abuse: A Rising Concern (Clinical Inquiry) Priyanka Bhandari, MD Department of Family & Community Medicine, Southern Illinois University School of Medicine

Speechless: The Relationship Between Peripartum Cardiomyopathy and Stroke (Clinical Inquiry) Whay-Yih Cheng, DO Saint Louis University/Scott Air Force Base, Illinois

Student delegate Tiffany Ku


Resident delegate Margaret Tate, DO

Northwestern McGaw faculty Dorothy Dschida, MD and resident Michelle Byrne, MD who was elected to the AAFP Board.


Kristina Dakis, MD served as Resident chair and still made it to the Illinois Residency Program reception.

Real World Solutions from Rural Roots – David J. Hagan, MD for AAFP Board of Directors

His family medicine practice sits on the end of the block in the city's downtown, next to a local pharmacy. David Hagan grew up in a small rural farm town in central Illinois where he knew early on he wanted to be like his family's own doctor, Dr. Alfred Fanning Williams, better known back then as "Doc Willie."

After medical school at the University of Illinois – Rockford and residency training in Dayton, Ohio, he returned to Illinois in 1983 and joined Dr. Paul Sunderland in Gibson City, a rural town 35 miles from the University of Illinois-Champaign and that's where he's stayed his entire career. Since then, he's been instrumental in building a high-quality health care system in a small town.

After decades of practice, education, advocacy and leadership at home and with IAFP, David J. Hagan, MD, FAAFP, CPE, FAAPL (now that's a mouthful of acronyms) is ready to proudly serve on the AAFP Board of Directors, class of 2021. The AAFP Congress of Delegates will vote for its new leadership this coming October in New Orleans.

While his practice and roots reside in Gibson City, Hagan's experiences and influence are felt beyond his local community. At the state, regional and federal levels, Hagan has been an active and astute advocate for family medicine. He's able to work well with lawmakers and candidates from both political parties, and has years of experience, both at the AAFP Family Medicine Advocacy Summit and the Illinois AFP's Spring into Action lobby days.

David has always taken the opportunities to attend the AAFP's Family Medicine Advocacy Summit. Frequently meeting with congressional representatives and many others in the Illinois delegation on issues cross-cutting from public health funding, physician loan repayment, Medicare, access to care, and the hassles of electronic health records enables him to ensure rural family medicine is heard.

"Our chapter has always made FMAS a 'team activity,' so we meet and build a presence with many Illinois members in Congress," he says. "Working alongside my fellow Illinois leaders on Capitol Hill, especially the residents and medical students, has broadened and strengthened my advocacy skills."

David and Illinois AFP leaders met with U.S. Rep Raja Krishnamoorthi at FMAS on Capitol Hill.

Former IAFP board member Kristin Drynan, MD, FAAFP has known David through her IAFP involvement since she was a medical student. "I think that he exemplifies the physician who has stood the 'test of time' through medical, quality, and electronic transition from small town family practice to 'family medicine' as we know it today," she says. "Along the way he has, and continues to be, a strong voice in assisting to shape, and resisting the unnecessary, changes that have become the way in which we practice medicine in 2018."

"I can say that throughout my time as a physician, he has been a mentor to me and plenty of others through what I would call the "intangibles" of life in medicine. If there's an experience through the Academy, local/state/national that you would like to know about, ask David. He's done it. Whether it's advocating for law changes, advocating on behalf of physicians, their families, or patients he's done it," concluded Dryan.

Kristin Drynan, MD and David have built a friendship from IAFP events such as Family Medicine Advocacy Summit in Washington, DC and the annual Foundation fundraiser at the Chicago White Sox.

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Patient care

Dr. Hagan has spent over three decades providing full-scope family medicine to generations of local families. Often, he'll say "I've known him/her since he/she was born."

"At times, I've cared for five generations of a family in my practice. There are many young adults in this region for whom I am the only doctor they have ever known," says Hagan. "What joy to have a former patient, including some I delivered, go to medical school and return to do their family medicine clerkship in my office."

Dr. Hagan and his colleagues do a variety of outpatient procedures including colonoscopy, vasectomy, stress tests, and reproductive health care. They manage everything from maternity care to end-of-life care in the outpatient setting, admit to the hospital, and make rounds in nursing homes. Those who still do obstetrics run a five-bed labor and delivery unit in their critical access hospital in Gibson City. They do everything for their patients including newborn care, labor management, and taking the patients back to the operating room for a C-section if necessary. There are no OB/GYNs in the hospital practicing obstetrics - there are only family physicians.

Building the workforce and the Joy of Family Medicine

David is actively engaged in education with the University of Illinois at Rockford College of Medicine and continually hosts medical students at his practice. Attracting and preparing top-tier physicians and providers to the community has been a career-long priority. David enjoys hosting future physicians and it shows. Just ask former IAFP Resident board member Kristina Dakis, MD who is currently in her high-risk obstetrics fellowship at University of Illinois at Peoria College of Medicine Family Medicine Residency with 2017 Illinois AFP Family Physician of the Year Rahmat Na'Allah, MD, FAAFP. As a resident at UIC Family Medicine Residency who always viewed herself as an "urban underserved family physician," curiosity got the best of her and she designed her own month-long rural elective rotation with Dr. Hagan in Gibson City. The two had known each other for years since Kristina has been a very active and respected IAFP leader since medical school at UIC.

Dr. Dakis spent January in Gibson City and found the experience lived up to the "hype" that David Hagan had shared with her through their interactions at IAFP events.

