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Devoted to Advocacy, Education & Action

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2018 Family Physician of the Year



Thomas Huggett, MD, MPH Lawndale Christian Health Center, Chicago

He's such an inspiration in my life that right now I wouldn't know what to do without him.

The amazing relationship between family physicians and patients is a cornerstone of family medicine, which sets the specialty apart. And when selecting the annual IAFP Family Physician of the Year, the IAFP Public Relations Task Force reads many wonderful letters from patients about their family physician. However, the letters for the 2018 Illinois Family Physician of the Year took amazing courage, candor and the willingness to accept help.

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President's Message

Asim Jaffer, MD, FAAFP

This was a fantastic and busy final month of my term as IAFP president. I'm writing from New Orleans, home of the 2018 AAFP Congress of Delegates and FMX where Illinois was well represented on the national stage.

Here are the highlights:

1) I ate very well this week. The food and southern hospitality were phenomenal!

2) I was energized by the opportunity to represent you as one of your two delegates to the AAFP Congress of Delegates. Along with Delegate David Hagan, MD and alternates Sachin Dixit, MD and Monica Fudala, MD and a cadre of IAFP leaders from home, we had an amazing experience. You'll read more about it in this issue. For me personally, it was a point of pride to participate in this process. Not only to advance our own resolutions, but to support many other outstanding proposals from other states and to offer reasoned input on policies that we didn't feel were right for our Academy.

It was an electrifying moment when our Congress adopted policy to reject the term "assisted suicide."

One of my favorite moments was AAFP Resident board member Michelle Byrne, MD of Chicago. She was elected by the Resident Congress over the summer and gave her speech before Congress. Her impassioned message of social justice brought the entire room to its feet – a standing ovation. She is a resident at Northwestern McGaw Family Medicine Residency at Humboldt Park, a Teaching Health Center that develops family medicine leaders. We are proud of her and grateful to her residency program for their support in empowering her to take this important role!

3) We also heard from Jerry Kruse, MD, Dean of SIU School of Medicine, who is Chair of the Board of Directors for the American Board of Family



Medicine (ABFM) who announced that ABFM will pilot an alternative to the 10-year exam which will be more of a longitudinal recertification process. The ABFM has heard the concerns of our members and has responded with this pilot project to begin in 2019. Much more to follow.

4) Illinoisans continued to shine on the national stage during FMX, the largest conference for the Academy. I have served as Chair of the FMX advisory board the last three years and have firsthand knowledge of the quality of CME offerings at FMX- AAFP Family Medicine Experience. It was amazing to see over 5,000 family physicians and over 9,000 total attendees participating in interactive education. It reinforced how family physicians should be the backbone of any strong health care system. Personally, it was an opportunity to 'return to the hive' and be energized by other family physicians who are dealing with similar successes and challenges, regardless of our practice scope or location.

The opening session had a riveting talk by Zubin Damania, MD - better known as "ZDoggMD" about the value of family medicine. But, I say having our very own Elizabeth Salisbury-Afshar, MD moderate a panel discussion on the main stage about "Responding to the Opioid Crisis" was a highlight of the conference. Illinois also had several other presenters throughout the conference, and over a dozen poster presentations by students and residents from Illinois.

My final act as IAFP President is one that I am honored to do – presenting my President's Awards. I chose two of the most impressive people I know, Joan



Golemon, MD and Thomas Golemon, MD, FAAFP, who I have worked with and learned from over the last 10 years. Their selfless devotion to training and developing family physicians and health care leaders inspires everyone who has ever worked with them. Their individual and collective legacies to the specialty of family medicine make them both simultaneously deserving of this recognition. Their clinical and administrative leadership has changed the culture of not only the residency program, but also the hospital system and community in Central Illinois. The years of leadership that Tom Golemon gave to the UICOMP Family Medicine Residency has helped recruit hundreds of medical students into our specialty. Joan Golemon is certainly one of the most impressive people I have met. Her common sense and practicality along with her excellent clinical skills and natural teaching ability make her a role model as well. She has led the way for many of us to succeed in hospital and administrative leadership roles.

It would be easy to group Tom and Joan together as a successful power couple, which they certainly are. But their contributions to our specialty and community stand alone. They have inspired me and others to see ourselves as family physicians destined to be leaders in health care. They have made me a better family physician and a better person. On behalf of the Illinois Academy, I thank them both for their contributions to family medicine. I look forward to personally delivering their awards to them soon in Peoria.

Meanwhile, it's my honor to pass the President's torch to Sachin Dixit, MD from Darien. I am confident that IAFP is in good hands. As they say in New Orleans, *Laissez les bon temps rouler* - Let the good times roll!



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IAFP News

Continued from page 1

The statements from patients of Lawndale Christian Health Center and residents at Breakthrough Men's Shelter truly define how a family physician can improve and save lives. Each of these patients face homelessness and drug addiction, often combined with mental health and chronic diseases. But each of them was willing to step forward and talk about their family physician to support his nomination. Through their statements and the support of IAFP leaders, we are proud to share the story of the 2018 Family Physician of the Year: Thomas Huggett, MD, MPH of Lawndale Christian Health Center on Chicago's west side.

I am still a work in progress, but I am getting a helping hand from a great doctor. It is God 's honest truth that I don't think I'd be here right now if it weren't for Dr. Huggett and his supportive staff, I honestly think I would be dead.

He got up and came from his home and helped me prepare for my important doctor appointment and he didn't have to do that. I never had a doctor help me like that before. I was taking a biopsy and he made sure I've done everything I was supposed to do and dropped me off there, so I got there on time. It made me feel strong and like I could get through it because he helped me prepare and made sure I had a place to sleep the night before. He opened up a room at Breakthrough for me and put a cot in there, so I was comfortable.

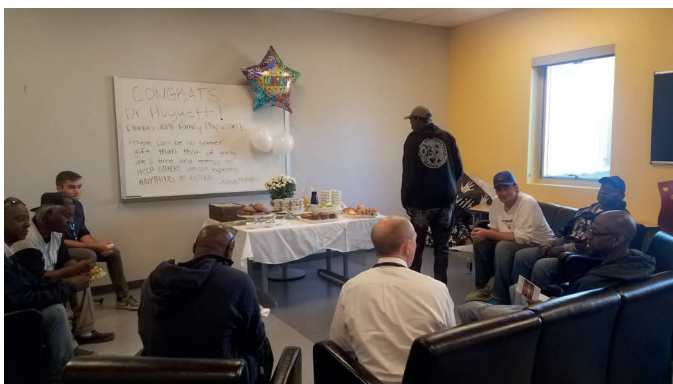
At first, I was skeptical because I've tried everything under the sun, but when the first visit was over, I had hope, which I didn't feel like for years. After two weeks I stopped using drugs period and started to see big changes in myself.

Many of the patients Huggett cares for have a lifetime story of heroin use. "Heroin has always been here on the west side. But no one had health insurance and so we could do very little for them," Huggett explains. "Then after the Affordable Care Act, they had access to medications, to providers and to treatment." Huggett earned the certification for Medication Assisted Treatment and works closely with Behavioral Health counselor Brittany Buckner at Lawndale Christian Health Center to break the grip of heroin addiction. "People were seeing their friends die, once fentanyl started into the system and they were ready to try. We need both the medication and the behavior health counselors to be successful for them," says Huggett. "We as family physicians can't NOT do this. We respond to what our community needs; that's family medicine."