"I was literally in awe of the practice environment Dr. Hagan has built over the course of his career," begins Dakis. "The relationships Dr. Hagan has with his patients are simply inspirational. Students who work with Dr. Hagan are always amazed when they realize his patients are 'the healthiest bunch of 90-year-olds they've ever seen' and I agree. It was touching to see how loyal they were and how much they trusted him. He has clearly been forming meaningful therapeutic relationships throughout his career and is now an integral member of his community."

Dr. Hagan and Dr. Dakis tag-teamed a visit to the nearby University of Illinois at Urbana FMIG meeting during her rotation to showcase IAFP and AAFP's role in advocacy at the local, state and federal level. Both have extensive experience with IAFP and AAFP advocacy efforts and were able to connect and inspire FMIG members to use their voices for themselves and patients.

"Dr. Hagan and his colleagues practice family medicine the way it was meant to be practiced. As a young physician looking to make a difference by practicing full-scope family medicine including surgical obstetrics, rotating in Gibson Area Hospital gave me hope and made me excited about my future career. The experience was so rewarding that I have decided to join Gibson Area Hospital in 2019 when I graduate from my obstetrics fellowship. I hope that I will be able to make half the difference Dr. Hagan has made for his community."

David Hagan's Top Three priorities that AAFP is addressing or needs to address

1. Rural access and quality of care. AAFP has publicly outlined this priority in testimony given to the US Senate HELP Committee, Nov. 15, 2017. He built his entire career in a rural community and is passionate about being our Academy's voice and expert on high quality rural health care and how to achieve those goals.
2. The Priority P's of his campaign: Payment Reform, Patients over Paperwork and the family physician's Privileging and Patient Care. Addressing all these priorities will positively impact #3. The issues facing family medicine, like misdirected administrative burdens, are critical to better care and more satisfied physicians. As part of AAFP leadership he will work to reduce those burdens and enhance the doctor-patient relationship.
3. Building the family physician workforce

"I truly believe that one of the things that creates a great leader is the ability to influence sparks of hope in those who may have lost that spark or enthusiasm along the way. He continues to influence at the national level but also at the personal

level, and for that I am grateful always for David Hagan," summarized Drynan.
"My favorite things about my many years of IAFP and AAFP service and participation are the friends I've made and the connections I have formed. I am constantly able to learn, grow and improve from just being around these amazing people," says Hagan. "We have all heard that 'today is a great day to be a family physician. Almost every day in my long career has been a fantastic day to be a family physician, but I believe our best days are yet to come."

Snapshot of his experience with AAFP and IAFP

AAFP Experience: Member: 1980- Present
- Member, Commission on Finance and Insurance, 2011-2015
- Delegate: 2013-current
- Alternate: 2011-2013

Illinois AFP Positions
- All Executive Offices (including Treasurer) 2003-2012 (president in 2010-11)
- Board member 2002-05
- Illinois AFP Foundation board 2007-16 (includes serving as Treasurer and Chair) – donates directly to FMM scholarship Fund
- CME committee, Rural Health Committee, Government Relations committee
- AAFP FamMedPAC contributor
- Attends the Illinois AFP Foundation Chicago White Sox game every year, and he's a CUBS fan! That's a two-hour drive each way!

IAFP brings back that Summer (extern) feeling

For many years, IAFP's Foundation provided four-week summer externships funded by grants from the Illinois Department of Public Health. After state funding vanished, so did our ability to run an externship program.

This year the Family Health Foundation of Illinois successfully launched a small-scale summer externship experience. Thanks to some seed funding from 3WON, along with IAFP leaders Edward A. Blumen, MD and Janice Benson, MD, we secured two Student Externship Matching Grants in an important partnering opportunity between the AAFP Foundation and constituent Chapter Foundations. The goal is to "close the deal early" with medical student leaders so they will choose a career in family medicine. Our Illinois externships provided a vast, inclusive immersed experience of comprehensive, high-quality, culturally competent care with IAFP leaders.

The Family Health Foundation of Illinois Summer Externship Experience provides an opportunity for pre- clinical medical students (M1 or M2) to experience a practical, clinical learning environment in the office of an Illinois family physician leader. Here are the stories of our 2018 Summer Externship Experiences.

Federally Qualified Health Center (FQHC) Externship Experience
Loyola University Class of 2021 student Brianna Martinez gained experience in medical administration and patient care at Chicago Family Health Center on the Southeast side of Chicago with 2007 IAFP Family Physician of the Year James Valek, MD, who is also a board member of the IAFP's Family Health Foundation of Illinois. This is a Joint Commission recognized Patient Centered Medical Home and has a focus on primary care integration of services - medical, behavioral health, and dental. The goals of the externship are to foster leadership, interest in systems of care for underserved populations, and an introduction to primary care medicine and illustrates how FQHCs operate and play a vital role in the community.

Brianna was also asked to read "The Death Gap" by Dr. David Ansell (a Chicago internist and advocate for underserved access) to discuss with preceptors.

Brianna grew up in San Diego and is a first-generation college graduate in her family. All four of her grandparents immigrated from Mexico and she spent a great deal of time with them growing up and as a result is fluent in Spanish. "My grandparents

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are actually the reason I wanted to go into medicine and a big inspiration for me," said Norris. At Loyola Stritch School of Medicine, she volunteers at the Community Health Center and serves as a Medical Spanish Interpreter at the Loyola Access to Care Clinic in Maywood.

"This was my first shadowing experience in family medicine. It was a really great experience. Dr. Valek has a wonderful physician-patient relationship with all his patients that was truly inspirational. You don't see that so often; so it was truly great to experience." When asked what surprised her most, she revealed that friends worried about her "safety" in this location. However, Brianna reports that it's nothing like she was warned about. "The patients here are so amazing and so grateful."

Though she started medical school with a leaning towards pediatrics, seeing the vast variety of patients, as she says "womb to tomb" at Chicago Family Health Center has changed her perspective. "I like patients of all ages," she said. "And thinking about the health challenges my grandparents face, I want to treat patients the way I would want someone to treat my own grandparents."

As she's learned a great deal about the funding and operations of FQHCs from attending meetings with Chief Medical Officer Dr. Valek, she's also been able to contribute to the work of the clinic. "Brianna is a self-starter with excellent people skills and making conversation. She takes initiative with staff and with patients. She speaks Spanish well, better than I do, and that's been a great help with patients," said Valek.

Dr. Valek notes that Brianna has taken on quality projects and accomplished real work for the practice. During her last week of the externship, she organized and conducted a patient education session for the clinic's hypertension patients. She led them through education and facilitated some very candid conversations on steps they can take to lower their blood pressure. By the end of the session the patient feedback offered praise such as, "She listened," "professional presenter" and "you will do well, this was brilliant!"

Family Medicine Women in Leadership Externship

Heartland Health Centers is a Federally Qualified Health Center on the north side of Chicago, serving a patient population with a high proportion of immigrant patients as well as a large proportion of mental health patients through a partnership with several community mental health centers. Heartland stands out amongst the Chicago-based Federally Qualified Health Centers for having an executive leadership team that is predominantly women.

Emma Daisy, MD a member of the IAFP board of directors and Laurie Carrier, MD, Chief Medical Officer of Heartland, combine to give their extern Natalie Shovlin-Bankole, Chicago Medical School class of 2021, insight into the management of a growing community health center. Natalie was included in leadership meetings, including executive team meetings, Heartland's Board of Directors, the monthly provider meeting, clinical site leaders meeting, and leadership meeting of site managers. She worked clinically with several female physicians across three sites, including general family medicine physicians in community health centers, family physicians with specific interests in geriatrics or complementary and alternative medicine, providers working in community mental health centers, dentists, pediatricians, and midwives.

"As a rising female within the field of medicine, I could not think of a better time to aspire to female leadership," Natalie stated in her application. "I look upon a field where the gender gap has been narrowing, a medical school class where half of its students are represented by females, and the voices of women beginning to be heard in residency training programs."

Dr. Carrier talked about the difference of a "leadership" structured externship. "I've actually enjoyed having her as a sounding board in many of decisions that I make in leadership roles," she said. "When the direct clinical opportunities are limited, we are able to spend more time on other aspects of health care."

Dr. Daisy concurs the conversations are unique and rewarding. "We've had some really great discussions about women in medicine and it's allowed me to recognize that I haven't had to fight through many of the barriers that were part of the culture." Almost the entire staff at Heartland is women, with only five male providers.

"I find that in my experiences serving underserved and marginalized communities, women have always been at the forefront. It is incredibly inspiring that even though as women we have our own crosses to bear, we can also look outside ourselves to uplift others," says Natalie.

Natalie particularly cited the impact of attending the Heartland board of directors' meetings which enabled her to understand fully the logistics and considerations of managing community health centers as extensive as Heartland. "It was during this meeting that I was fully able to realize the far-reaching scope the presence of Heartland Health has on its community."

She's been to multiple sites, including a high school health clinic and a day with Medication Assisted Treatment (MAT) for opioid addiction in the final week. Natalie and Drs. Daisy and Carrier also remarked on the great relationships the providers have with their care teams, such as the medical assistants, which make the relationships and the effectiveness of their team-based system work that much better.

Natalie's previous experience in Philadelphia as the Health Access Liaison at Nationalities Service Center (NSC), where she coordinated health appointments and insurance enrollment for newly arrived refugees along with medical case management for the refugees and immigrants, means she brought a strong skill set in patient education.

"She's calm and caring and very inquisitive," says Daisy. "She showed a lot of empathy with patients."

Working with Dr. Carrier, who completed an FM-Psych residency program in Cincinnati, Ohio, has really helped cultivate an interest in psychiatry for Natalie, who majored in psychology in undergraduate school.

Because of Heartland's FQHC and patient-centered medical home model, Natalie had many different experiences and every day was different. On a recent visit from IAFP, Natalie observed the weekly tai-chi class, followed by the acupuncture group visit clinic, where she's even volunteered for a treatment herself. She's also participated in the community Gardening Club, providing access to healthy produce for patients.

"The diversity of experiences has greatly increased my understanding of FQHCs, medicine, administration. There was truly never a dull moment in this experience."

Initiative Creates Efficiencies and Incentives for Preceptors

An Interview with Preceptor Expansion Initiative Chair, Annie Rutter, MD *(Editor's Note: this article has been shortened to meet space requirements)*

By Mary Theobald, MBA, Vice President, Society of Teachers of Family Medicine

What's the Preceptor Expansion Initiative?

So, this is an interdisciplinary approach to increase the pool of community-based preceptors. Right now, most of our medical education takes place in tertiary medical centers. We don't have enough sites for students to train in community settings. So this initiative was taken on by multiple organizations, with the Society of Teachers of Family Medicine as the leader, to gain insight and to increase the number of physicians, nurse practitioners, and physician assistants in the community providing ambulatory education. This initiative will help them get rewarded for their work and also help them realize that this is work they can do.