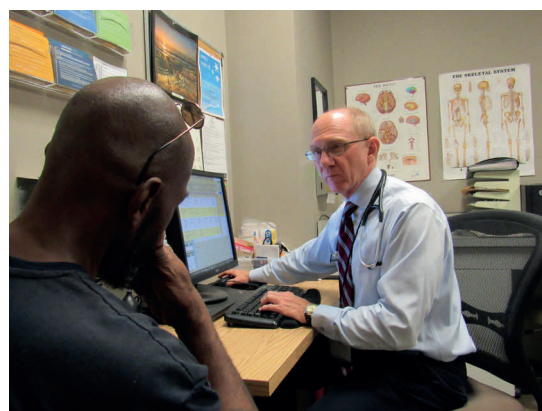
Buckner joined the practice in July of 2016 and provides the counseling component for Dr. Huggett's patients who are also taking suboxone. "The patients Dr. Huggett treats at LCHC present with multiple complex psychosocial stressors and who, consequently, experience numerous medical, psychiatric, and substance use disorder comorbidities. These are patients whose needs' have not been traditionally well met by our health care system in primary care settings," she said. "He is a beacon of hope and has shown remarkable empathy and cultural humility in his work with diverse patients most vulnerable to falling through the cracks," concluded Buckner.

For it is the continued proverbial ray of hope for a better quality of life and that all have self-worth; you see this wonderful man and healer truly addresses all areas of illness - that is why I call him the "good doctor."

In fact, after Dr. Huggett was notified that he's the 2018 Family Physician of the Year and shared the news with his colleagues, those same patients who shared their stories planned a surprise party to celebrate with their "good doctor" at a recent group appointment.



Dr. Huggett's patients hosted a surprise party at Lawndale.



Dr. Huggett provides a checkup at Breakthrough Men's Shelter

The connection between Huggett and Buckner ensures that patients in crisis get an immediate warm handoff and the counseling they need to have the chance to succeed in breaking addiction and moving forward in life. They talk about all the factors that impact a patient's health outcomes, such as accessing their prescriptions, support groups and services, goals for seeking secure housing and employment. Huggett and Buckner are in constant communication in person, via the clinic's E.H.R. and Skype to manage the precarious and complex patients in their care.

His work goes well beyond patients, as Huggett has given numerous education presentations on substance abuse, addiction and MAT to communities and medical colleagues over the past two years. He's recently been interviewed live on WBEZ Illinois Public Radio about the opioid crisis and also the *Chicago Tribune* on the obstacles patients face in accessing prescriptions in pharmacy deserts like his West Side community.

Dr. Huggett always makes himself available to us and by us, I mean those of us in this city who are forgotten, ignored, and shunned, most of us have never had a person in the field of medicine who truly care about the entire person, the "good doctor" always greeted me with a firm handshake and a smile on his face and always was an attentive listener of my problems. He always asked about our homelessness situation showing great compassion in ways that instilled hope in a hopeless individual. Many of us were on the course of self-destruction or suicide, but his kindness towards us kept us going. He speaks on our behalf to the powers that be, he truly brings our plight to those that need to be aware of it. Just go to the street and ask about the "good doctor" on our west side in the Lawndale and surrounding area and you will find many who have contact with him.

People know the "good doctor" is Thomas Huggett, MD because he lives in their community. He bought a home in the Austin neighborhood in 2003, and proudly shares that he has paid off the mortgage this year. His home also includes a rental unit that provides a home to families in the Section 8 program. Before then, he was renting an apartment in Oak Park, but wanted to be closer to work and the people he was working for, his patients. "I had no car and was riding my bike to work every day."

The real-estate agent that he chose to help him find his new home – after walking in to his office without any advanced notice – went on to become his agent and his friend. Five years later, that agent and community-minded activist was elected to the Illinois House and took on the new role as State Representative LaShawn Ford. Huggett and Ford continue their work, both in the community and in state health policy. Huggett has served as his health care advisor since he was elected. They have crafted health policy leading to new laws including expanding HIV screening; increasing use of food stamps in farmers' markets; preventing childhood obesity; and establishing a Violence Prevention Task Force. Together they are confronting the opioid epidemic through Rep. Ford's West Side Heroin Task Force. They've worked together to establish and promote a walk-in violence mental health center in the community.

Huggett also serves on the Governor's Task Force on Opioid Use, taking his knowledge and experience from the community to a state platform.

Arvind Goyal, MD, MPH is the 2001 IAFP Family Physician of the Year and also Director of the Illinois Medicaid Program. He knows Dr. Huggett through his work as IAFP's representative to Medicaid's Advisory Committee (MAC) since 2012. Huggett was elected vice-chair of the MAC earlier this year.

"He has a record of community service spanning several years: as a volunteer in many different settings and organizations, including a health advisory role with a high profile political campaign, leadership of a regional health authority, mentoring medical school students, and teaching role as a faculty member at University of Illinois, School of Public Health. I have witnessed Dr. Huggett's consistent representation of our profession and specialty with conviction, honor and passion," said Goyal.

It's just been a beautiful thing to have known him for this long and be his patient for 25 years.

Although Dr. Huggett has been a well-known family physician for years, it was former IAFP Board member Elizabeth Salisbury-Afshar, MD, MPH, FAAFP who nominated him for the Family Physician of the Year award.

"Tom is someone who practices what he preaches. Although I've never worked with him clinically, we sometimes discuss challenging cases, and it is clear the level of empathy he exhibits when caring for patients," said Salisbury-Afshar in her

nomination. “He is also willing to advocate for his patients in a way that many physicians do not have the energy for. He’s calling Medicaid, advocating for state policy change, advocating for Medicaid improvements.”

It’s often stated that patients in underrepresented minority communities need a physician who looks like them. Though Dr. Huggett is a white male, he connects with his mostly African-American patients, establishes trust and brings them hope and results. When asked how it works so well, Huggett pauses to think about that. “I live in the community and have been here a long while. I love learning about people and what their lives are like. Family medicine is about getting to know people and I just happen to practice where the people are homeless and mostly African-American.” He also cites his past experiences working in the Peace Corps and mission work in Malawi, in Africa, where the patients had no other Malawian physicians and the conditions were dire.

“What I most enjoy about family medicine is the chance to try to figure out how to make an encounter a positive one, given the extremely diverse personalities, backgrounds, histories of previously poor medical encounters, psychological damage, racism, and culture perspectives that people might bring to an encounter,” summarizes Huggett.

Given the challenges of his patients and the demands of multiple locations and commitments that he keeps, how does Dr. Huggett avoid feeling burned out. “We are really fortunate. We can really get to know people. What keeps us going as family physicians is knowing our patients as people and what’s going on in their lives. They can be as supportive to us as we are to them. They look after us, too!”

Finally he concludes, “Interruptions are our business or our ministry. That’s just how it’s gonna roll! I’ve learned so much from working with people in recovery about taking things day by day. I’ll get what I need.”



Ariel Leifer, MD – IAFP Family Medicine Teacher of the Year

Ariel Leifer, MD is only five years out of residency but has already made her mark as an educator at the University of Illinois at Chicago Family Medicine Residency, where she was strongly supported as the 2018 IAFP Family Medicine Teacher of the Year. Dr. Leifer completed her residency training at West Suburban Family Medicine Residency in 2013, after serving as co-chief resident. She joined the faculty at UIC, where she’d also graduated from medical school, and made herself invaluable from the start.