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What about the fact that an increasing number of community physicians are employed rather than solo practitioners?
There's certainly a trend across the United States for more and more community-based and private practices to be part of bigger hospital or health care systems -- to be employed. For a physician to accept a student, that decision is sometimes taken out of their hands and raised up to the systems level. And when compensation is based on productivity, and there's a perception that a student slows you down, that can be a huge barrier to getting students into community settings.

You've noted that clinical practices have a lot on their plates. Isn't taking on a student going to add more to that already full plate?
If we train our students well before they get into the clinical setting, they can be a huge asset to a practice. Students can help with quality improvement projects and other practice-based initiatives. With the new CMS documentation changes, students can document patient visits. The preceptor can confirm what the student wrote.
If a student only sees several patients in a day and does the full visit from start to finish, including all the follow-up and the documentation, they'll learn what it's like to take care of patients.

The reality is that students get a lot out of varied experiences in a practice -- spending time with different types of providers, like pharmacists, medical assistants, case managers, nurse practitioners, physician assistants, all sorts of folks who are part of the care team. There's value in learning from all health care team members.

Will the Preceptor Expansion Initiative help students be better prepared for clinical rotations?
We use standardized onboarding of students, and this takes on a couple of facets. One is the logistics of onboarding: Does the student have a login to your EMR? Does the student have all of the proper HIPAA and other training and paperwork so he can contribute and begin learning right away?

The second piece of that onboarding is making sure the preceptor knows what the student has already learned, such as documentation skills, physical exam skills, history taking, and maybe even specific procedures. So, when student comes in on day one, the preceptor can utilize the student's skills for improved and efficient patient care. And so those two pieces, the logistics and the clinical preparation, will help ease the transition of students into clinical settings.

What are some of the positive things you hear from preceptors?
Some of the most positive feedback I get is related to giving back to the profession. A lot of preceptors say, "You know, I take students because someone took me and taught me how to do this." They enjoy getting to know the students and sharing their wisdom --, not just clinical wisdom, which is important, but also mentorship. Things like how to decide where to go for residency, work life balance, etcetera. Preceptors can share what it's like working in private practice or working for a hospital system or doing procedures in the office. I think sharing this knowledge is one of the things preceptors really enjoy. The other thing so many preceptors tell me is that students teach them a lot.

What if someone wants to precept and there are policies within their practice or system that won't allow them to do that? Any suggestions for advocating for change?
I think one way is to have a good relationship with your administration, whether that's your practice manager or a larger hospital systems director, and to talk to them directly. Some people think a commitment means they need to take a medical student every day for the entire academic year. Many schools are able to negotiate it so a preceptor works with students at certain times of the year or when the demand is great. There are a lot of different models out there.

Is there anything else you think we should talk about?
I sometimes hear that family docs don't teach because they're not sure they'd be a good teacher. Faculty development is a requirement for medical schools, and that includes community-based faculty. Schools work with community-based faculty to get them prepared to have students in their offices by teaching them what is expected and also providing tips on effective teaching. Community based physicians are extremely smart. They're taking care of patients, they're working hard every day, and they have a lot of wisdom to share with students about the day-to-day clinical presentations of patients.

State of Illinois
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Illinois AFP Family Medicine Advocacy Summit attendees with U.S. Rep. Brad Schneider (front row, third from right). Photo provided by AAFP.

Advocacy on Capitol Hill

Family Medicine Advocacy Summit IAFP leaders and Key Contacts gathered in Washington, DC meeting with members of the Illinois Congressional Delegation May 21-22. The following topics were included in discussions with both U.S. Senators' staffs and ten of the eighteen House members.

Ellen Brull, MD (left) and her practice partner Deborah Geismar, MD with U.S. Rep. Jan Schakowsky at the annual Women's Power Lunch.

- Congressional Primary Care Caucus (2 page PDF) Currently, Reps. Schakowsky and Schneider are members of the caucus while Reps. Roskam and Quigley indicated they would join. The Congressional Primary Care Caucus has a primary role in educating other legislators, staff, and the public on primary care issues, experiences, and concerns also focuses its attention on the growing relative shortage of primary care physicians and other providers and brings together legislators and staff who are interested in addressing policy proposals that could mitigate this shortage.
- Improve Maternal Mortality HR1318 provides $7million in grants to support local Maternal Mortality Review committees and expand to states that don't have them. Data is currently poor in this area. In Illinois, IAFP shared AAFP's information with EverThrive http://everthriveil.org/ as they held a listening session on the topic and have also developed an initiative http://everthriveil.org/resources/campaign-save-our-mothers-babies
- Rural Graduate Medical Education Innovation Sen. Cory Gardner (Colorado) introduced S.3014 - Rural Physician Workforce Production Act of 2018. The bill would exempt participating hospitals that provide rural training from resident "caps" established under the Balanced Budget Act of 1997 and would establish a new mechanism to enhance payment to hospitals for such rural training positions. The legislation would also ensure that critical access hospitals are paid under GME using the same formula as urban hospitals to incentivize training in rural areas.
- Standard Primary Care Benefit in High Deductible Health Plans HR5858 this is co-sponsored by IL Rep. Brad Schneider, who was the keynote at the FamMedPAC reception and met with the Illinois members, too. Under the Primary Care Patient Protection Act of 2018, individuals with a HDHP would have access to their primary care physician, or their primary care team, independent of cost-sharing – meaning that the patient could receive primary care services prior to meeting their deductible.
- Support Opioid Crisis Solutions Just like in Illinois, there are many bills on the Hill dealing with opioids because everyone wants to "do something" AAFP is supporting two options:
    - ACE Research Act HR5002/S2406 (funding NIH research on providing services in PCP and access services from Medicaid and Medicare via expansion of Medicaid in states that haven't) and
    - CONNECTIONS Act HR5812 to improve PMPs in states (MO still working on one) need interconnectivity, user-friendly and effective.