Her teaching roles include pelvic ultrasound for early pregnancy identification, IUD localization and third trimester pregnancy findings, and Women’s Health Procedures in the residency curriculum. Her expertise in women’s health is a great asset to her role as the ALSO (Advanced Life Support in Obstetrics) course assistant instructor. She’s also the RHEDI (Reproductive Health Education) site director – which combines formal teaching and clinic supervision of reproductive healthcare procedures, counseling and ultrasound. She brings her expertise and passion for women’s health issues to the IAFP’s Reproductive Health Care Member Interest Group.

Another key contribution to the resident’s experience at UIC is the presentation by Dr. Leifer on Personal Financial Planning: Starting Out.

At UIC College of Medicine, Dr. Leifer is the preceptor for the third-year family medicine clerkship, an important time for attracting students and delivering them to family medicine. She’s the “Women’s Health in Family Medicine” M4 elective instructor and also teaches a course on chronic disease management and advanced communication skills.

One of her most notable achievements since joining UIC is to make the board exam process better for her residents. She recently took the initiative to comb through 2,160 ABFM In-Training Examination questions, placing each question in its appropriate category, and creating a tremendous board review guide organized by rotation. Under her oversight of UIC’s residency’s board review program for the last three years, graduates have achieved a 100% pass rate on their board exams.

Dr. Leifer was nominated by then-Chief Resident Andrew Birkhead, MD, who credits her for taking him beyond expectations.

"I have gone from an intern with mixed feelings about maternity care to a chief resident with a strong desire to not only make it a part of my practice but teach it as well. As a mentor, she has helped me find my way to becoming a better learner and now a teacher as well. I hope one day to be half the teacher she is."

Many of her current and former residents cited her calm and reassuring demeanor in guiding them through those challenging, and sometimes unpredictable baby deliveries. Many shared stories of specific cases where they felt supported and came out on the other side more confident in their abilities. "When working alongside her on Labor and Delivery, she is calm and collected, respectively offering her input while seeking ours in return. It is a collaborative partnership where the residents have ownership of their patients' care. When involved in an obstetric delivery, she lets the resident take the helm; however, she is never too far away when help is needed," explains Helena Orbach, MD UIC 2017 Family Medicine Residency graduate. "Her generous nature gives the residents space to grow and develop clinical confidence."

Her residents and medical students flourish as a direct result of her dedicated teaching and mentorship. She is an exceptional role model that inspires her residents to become the best family physicians they can be. "The younger generation of family physicians is going to lead in using technology and data to reach out to patients in new ways and improve population health," says Leifer.

As Orbach describes her, "She is petite in stature and many would describe her as soft-spoken, but boy, does she pack an educational wallop! In the short time she has been at UIC, she has made immeasurable educational changes, positively impacting our learning experience."

"Dr. Leifer is an incredible mentor to me. She helped me confirm that family medicine was the right path for me and modeled how I could incorporate my love of women's health into my future practice," added Anna Fogel, M.D. another UIC resident physician.

This past summer Dr. Leifer became medical director of the University Village Family Medicine Clinic, where she supervises a busy multidisciplinary family medicine clinic with faculty and resident physicians, clinical pharmacists and nurse practitioners.

"Family medicine is the way to improve the overall health of our whole country. We need doctors who can work with their patients over years and across clinical settings to understand the challenges patients face in their lives and help guide them to better health," says Leifer. "Family medicine is also the specialty most equipped to address the complex needs of the most vulnerable people in our communities from people with limited education to homelessness to substance use disorders."

Dr. Leifer has garnered many awards since joining UIC, including the UIC Family Medicine Residency Outpatient Preceptor of Year Award and the UIC Department of Family Medicine Faculty Rising Star Award for Junior Faculty. She currently chairs the advisory committee for the family medicine department at UIC College of Medicine.



Sarah E. Stombaugh, MD – IAFP Resident Teacher of the Year

IAFP's Family Medicine Educators Committee created the Resident Teacher of the Year in 2017 to honor an outstanding resident educator. All Illinois programs are invited to submit their top resident educator for consideration. Five programs submitted nominations. The committee selected Sarah E. Stombaugh, MD from the University of Chicago NorthShore Health System Family Medicine Residency in Glenview. Stombaugh came to Illinois after graduating from Creighton University School of Medicine in Nebraska.

Program director Deborah Miller, MD provided the background in nominating Stombaugh, who served as a co-chief resident during the 2017-18 academic year. "She is a born leader with exceptional organizational and interpersonal skills. She was sought out by her resident colleagues to provide advice on academic and personal issues. Her faculty and resident evaluations consistently reflect her as a role model. She is smart, poised and professional."

Early in residency she decided to pursue a teaching track as part of her elective experience. She completed the formal curriculum in her PGY 3 year. She has provided formal instruction to her resident colleagues during didactics on topics from dermatology to treating psychiatric patients and more. Her community lectures covered topics such as drugs and alcohol,

depression and anxiety and women's health.

Sarah is also an excellent family physician. "Her patient care skills are exceptional. Her patients love her and she had a loyal following during residency," reports Miller. "We are so fortunate that she remained at NorthShore in Evanston for the next chapter of her career." She will teach medical students in her practice and gain additional clinical expertise.

Throughout residency she was a member of the IAFP's government relations committee. Next up, she will present at the 2018 Family Medicine Midwest Conference next month during one of the poster sessions: *Developing an Obesity Curriculum for Primary Care Physicians*.

AAFP Congress of Delegates Recap

History was made in New Orleans when the AAFP Congress of Delegates passed a resolution on medical-aid-in-dying, which includes officially rejecting the term "physician assisted suicide" and taking a neutral position on laws that permit using physician prescribed medications as an end of life option.

The American Academy of Family Physicians adopted a position of engaged neutrality toward medical-aid-in-dying as a personal end-of-life decision in the context of the physician-patient relationship, and the American Academy of Family Physicians will refrain from use of the phrase "assisted suicide" or "physician-assisted-suicide" in formal statements or documents and direct the AAFP's American Medical Association (AMA) delegation to promote the same in the AMA House of Delegates.

"The action taken today allows the AAFP to advocate for engaged neutrality on this subject at future AMA House of Delegates meetings," said Michael Munger, MD, president of the AAFP. AAFP bylaws state any resolution that differs from the AMA Code of Ethics requires a two-thirds vote of the AAFP Congress of Delegates and the resolution passed by that majority. "Through our ongoing and continuous relationship with our patients, family physicians are well-positioned to counsel patients on end-of-life care, and we are engaged in creating change in the best interest of our patients."

While that resolution drew the significant buzz and applause from attendees, many other important policies were developed and discussed, then ultimately adopted, referred to the board of directors or not adopted.

Meanwhile your Illinois chapter sent a large group of chapter leaders to support delegates Asim Jaffer, MD and David Hagan, MD and alternate Sachin Dixit, MD. Monica Fudala, MD of Chicago was appointed to substitute as alternate delegate for Alvia Siddiqi, MD. Therefore, our many advocates were able to participate in all the reference committees, not only to support Illinois' two resolutions but also provide testimony in support for some and comments of concern on other resolutions our state leaders chose to oppose.





Monical Fudala, MD

Our Resolution 411 (<https://www.aafp.org/about/governance/congress-delegates/2018/resolutions2/illinois-a.mem.html>) asking AAFP to withdraw supporting “low-nicotine” products for FDA approval as a harm reduction strategy. The reference committee on Health of the Public and Science recommended referral to the board for further study. However, during Congress, both IAFF and Minnesota delegates urged the Congress to adopt the resolution now. Dr. Fudala reminded delegates that there is currently no safe level of nicotine. “My concern is that youths and adolescents are accessing and using e-cigarettes and JUULs in skyrocketing numbers, and that the potential harms of nicotine on the developing brain should make this a priority,” she told the Congress. After several minutes of respectful debate, the resolution was adopted by a vote of 61-50.

Meanwhile our Late Resolution calling for an ABFM KSA on Health Equity was referred to the AAFP Board of Directors: https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2018/LateResolutionB-ABFMKSAonHealthEquity.pdf

Another important aspect of the Congress is the election of three new board members, the Speaker and Vice Speaker and the President-Elect. IAFF delegate and past president David J. Hagan, MD of Gibson City ran for one of the three board member positions, but was not elected. Dr. Hagan ran a dedicated and energetic campaign fueled by the enthusiastic support of our board members and other leaders. You can view and learn about the newly elected AAFP leaders here: <https://www.aafp.org/about/governance/board-directors.html>

Michelle Byrne, MD from the Northwestern McGaw Family Medicine Residency program was officially installed as the Resident member of the AAFP board of directors. Her impassioned speech brought the entire room to their feet. “In this time of political corruption and scandal that piles higher with each news cycle, I have delivered 51 babies into this messy and beautiful world, celebrating the joy and light they bring into a pace that feels dark for so many.”

IAFF member and current chair of the American Board of Family Medicine and Dean of SIU School of Medicine Jerry Kruse, MD brought greetings from ABFM and announced the upcoming launch of a pilot longitudinal recertification process to replace the high-stakes ten-year exam.

Finally, IAFF president Asim Jaffer, MD joyfully welcomed Illinois members arriving into town for the AAFP Family Medicine Experience (FMX) at a reception hosted at a nearby local favorite. Many past presidents and even our 2014 IAFF Teachers of the Year (Employed and Volunteer Faculty) gathered in the same room to renew acquaintances and make new friends.



Jerry Kruse, MD



Michelle Byrne, MD



Past IAFF Teachers of Year Alisha Thomas, MD and Sajini Thomas, MD with IAFF President Asim Jaffer, MD



Anna Balabanova, MD (center) with Dr. Jaffer



Board members Emma Daisy, MD; Kate Rowland, MD and Santina Wheat, MD

Mentor Connection will keep Connecting in 2019

Under the design of Janice Benson, MD and then-IAFP student board member Emily Graber (UIC) IAFP's Family Health Foundation of Illinois launched the Mentor Connection program (<https://www.iafp.com/mentor-connection>) in 2017 to link medical student members with an IAFP Volunteer Leader in a feasible and meaningful way.

By connecting students with a family physician they may never encounter anywhere else, IAFP sought to provide an initial link and opportunities for students and family physicians (and family medicine residents) to talk about anything and everything. This is a mentoring program for personal support, leadership development or career exploration. IAFP recruited volunteers from our board and committees to serve as mentors. Each mentor posted a brief description of their practice and interests, along with preferred contact information in the members-only Mentorship community forum on the IAFP web site. Students from Illinois medical schools who successfully completed the application were invited to view the profiles and connect with a mentor volunteer that piqued their interest.

2017 began as a pilot program with 17 matched students and mentors. The students and mentors were asked to connect four to eight times each year. A "connection" can be face-to-face meetings (visit the practice, meet for coffee, attend an event together), Skype/Facetime, phone calls or even an email check-in. Mentor volunteers received a gift card as our thanks for their time and generosity.

Students and mentors were invited to meet up in person in conjunction with IAFP hosted events. Dr. Benson also hosted a Sunday afternoon gathering at her Chicago home. Students and their mentors were asked complete a mid-year short online survey and then a final online survey by the end of the year. Three students graduated in 2017 and all matched into family medicine. An additional eight of the original 17 matches continued together in 2018.

Thanks to a grant from the AAFP Foundation Family Medicine Philanthropic Consortium, the Mentor Connection program was renewed in 2018 and expanded to a total of 30 paired students and mentors. IAFP worked with mentor Dr. Greg Kirschner to host a kickoff breakfast at Advocate Lutheran General Hospital to provide a "First Connection" opportunity for the new pairs to meet and for the returning pairs to renew their mentorship. More than half of the program participants made it to breakfast on a stormy March morning.

2018 Mid-year reports indicate that two-thirds of the respondents are very satisfied with their mentor connection, while another one-quarter were satisfied. Three respondents reported "not enough contact" at the time to determine. Even if a student graduates, they are welcome to stay connected with their mentor wherever residency takes them.

The AAFP Foundation grant has been renewed and is expanded for 2019 open to student members graduating in 2020 or later. IAFP Active and Resident members who are interested in volunteering as a mentor can contact Ginnie Flynn, Vice President of Communications at gflynn@iafp.com and 630-427-8004.



Support the Foundation with a donation before the end of the year!

Go To www.iafp.com/foundation to donate securely online and support programs like Mentor Connection, Summer Externship Experience, Student and Resident scholarships and programming, and Tar Wars.

WE VALUE OUR MEMBERS



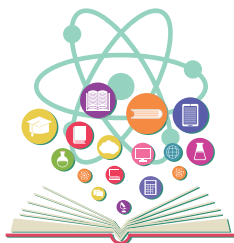
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IAFP is the voice of family physicians by promoting the value of the specialty of Family Medicine and improving health for all through advocacy, education and action.

ADVOCACY

- IAFP leadership and staff represent you as the voice in public health, government and advocacy groups to ensure your views and your patients are in the discussion.
- Every two years our Spring into Action advocacy days unite members across the career spectrum (student, resident and active physicians) and from around the state in a common advocacy week. Join us in 2019!
- Action alerts enable members to act on local and state issues, while AAFP Speak Out and Family Medicine Action Network facilitate national issues.

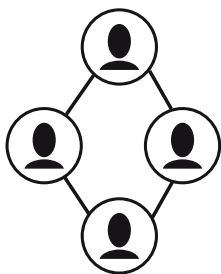
EDUCATION



Members can access high-quality free CME online through a variety of platforms and opportunities. The activities offered by IAFP speak directly to the needs of the primary care physician in a true effort to improve the caliber of care they provide to patients. Visit www.iafp.com/education

- Experience the value of our Annual Meeting and Essential Evidence live events to provide comprehensive clinical up to date CME you can use the very next day.
- Webinars year round on timely topics provide CME during lunch or evening hours. Topics included vaccines, obesity, direct primary care, opioids,
- IAFP provides opportunities for members to develop CME and present at our conferences
- We are here to keep you on task for recertification and re-election. Our education.iafp.com web site is the go-to resource for CME . We host live ABFM Knowledge Self Assessments and virtual KSAs to deliver directly to you.

ACTION



- IAFP is the home to connect with your colleagues on the issues that matter to you through our Member Interest Groups: **Direct Primary Care, Food is Medicine, Urgent Care, Reproductive Health, FPs in FQHCs and Women in Leadership**
 - Members have a voice with our board of directors year-round.
 - IAFP works with our universities and residency programs to attract more students to family medicine through Family Medicine Midwest annual conference and AAFP National Conference.