Thank you to our Illinois FMAS attendees: Thomas Cornwell, Sachin Dixit, Monica Fudala, David Hagan, Michael Hanak, Asim Jaffer, Donald Lurye, Lubna Madani, Sean McClellan, Javette Orgain, Timothy Ott, Margaret Russell, Sarah Valliere and Tabatha Wells.

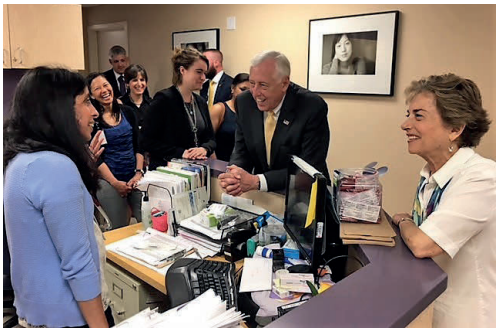
In-district meetings: Keeping up the communication

IAFP president-elect Sachin Dixit MD continues to meet with his Senator Michael Hastings. Ellen Brull, MD coordinated IAFP's table at the annual Congresswoman Jan Schakowsky Women's Power Lunch. The Northwestern McGaw Family Medicine Residency Program at Erie Family Health Center in Humboldt Park in Chicago hosted Rep. Schakowsky and House Minority Whip Rep. Steny Hoyer from Maryland at their clinic in July. NorthShore hosted State Rep. Fine on June 13th to orient her on family medicine's issues and hear her perspective on advocacy.

At the annual Jan Schakowsky Women's Power Lunch, left to right: Mary Carney, MD; Deborah Geismar, MD; Alicia Vazquez, MD; Ellen Brull, MD; Carrie Jaworski, MD and resident Sabrina Sawlani, DO.

Some core facts about Illinois family medicine that fuel our advocacy messages

- 26% of Illinois FPs work in a practice with at least 50% of the patients in a vulnerable category. 40% have a practice setting with 10-40% vulnerable patients
- 91% of Illinois members are in a practice that accepts Medicare, more than the U.S. average of 88%
- 69% of their practices accept new Medicaid patients, below the US average of 71%. 88% of IAFP members who completed IAFP's survey reported that they see Medicaid patients.
- Illinois family physicians spend an average of 36 hours per week on patient care, and another 12 hours per week on administrative work.
- Illinois family physicians reported an average of $277,055 in medical school debt, above the national average of $204,933.



U.S. Reps Steny Hoyer and Jan Schakowsky tour Erie Family Health Center, home to Illinois' only Teaching Health Center.

Illinois state representative Laura Fine discussed the importance of physician advocacy with University of Chicago/NorthShore Family Medicine Residency.

Illinois Academy of Family Physicians
Devoted to Advocacy, Education & Action

ILLINOIS FAMILY PHYSICIAN

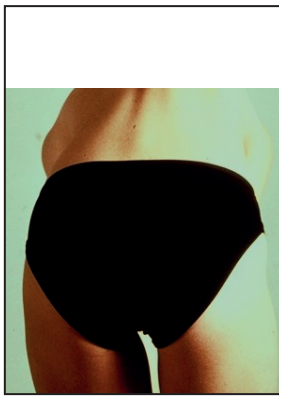
Continuing Medical Education

David Roberts, M.D., Pediatric Orthopaedic Surgeon, NorthShore University HealthSystem's Orthopaedic Institute

Adolescent Idiopathic Scoliosis – If Braces Work, Shouldn't We Screen?

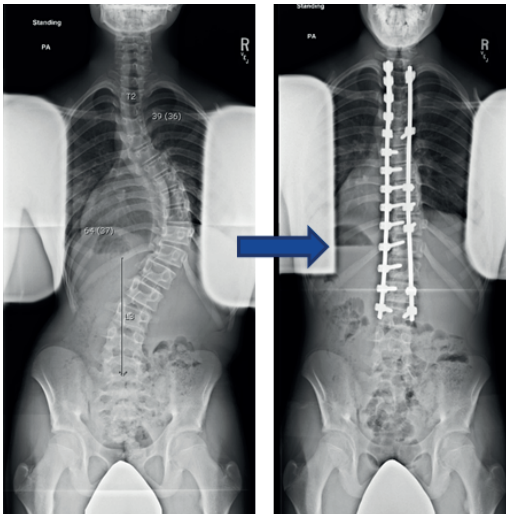
This year began with a major update in from the U.S. Preventive Services Task Force (USPSTF) guidelines on screening for adolescent idiopathic scoliosis (AIS).

The USPSTF 2018 guideline gives scoliosis screening an "I" rating – changed from the previous "D" recommendation in 2004. In other words, the USPSTF is no longer recommending against scoliosis screening.



Adolescent idiopathic scoliosis is a lateral curvature of the spine that develops in children and adolescents between ages 10 to 18 years. The cause is unknown. Prevalence of scoliosis is estimated at up to 3% of adolescents.

The clinical relevance of scoliosis depends on the severity of the curve, and whether it will progress over time. Mild curves (10-20 degrees) are generally asymptomatic with low risk of progression. However, moderate curves (>20-25 degrees) may progress during the adolescent growth spurt, and severe curves >40-50 degrees are likely to progress even in adulthood. Severe curves may be associated with adverse health outcomes long-term, such as decreased pulmonary function, back pain and related disability, cosmetic concerns and psychological effects, and reduced quality of life.