WE VALUE OUR PARTNERS IN HEALTH

Working with IAFP is your best investment to impacting patient care through education, prevention and wellness.

- Immunizations: We are helping to keep Illinois safe through our trusted relationships with families in discussing the importance and value of vaccines. Link to Immunization campaign at <https://www.iafp.com/immunization-advocacy>



- Pain management, opioids and substance addiction. IAFP provides a Safe Prescriber program <http://www.iafp.com/safe-rx> with the tools to manage this complex topic in their practices as part of their comprehensive care to patients in a medical home. One-in-ten (9%) IAFP physicians believe the prescription drug abuse crisis is the number one Public Health crisis facing Illinois, while the majority (53%) say it is a “very serious” problem among the top public health issues we face



- Behavioral Health Integration: Family medicine practices combine medical and behavioral health with a team-based care model. Primary care practices play an important role in helping patients address their mental health issues.
- Leadership and Advocacy at all levels: Family physicians are leaders in the public and private sector working towards better health outcomes based on access to primary care and preventive services. IAFP is a leading and trusted voice on issues that matter to family physicians and their patients. Family medicine’s broad scope and statewide distribution ensure that we are the experts to educate lawmakers and decision-makers on how a policy will affect physicians and patients.

Facts about IAFP members and family medicine

- Family medicine practices provide 53,173 jobs (direct and indirect) in Illinois, or \$4.3 billion in wages and benefits.
- The average family physician sees 74 patients per week in the office and makes five hospital visits
- Family physicians provide access to care: 80% of IAFP members care for Medicaid patients
- Illinois needs an additional 1,063 primary care physicians (+12%) by 2030. Currently less than 10 percent of Illinois medical school graduates are matching into family medicine and many of them leave Illinois for other states.



Member Survey reveals advocacy priorities – Aligning our actions with your priorities

Over 90% of IAFP members surveyed believe “keeping me informed on current affairs concerning family medicine” and “representation with state government and other organizations” are of paramount importance. IAFP’s active member survey (emailed to members in June) results ranked the issues listed below as high priorities. As we work with the AAFP, many issues warrant national attention while others are state-based solutions. Here are some highlights of how staff and volunteer leadership have worked to address these topics:

Government Relations

Payer and Insurance issues (prior authorizations, administrative burden and reporting, etc.)

- A current project between the ABFM and Robert Graham Center showed that FPs are saving more than they cost (study of % spend on primary care with 9 payers). This behind-the-scenes work continues to inform our leadership at the state and national level as family medicine’s value is promoted at every opportunity.
- Medicare Fee Schedule: CMS released the [2019 Medicare physician fee schedule and Quality Payment Program proposed rule](#). Given the potential impact this proposed rule would have on family physicians and their patients, AAFP has worked hard to keep members and chapters informed of this very complicated and long rule which for the first time combines the Fee Schedule with the Quality Payment Program: it’s an alphabet soup of E&M, MACRA, MIPS, and APMs. The AAFP shares these concerns and submitted [comments](#). IAFP echoed similar concerns to CMS. *In Illinois, many small and independent practices have contacted the IAFP indicating the harm these changes would cause. The collapsing of E/M payment, in conjunction with the 50% reduction in payment for multiple services through the modifier -25, are perceived to be an economic death knell by these practices. Most have expressed that the implementation of the proposed changes would result in significant financial strains. Family medicine's contributions to the economy in Illinois amount to: \$9 billion in direct and indirect economic output; 53,173 jobs (direct and indirect positions); and \$4.3 billion in direct and indirect wages and benefits. The IAFP believes we need to protect these independent practices and take steps to ensure their economic viability.* Link to our full comments here: <https://iafp.memberclicks.net/assets/docs/GovRel/iafp-cms-fee%20schedule.pdf>

The final Fee Schedule is expected in early November which doesn’t allow time for members to formulate a business plan before the new year. This will continue to be an urgent priority which AAFP will convey through increased communication.

- Meanwhile AAFP developed and submitted the Advanced Primary Care – Alternative Payment Model to re-define and properly define a payment system that completely and accurately values family medicine practices <https://www.aafp.org/dam/AAFP/documents/advocacy/payment/apms/PR-PTAC-APC-APM-41417.pdf>
- Prior authorization: IAFP supported a state bill to create a uniform prior authorization form for Medicaid MCOs and Commercial Insurers. Unfortunately, the bill did not pass but efforts will continue as legislators have a heightened awareness of this administrative burden on physicians.
- Rx Pricing As states seek to address high drug prices, industry lobbyists are increasingly targeting state lawmakers, [reports Kaiser Health News](#). AAFP joined the [Campaign for Sustainable Rx Prices](#), a national coalition of medical and health organizations dedicated to policies to lower the price of prescription drugs.

Public Health and Safety

- Tobacco 21 passed the General Assembly but was vetoed by the Governor: Senate Bill 2332 would have raised the age to purchase all tobacco and nicotine delivery products from 18 to 21. Advocates will attempt an override during November Veto Session. Meanwhile, members have been part of many successful local campaigns; Illinois now has 26 cities with local T21 ordinances with a total covered population of 4,592,275.
- The governor vetoed SB2572, supported by IAFP, which would have changed the physical education (PE) requirement in Illinois schools from three days per week to 150 minutes per week. Advocates will work to override the Governor’s veto during veto session in November.

Pain management, opioids and substance addiction Family physicians find themselves at the crux of the issue, balancing care of people who have chronic pain with the challenges of managing opioid misuse and abuse. One-in-ten (9%) IAFP physicians believe the prescription drug abuse crisis is the number one Public Health crisis facing Illinois, while the majority (53%) say it is a “very serious” problem among the top public health issues we face

- IAFP is a leader with the Illinois Prescription Monitoring Program (ILPMP) with 98 percent of respondents to the IAFP member survey are registered with the IL PMP. IAFP physicians in rural areas are more likely to write prescriptions for opioids at least daily (60%) than those in mid-size cities (30%) or in Chicago (23%).
- SB 3023 was signed into law and was supported in coordination with a contingent of around 40 other diverse interest groups. The legislation would offer immunity from civil liabilities when using antidotes in cases of opioid overdoses.

Opposing scope of practice expansion for non-physicians

- Physical Therapists Direct Access: House Bill 4643 as originally introduced would have completely removed the requirement that patients first receive a medical diagnosis and referral before seeing a physical therapist. A negotiated final bill prevents PTs from making a diagnosis and they must refer a patient anytime that patient presents with a condition that is out of the PT scope. Additionally, the bill would allow for a patient to directly access a PT for a period of 15 business days or 10 visits, whichever happens first. If the patient does not show improvement, then the patient has to be referred to the treating health care professional. Wound debridement can only be performed with a referral.
- Naturopaths and Lay Midwives: this licensure issue is routinely introduced and stalls each legislative session. IAFP and other provider organizations will continue to collaboratively oppose these legislative initiatives, to ensure patient safety.

Medical liability reform

- While this remains a priority, the state and national political climates are not conducive to passing any meaningful reform at this time.

Use IAFP and AAFP resources for grassroots advocacy!

Here are compelling resources that show YOUR VALUE as a family physician.

The Importance of Family Medicine in Illinois

https://www.aafp.org/dam/AAFP/documents/advocacy/campaigns/state_fact_sheets/Illinois.pdf

The State of Primary Care in the United States: A Chartbook of Facts and Statistics

<https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/PrimaryCareChartbook.pdf>

Tap into the vast policies and resources you need to meet with your elected officials: engage us in compiling information for your visit and invite us along! Contact Gordana Krkic, CAE, Deputy Executive Vice President of External Affairs at gkrkic@iafp.com for more information.

**Election Day is Tuesday, November 6!
Be sure to vote that day or take advantage of
early voting options in your area.**



State of Illinois
Department of Human Services

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PMPnow allows your electronic health record system to automatically send requests to the PMP. Patient information is then viewable within seconds inside your EHR.

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www.ilpmp.org



(N-01-18) PMPnow Ad

Continuing Medical Education

Virtual KSA on Well Child Visit

Knock out a KSA with IAFP using the all-virtual online KSA on Well Child Visit, Saturday December 1, 2018 from 8am – 1pm CST. This program will use a web-based system that will allow family physician learners from across Illinois and the country the opportunity to complete the Well Child KSA while learning from expert content presenters, all in the comfort of your home or office.

This virtual learning session uses an innovative method for delivering a KSA to a large group of physician learners at the same time. To participate, all you need is a computer, high speed internet access, a telephone and/or speaker capability (you won't need a microphone as all lines will be muted) and be ready to learn. On KSA Day, you will use an online polling system to work through KSA questions with our content experts. Our main goal is to pass the exam, with expert speakers offering background assistance on each question. All answers will be submitted as a group and individuals will be credited for completion of the knowledge self-assessment.

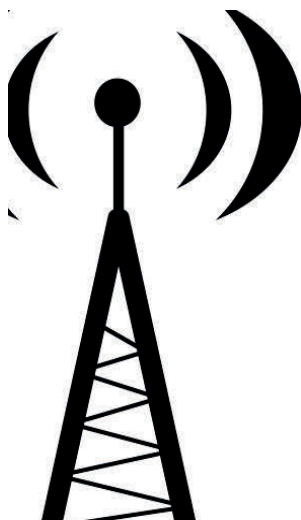
Registration for the virtual KSA is \$75 for IAFP members, and \$100 for non-members or out of state AFP members. IAFP Residents will receive a discounted rate of \$25, and non-IL AFP member residents rate is \$50. For more information and to register please visit <https://www.iafp.com/ksa>

Public Service Announcements on Immunizations

Did you hear the IAFP and Family Health Foundation of Illinois public service announcements on your local radio station back in July? We have launched an Illinois based public service radio campaign on immunizations. Each PSA will educate the audience on a specific vaccine and encourage them to visit their family doctor. Informative newsletters have also been emailed to the membership, featuring one of the PSA topics each month:

July - HPV*
 August - Meningococcal*
 October - General Adult Vaccine*
 November - Pneumonia*
 December - Pertussis*

*Click on the vaccine name to hear the PSA - you can also link to them from www.iafp.com/psas to your practice website or an email or social media post. IAFP PSA's will be on the air the last week of November and first week of December on these stations throughout Illinois:



Suburban Chicago Stations

WERV-FM (Classic Hits, 95.9FM) and WCCQ-FM (Country, 98.3FM) WONC-FM (North Central College Rock, 89.1FM)

Bloomington WBWN-FM (Country, 104.1FM) and WJBC-AM (M.O.R., 1230AM)

Carbondale WJPF-AM/WCIL-AM (News/Talk, 1020AM/1340AM)

Champaign WPGU-FM (Univ. of Illinois Alternative, 107.1FM)

McComb WIUS-FM (Western Illinois Alternative, 88.3FM)

Peoria WSWT-FM (Adult Contemporary, 106.9FM) and WMBD-AM (News/Talk, 1470AM)

Rockford WXXQ-FM (Country, 98.5FM) and WROK-AM (News/Talk, 1440AM)

Springfield WMAY-AM (News/Talk, 970AM)

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aafp.org/EveryONE/tools



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Why did you choose family medicine?

I chose Family Medicine because I felt it was where I saw “my people”. FM is full of doctors who are treating the individual patient in front of them, and additionally considering the bigger picture—the social determinants and systemic injustices that influence that patient’s health much more than their blood pressure medicine. In addition, I thoroughly enjoy getting to see patients of every age and stage, particularly when they are part of the same family!

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

Our country’s health care system is in a pivotal moment where a recommitment to primary care is deeply needed. Family physicians will be a part of this revolution—the transformation of our health care system into one that better serves all patients, through primary care, especially for those who are most vulnerable. If a student wants to experience the joy of family medicine, come visit!

What’s unique about a Teaching Health Center Residency program like Northwestern McGaw in Chicago?

I am so grateful to train at one of the THC Residencies where I can truly call my clinic home. In my career, I hope to provide primary care for patients across the life spectrum and working at Erie Family Health Centers in Chicago is preparing me for that. While all family medicine residents serve patients in outpatient clinics, residents at THC’s often can focus more of their training in this setting. For me this philosophical shift has been important, and Erie truly feels like my home. My co-residents and I are very connected to the staff and programming beyond our weekly clinic sessions and I believe this is preparing us to work in under-resourced communities.

How do you balance the demands of



Michelle Byrne, MD
Northwestern – McGaw Family Medicine
Residency at Erie Family Health Center
in Humboldt Park
AAFP Resident Board Member 2018-2019

residency, leadership, and your own well-being?

Serving in leadership positions is what fuels me in the day-to-day grind of residency, and primary care in general. It is amazing to have the opportunity to work with strong Family Medicine leaders and think about how to shift our health care system to better serve vulnerable patient populations. After a long day in clinic, it is a nice balance to step back and think about the big picture. Conversely, a 24-hour call focused on patient care is actually refreshing after a week of board meetings and policy-oriented thinking. For me, wellness stems mainly from remaining connected to community, which I am grateful to have a lot of in Chicago outside of the medical field. I remain involved at the Su Casa Catholic Worker Community where I lived during my 4th year of medical school, and that community continues to ground me and remind me of what matters. I also make it a priority to go on a silent spiritual retreat every year to completely unplug and re-center!

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

Pursuing a career in medicine was an unexpected shift for me. I think I could have pursued a social justice career and been very happy. I considered teaching, law, policy, non-profit work, consulting, ministry, and more.

What inspired you to run for the AAFP board?

I served on the AAFP Commission on Membership last year thanks to a mentor



who encouraged me to apply. I saw the inner-workings of the AAFP and I was truly impressed by the organization. The AAFP is full of family physicians who are passionate about making change on a big picture level to improve our health care system and make it better for our patients. Physicians could debate sensitive issues, come to a clear and actionable decision, and then enjoy each other’s company afterward whatever the outcome! As I saw the ways that the Board was able to impact family medicine and health policy on the national stage, I was eager to be a part of that. I believe that my experiences working on issues of health equity and with patients in many under-resourced communities could provide insight that would be valuable to the board and continue to help guide the AAFP in its mission of improving health for all.

What was most memorable about your first AAFP Congress and what do you hope to achieve?

In contrast to the operations of the US government, which feel increasingly partisan and vitriolic, the AAFP Congress of Delegates was efficient, organized, and collegial. In the end, the AAFP Congress passed final resolutions that will set the AAFP on a great path forward for the coming year. It was inspiring to be a part of this process.