Surgery is usually considered for curves >40-50 degrees to avoid the adverse effects of further progression long term.

The goal of scoliosis screening is to identify at risk curves (>20-25 degrees) early during adolescence, and initiate treatment with a brace to prevent further progression and reduce the risk of surgery.

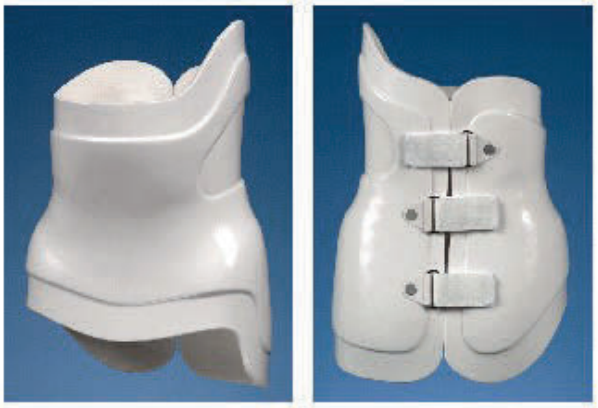
Scoliosis screening has been standard practice since the 1980s and has been advocated by expert panels of various organizations - the Academy of Pediatrics (AAP), American Academy of Orthopedic Surgeons (AAOS), Pediatric Orthopaedic Society of North America (POSNA), and the Scoliosis Research Society (SRS).

However, some have questioned the value of screening. In 2004, the USPSTF published a guideline on scoliosis screening with a "D" rating – a recommendation against scoliosis screening. The studies included in the 2004 review were of mixed quality and designs. Despite inclusion of two studies showing braced cohorts with lower rates of progression than observation alone, the USPSTF concluded that psychosocial harms of "unnecessary" brace wear and specialist referrals outweighed the benefits of screening. The task force judged bracing to only be beneficial for a small number of patients, and there was no compelling reason for a screening program – hence the "D" rating.

This recommendation was highly controversial as others were convinced of the efficacy of bracing, and hence screening programs. Consensus statements were published by the AAP, POSNA, SRS, and AAOS in support of screening, and these organizations repeatedly asked the USPSTF to update its review. These calls increased as further evidence continued to mount showing clear benefits in bracing (and hence screening).

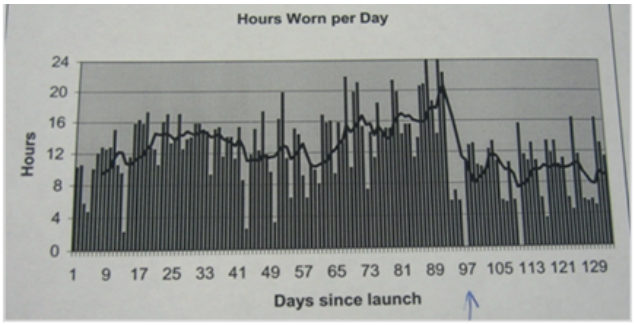
Most notable was the publication of the BrAIST (Bracing in Adolescent Idiopathic Scoliosis) trial in 2013.1 BrAIST was a multicenter randomized controlled trial of bracing vs. observation for AIS curves 20-40 degrees. To control for the

confounding effect of compliance, brace wear was measured with temperature sensors to determine actual wear patterns. The study showed that bracing was >90% effective at preventing curve progression to the surgical range if the brace was worn >13 hours per day. The evidence of treatment benefit was so clear that the study was stopped prematurely for ethical reasons to avoid further harm to the untreated control group.



This study was a landmark publication in pediatric orthopedics, as it conclusively showed that bracing is effective in AIS. The controversy on bracing was settled – braces work. Screening programs aimed to offer early brace treatment should therefore be the goal.

BrAIST also showed the importance of patient compliance. These temperature sensors are now widely available and can be used to coach patients to increase wear patterns. I regularly review the "brace report card" at follow-up visits with my own patients to help coach patients towards the best chance of treatment success.



In January 2018 – 14 years after the prior guideline was published, and 5 years after the BrAIST study – the USPSTF published an updated guideline on scoliosis screening. The verdict? An "I" recommendation: they judged the evidence is insufficient to balance benefits and harms of scoliosis screening.

In explaining their rationale, the USPSTF looked at 4 factors: importance, detection, benefits, and harms. USPSTF confirmed that scoliosis is important – severe curves cause pulmonary disorders, back pain and disability, psychological effects, cosmetic issues, and reduce quality of life. They also continued to agree that current screening methods are accurate.

The main change was that they found more evidence of benefits, and less evidence of harms, of early treatment. The USPSTF concluded there is "adequate" evidence from 5 studies that bracing decreases curve progression in adolescents. A caveat noted is that curve progression is only an intermediate outcome. Questions remain as to the benefit of screening on patient reported outcomes, and the association of reduction in spinal curvature and long-term outcomes. In my view, it is a safe assumption that keeping curves in the mild/moderate range is better than letting them progress to become severe curves.

The new guideline also no longer found harms of screening. The previously noted harms – unnecessary brace wear and referrals – were removed, as both are now considered necessary and beneficial. The current update found no studies on direct harms of screening, and inadequate evidence on harms of treatment.