My involvement with the AAFP over the past several years has connected me to a fantastic community of family physicians who are doing amazing work on the front lines of health care in communities across the country. I believe that we are at a pivotal point where a recommitment to primary care is needed more than ever, and where our health systems need to be transformed to better serve those who are most vulnerable. I look forward to sharing my experiences and patient stories with the AAFP Board of Directors this year and supporting the AAFP’s strong commitment to health equity.”

Illinois and Rush Medical College celebrate another Pisacano Scholar



Emma Richardson is a 4th-year medical student at Rush Medical College in Chicago and the current student member on the IAFFP board of directors. She is also one of only six 2018 Pisacano Scholars from across the country. 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. Scholars show demonstrable leadership skills, superior academic achievement, strong communication skills, identifiable character and integrity, and a noteworthy level of community service. That's our Emma Richardson!

As a college student at Notre Dame, Emma volunteered with the Don Miller Homes in Baltimore, Maryland, working with low-income adults with HIV. She spent the following summer as an intern with the Foundation for International Medical Relief of Children, where she assisted with daily clinical and administrative tasks at a clinic and health organization in rural eastern Uganda, conducted an evaluation of the Community Health Educators program, and led health education sessions on nutrition, sexual health, and other topics for children at local schools and community groups. She returned to Uganda her senior year to conduct qualitative interview-based research on pathways to care for women with obstetric fistula. Throughout college, she was a mentor for a local elementary student through Notre Dame's College Mentors for Kids program, and she led the organization as the Co-President during her senior year.

After graduating from Notre Dame, Emma worked for two years for Epic Systems, an electronic medical record software company. Through this work Emma gained insight into the operational side of medicine, including the impact of legislative, insurance-based, and compensatory guidelines and regulations on patient care and clinical workflows.

Emma is one of five students in the Rush Family Medicine Program (FMLP), a four-year longitudinal curriculum with clinical and didactic components for students interested in family medicine. Through the FMLP, she has established continuity of care with patients in a community-based clinic. During her first year of medical school at Rush, Emma was the primary founder of the "Correctional Health Initiative" – a student-led health education program at the Cook County Jail in Chicago. The program was designed to empower women in the jail by providing accessible, relevant health education and a forum for positive interactions with health professions students. Emma and her volunteers have led almost 200 weekly sessions with an average of 32 participants each session. During this time, she has also been involved in research with the Department of Infectious Disease, examining the co-occurring epidemics of incarceration, HIV, and MRSA colonization. Through these experiences, Emma has developed a strong interest in correctional health and care for justice-involved individuals. She was recently elected to the Gold Humanism Honor Society by her peers for her commitment to service and compassionate patient centered care.

She will be presenting a workshop on *Incarceration and Health: Understanding and Addressing Disparities Experienced by Justice-Involved Individuals* at Family Medicine Midwest on November 10

Emma was a member of the Workforce Team for Family Medicine for America's Health, a collaborative organization working to improve healthcare in the US and demonstrate the value of primary care. In this role, Emma worked with a team of residents, students, and faculty advisors to conduct qualitative focus group-based research regarding medical student specialty choice. This research aims to identify ways to address the primary care gap by increasing student choice of family medicine.

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.

Members in the News

to provide high-quality primary care with direct access to your personal family physician. Learn more about the DPC MIG at www.iafp.com/migs.

Two Direct Primary Care Member Interest Group members were featured on NBC 5 Chicago on October 16th 10 p.m. news. The DPC practices of **Clodagh Ryan, MD** of LaGrange and **Alvaro Encinas, MD** of Chicago's northwest side were featured in this special report on the DPC model



Tony Hampton, MD was honored with the Exemplary Partner for all Advocate-Aurora Medical Groups at an event October 17. Dr. Hampton practices at the Advocate Medical Group – Beverly location. Dr. Hampton is especially passionate about removing barriers to health and equipping patients with the education and resources they need to take charge of their own health. As medical director of the Advocate Operating System, he collaborates with clinicians and staff on programs to address social determinants of health among at-risk patient populations. Dr. Hampton serves on AMG's Governing Council, Health Outcomes Committee, and Advocate's Executive Diversity Council. Hampton also was quoted in a Sept. 25 *Homewood Flossmoor Patch* story examining the health benefits of eating eggs. Hampton recommends two to four eggs a day are good for you.

Public Relations Task Force Chair **Kristin Drynan, MD** of Aurora was live on Illinois Public Radio's "Morning Shift" on October 12 discussing the importance of the flu vaccine and encouraging all listeners to get vaccinated, while also dispelling myths and taking questions on the air.

Nickolas Skyba, DO of Schaumburg authored an Oct. 1 *Daily Herald* Op-Ed on preserving open space in the community that serves as a healthy and educational escape for his family and others. The school district recently sold 62 acres of woodland near his house to a home developer.

Congratulations to member **Roger Wujek, MD** of Hillsboro who received an 2018 Rural Physician of Excellence award from the Illinois Rural Health Association (IRHA) and was featured in the October 4th *Hillsboro Journal News*.

Congratulations to Rush Medical College student **Kathryn Rooney** - who has been appointed as the student member of the *Annals of Family Medicine* editorial board.

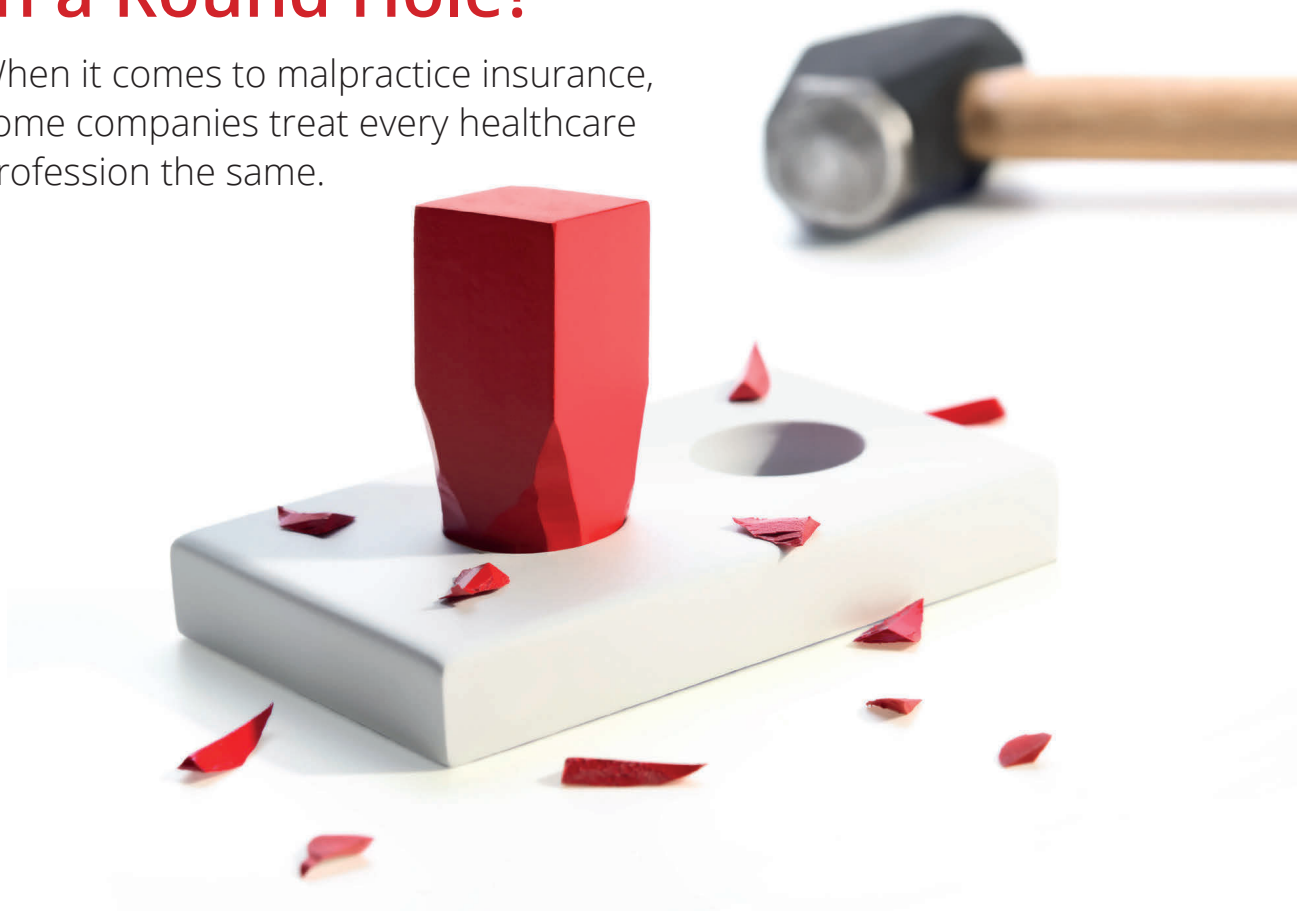
Joe Ross, MD of Rockford was featured on WIFR-TV in Rockford on the news that by 2030 seniors will outnumber children, making up more than 1 in 5 people in the US. Thanks to immunizations and other advances, more people are living longer – shifting the demographic.

Public Health Committee member **Raj Shah, MD**'s co-authored three major papers in the most recent *New England Journal of Medicine*, including research that found no benefit low dose aspirin use in healthy adults.

Congratulations to Midwest Access Project's co-founder and IAFP member **Dr. Debra Stulberg**, who received the Dr. Garry Gardner Health Care Provider Award from EverThrive at their benefit September 20. **Garry Gardner, MD**, was one of the founding partners of DuPage Pediatrics in Darien, Illinois, where he practiced for 40 years and was a founding Board member of EverThrive Illinois. Dr. Stulberg is part of the IAFPs Reproductive Health Member Interest Group. Learn more about this MIG at www.iafp.com/migs.

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News You Can Use

Reflux: What Parents Want to Know

Contributed by Pathways.org

More than 50% of infants regurgitate daily, even multiple times per day.⁽¹⁾ Infant gastroesophageal reflux (GER), the passage of gastric contents into the esophagus with or without regurgitation and vomiting, is a constant concern for many families and a frequent topic of discussion with their healthcare provider. ⁽²⁾

Parents typically have these recurring questions in their well-child visits:

1. Is this a serious problem and should I be worried?
2. Is my baby getting enough calories or losing weight?
3. How common is reflux in infants?
4. What causes reflux?
5. Does it matter what my baby eats?

Providing answers to the above questions or solutions to help manage reflux can be reassuring to families.

Tell your patients some of the behaviors that contribute to reflux, such as swallowing air while feeding. If baby is looking around and taking their mouth off the nipple, they may swallow air mid-feed, contributing to regurgitation. Drinking too much or too quickly is another common behavior that leads to reflux. Providers should also remind parents that laying baby down too soon after feeding is a contributing factor. When it comes to what baby eats, the American Academy of Pediatrics recommends a diet of only breastmilk for the first 6 months of life. Studies have found infants who drink only breastmilk exhibit less reflux and spit up behaviors than babies with a mixed diet including formula. Partially breastfed babies suffer from more frequent regurgitation.² While reflux will typically involve a dribble of spit up after feeding, tell parents of the warning signs of GER becoming a bigger problem, such as if baby is not gaining weight, if baby is fussy and in pain during regurgitation, frequent projectile vomiting, refusing food, or respiratory problems such as difficulty breathing or a chronic cough. These symptoms can signal gastroesophageal reflux disease, or GERD. ^(2, 3)

When discussing treatment options with parents, it is important to first discuss positioning. Some parents may already know to keep their baby upright for 30 minutes after feedings, but it is also important to tell them about other types of positioning techniques. In the supine position, the gastroesophageal junction is continually submerged in the consumed fluid, making reflux a common occurrence; however, positioning the infant in a left-sidelying or prone position clears the juncture of this fluid. ⁽⁴⁾ Thus, if parents are not able to hold their child and keep them upright for 30 minutes after feeding, the left-sidelying or prone position would be an effective alternative. Parents tend to put their baby in a car seat to keep them upright, however, this is counterproductive. It is important to not place a baby in a car seat for at least 30 minutes after feeding because the carrier puts pressure on the stomach. Plus the baby's position in the seat causes the legs to flex, creating more pressure. Once the baby is independently sitting, the food will stay down easier. If regurgitation is still worrying the parents or if the baby is still showing concerning symptoms, try feeding in smaller amounts and more frequently.

Often, health care providers turn to prescription medication after evaluating positioning strategies, particularly if the child is not yet eating solid food. Medication is commonly prescribed if the infant is in pain or is not taking in the proper quantity of formula/breastmilk per day. Recently, there has been a large increase in GERD diagnosed in infants less than 12 months of age along with an increase in prescribing proton pump inhibitors (PPI). ⁽¹⁾

Once GERD is treated, the issue is not always solved. There can be the potential for long-term effects. Infants with a history of GERD may develop a habit of avoiding certain foods due to their frequent regurgitation and become picky eaters. Something as simple as picky eating can have lasting effects years after infancy. Without intervention, these habits developed while the infant is refluxing can stay with them while they develop the ability to eat solid foods. If baby is a picky eater, they could be missing out on certain nutrients and vitamins essential to their growth and development. For some infants and children, untreated reflux can contribute to tooth decay from loss of dental enamel due to stomach acid. Additionally, parents may shy away from putting their infant prone on their stomachs if their baby is showing signs of reflux, due to abdominal pressure and possible increased fussing. Unfortunately, this lack of tummy time can have significant effects on gross motor development and delay achievement of age appropriate milestones.

If reflux disease is unable to be successfully managed by the primary care provider then the infant should be referred to a pediatric gastroenterologist for further evaluation and treatment. A pediatric gastroenterology specialist may perform further diagnostic testing, such as an esophageal manometry, endoscopy, ph impedance test, or a BRAVO placement in order to assist them in creating an individualized treatment plan.(3) Referral to a speech language pathologist is warranted if feeding and/or swallowing difficulties are noted, since this is a common occurrence in infants with GERD. Speech therapists can serve as an additional resource for families and are important partners in helping families become the best advocate for their child especially when navigating through early intervention services.

For more information about childhood development, please visit www.pathways.org or email friends@pathways.org. Pathways.org, founded in 1985, provides parents and health professionals with free educational resources on children’s motor, sensory, and communication development to promote early detection and intervention.

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