The "I" recommendation represents an improvement from the prior "D" recommendation, but still continues to be controversial. Of course, more research is needed – longer term follow-up to show the effects into adulthood, and better patient-reported outcome instruments. However, the benefits of bracing, relative to the lack of harms, would seem to tip the scales towards an endorsement. If curves are not detected early by screening, then patients cannot possibly benefit from brace treatment. Bracing is far safer than surgery, and this advantage was not addressed in the review. To give patients a good chance of avoiding the risks of surgery is a clear and dramatic benefit of screening that should not be ignored.

Nonetheless, it is clearly a step in the right direction – 14 years after the controversial 2004 statement, the USPSTF now no longer recommends against scoliosis screening.

If you stopped performing scoliosis screening, or were never trained to do it, I would strongly recommend adding this as part of your well child visits for adolescents ages 10-14. Early detection of scoliosis is the best way to find a curvature when it is most treatable and offer your patients the chance to avoid progression to a severe curve that may require surgery.

Continued on next page

Screening is done with a simple physical exam maneuver, the Adam's forward bend test. The AAP, AAOS, POSNA, and SRS recommend scoliosis screening to be performed at age 10 and 12 for females, and at age 13 or 14 for males. Screening is done using a simple "scoliometer" (or smartphone app level) to measure trunk rotation on the Adam's forward bending test.

Significant rotation (>5-7 degrees) warrants an x-ray to evaluate the size of the curvature.

- Curves <15 degrees can be monitored by the family physician with a repeat screening exam in 1 year.
- Curves >15 degrees in growing children need closer monitoring (in 3-6 months).
- Any change of the curve >5 degrees or curve >20 degrees should be referred for evaluation by a pediatric orthopedist.

When caught early, brace treatment can prevent curve progression to the severe range and gives patients the best chance of avoiding surgery.

Though questions remain, the controversy on scoliosis screening has gotten clearer. Most expert organizations support screening, and now the USPSTF no longer recommends against it. Scoliosis screening should be considered part of the standard of care.

Bracing is effective, and we should give our patients the chance to avoid surgery by thorough early detection and treatment via scoliosis screening programs. I recommend that all family physicians perform routine screening for scoliosis in their adolescent patients.

More information on the new USPSTF recommendations can be found here. The BrAIST trial can be found here. A JAMA review article on scoliosis screening can be found here.

ABOUT THE AUTHOR

David Roberts, M.D., is a Pediatric Orthopaedic Surgeon at NorthShore Orthopaedic Institute, part of NorthShore University HealthSystem. He specializes in scoliosis and spinal deformity surgery. He is fellowship-trained and board-certified in pediatric orthopaedic surgery.

CONTACT INFORMATION

David Roberts, M.D.
NorthShore University HealthSystem
2650 Ridge Avenue
Walgreen Building, 2505
Evanston, IL 60201
DRoberts@northshore.org
(847) 570-2959

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President's Message Continued from Page 2

using synthetic cannabinoids and explain the risks.

Our family medicine residency center continues to treat these patients daily. We gained the trust of our patients and built relationships that we hope will last well beyond this particular crisis. As family physicians, we were able to handle the acute crisis, and continued to encourage healthy lifestyles with substance abuse counseling and preventive care. I was proud of the inspiring work of the residents, and to see the principles of family medicine valued as we dealt with this crisis. It proved to me again that to improve the health care system in this country, every person deserves to have a family physician as part of their health care team.

Members in the News

IAFP's Cynthia Waickus, MD, PhD to receive AAFP Exemplary Teaching Award

We are proud to announce that AAFP has named Illinois' nominee Cynthia Waickus, MD, PhD from Rush Medical College as their 2018 Exemplary Teaching Award winner. 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 all four years of school. She will be recognized at AAFP Congress of Delegates in New Orleans in October.

IAFP baseball fans and friends celebrated family medicine and a White Sox 9-6 win under warm skies with lots of action on the field. The event raised over $2,100 for the Foundation. Big thanks to you "Heavy Hitter" and "Long Distance Fan" Sharon Smaga, MD who drove up from Carbondale and brought a group of 15 people to the game. We also thank Healthcare Associates Credit Union and ProAssurance for supporting this annual fundraiser.

IAFP board member Tabatha Wells, MD of Springfield was quoted in a July 29 Springfield *State Journal Register* story about the devasting effects of Title X funding cuts to Planned Parenthood and the negative impact it will have on women's access to birth control and other family planning services and health care needs. Dr. Wells is also co-chair of the IAFP's Reproductive Health Care Member Interest Group.

Mark Loafman, MD, Chair of Family Medicine at Cook County Health and Hospital Systems co-authored a July 31 *Chicago Tribune* letter to the editor with important insights on the critical need for naloxone access to prevent deaths from drug overdoses and to give people another chance, or more than one more, to get help and treatment.

Sam Grief, MD of Chicago did a live interview with WBEZ public radio "Morning Edition" on August 1st with a wide range of important tips for Lollapalooza fans to stay safe and hydrated at the four-day fest, including hearing protection.

Jeremy Carrier, MD of Galesburg authored a column in the August 7 *Galesburg Register* outlining the top three health risks for men: heart disease, prostate cancer and diabetes.

Mercyhealth's new clinic in Loves Park opened July 1 and is home of Illinois' newest family medicine residency program. Shami Goyal, MD is the program director and participated in the ribbon cutting and gave a tour to the press and local officials. The clinic received press coverage in the *Rockford Register Star* on June 17.

Michael Connolly, MD with SIU Quincy Center for Family Medicine is the only physician in the area certified to treat Opioid Addiction via Medication Assisted Treatment. He was featured in June 17 and 20th *Quincy Herald Whig* articles about the opioid addiction and overdose epidemic in the community. SIU now has funding to train additional providers to help meet the demand for care.

Christopher Rhyne, MD of SwedishAmerican in Rockford was featured in June 20 *Rockford Register Star* and WTVO-TV on June 20 with important precautions for residents dealing with flooding and flood damage clean up.

Danny Cunningham, DO and Karen Sung, DO are two BroMenn Family Medicine Residency graduates who are staying in Bloomington to practice. The good news was shared in the *Bloomington Pantagraph* on June 18. Cunningham is joining 2016 Family Physician of the Year, Stephen C. Pilcher, MD, FAAFP.

Janet Albers, MD (chair of family and community medicine at SIU) and Jerry Kruse, MD (Dean, SIU School of Medicine) participated in the groundbreaking of the new SIHF and SIU facility in Carbondale. The state-of-the-art facility will be the new home for SIU-Carbondale's Family Medicine Residency Program. The event was covered by WSIL-TV, the *Benton Evening News* and the *Southern Illinoisan*.

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News You Can Use

Direct Connect Resources for your patients and caregivers

Of the estimated 5.7 million Americans living with Alzheimer's dementia in 2018, 220,000 are Illinois residents. Mortality from Alzheimer's disease continues to rise while deaths from other major causes decreases. Deaths from Alzheimer's disease have more than doubled, increasing 123 percent between 2000 and 2015. For context, the number of deaths from heart disease – the number one killer in America –decreased by 11 percent during this same time period.

A diagnosis of Alzheimer's disease is difficult, as there is no treatment, prevention or cure for the disease. As a physician, you can help make the road a little easier for your patients and their families. Direct Connect Rapid Referral is a secure and HIPAA-compliant form that directly links individuals and families to the Alzheimer's Association for education, caregiver support and customized care planning. This form is available in paper or online.

"I urge you to connect your patients with dementia and their caregivers to the Alzheimer's Association...before a crisis occurs," said Vincent D. Keenan, MSPH, CAE and Executive Vice President of the Illinois Academy of Family Physicians. "It only takes 30 seconds to complete the Direct Connect Rapid Referral form, so families can access free care and supportive services and information offered by the Association."

Direct Connect Rapid Referral is a free service which offers your patients the benefit of confidential support and information as they navigate the challenges inherent with memory loss, Alzheimer's disease and other dementias.

According to the Alzheimer's Association's *2018 Alzheimer's Disease Facts and Figures,* there is a significant economic burden of Alzheimer's effects people living with the disease, their families and caregivers, as well as society at large. The number of older Americans is growing rapidly, so too is the number of people living with Alzheimer's and the subsequent impact to the nation's economy. By 2050, the total cost of care for Alzheimer's is projected to increase to more than $1.1 trillion.

"This year's report illuminates the growing cost and impact of Alzheimer's on the nation's health care system, and also points to the growing financial, physical and emotional toll on families facing this disease," said Keith Fargo, Ph.D., director of scientific programs and outreach for the Alzheimer's Association. "Soaring prevalence, rising mortality rates and lack of an effective treatment all lead to enormous costs to society, Alzheimer's is a burden that's only going to get worse. We must continue to attack Alzheimer's through a multidimensional approach that advances research while also improving support for people with the disease and their caregivers."

The Alzheimer's Association can help:
- Connect to community resources
- Provide guidance with decision-making as the disease progresses
- Answer questions about next steps like legal and financial considerations, safety issues, or changes in behavior
- Engage with others that share the same diagnosis

"Patients and families who are facing challenges related to dementia need more education and support than I can provide in the office," said Dr. Rita Shapiro, neurologist and geriatrician Memory and Aging Clinic at the University of Illinois at Chicago (UIC). "The care managers at the Alzheimer's Association have been invaluable. These highly knowledgeable professionals provide individualized assessments, family education, offer support and suggestions for developing a safe plan of care. They help both families and physicians find solutions during periods of crisis and safety concerns. The care management service and the 24-hour Helpline are both exceptional."

The Alzheimer's Association's Free 24/7 Helpline at 1.800.272.3900
For more information go to: www.alzheimers-illinois.org/directconnect or call the 24/7 Helpline at 800.272.3900.

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FOR YOUR SweetHeart®

Where diabetes and heart disease meet

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Resources on Type 2 diabetes for your patients

For Your SweetHeart®: Where diabetes and heart disease meet is a nationwide movement to raise awareness of the link between type 2 diabetes and heart disease and to encourage people with type 2 diabetes to know their risk and speak to their healthcare provider, for the sake of their health and the people they cherish the most.

According to a national survey, more than half (52 percent) of adults with type 2 diabetes do not understand they are at an increased risk for heart disease and related life-threatening events, such as heart attack, stroke or even death.

To bridge this knowledge gap and raise awareness about this link, people are encouraged to learn about their risk through the ***Heart You Quiz*** - a simple one-question quiz that will help people with type 2 diabetes and their loved ones learn more about their risk for heart disease. Other resources are also available on ForYourSweetHeart.com to help people start the conversation with their healthcare providers about available treatment options.

This movement is joined by 11 leading patient and professional groups, eight leading medical experts, Angela Bassett, an award-winning actress, and Dr. Travis Stork, board-certified emergency medicine physician and host of the Emmy-nominated show The Doctors.

Illinois Academy of Family Physicians

747 E. Boughton Road, Suite 253
Bolingbook, IL 60440

Phone: 630-435-0257
Fax: 630-559-0739
E-mail: iafp@iafp.com

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