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

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Matching Up! Illinois medical schools post 25% more graduates matching in family medicine

Leslie Smebak and Rachel Stones from University of Chicago - Pritzker School of Medicine celebrate their match into family medicine.

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President's Message

Asim Jaffer, MD, FAAFP

Talking Tobacco 21, Town by Town

I really love a good story, especially one that involves many characters, different settings, challenges and subsequent victories. I'm going to share the story of the collaborative efforts to enact Tobacco 21 policies in home-rule municipalities across the state. This is an issue where members throughout the state can advocate on a policy that will truly improve the health of today's kids and tomorrow's adults.

The Tobacco 21 policy prohibits the sale of any tobacco product or nicotine delivery device to anyone under age 21. That covers cigarettes, cigars, smokeless tobacco and the entire gamut of emerging products like e-cigarettes, hookahs and JUULs. Some of these products pack a big punch of nicotine disguised to look like (and be charged just like) your everyday USB flash drive.

Image courtesy of the American Academy of Pediatrics Julius B. Richmond Center of Excellence

Throughout the past few months, IAFP's current Family Physician of the Year (and my good friend) Rahmat Na'Allah, MD and I have been working with local high school advocates and other health organization allies educating

our community about the amazing impact a Tobacco 21 policy will have here. We've met with Mayor Jim Ardis and with individual council members, and provided impactful evidence to City Council members. Rahmat is on the Peoria City/Council board of health and they worked to craft a rock-solid recommendation for improving the health of this community – and that includes proven strategies to reduce tobacco use and a tobacco 21 policy for all products.

This careful, thoughtful and respectful process culminated with the successful adoption of an ordinance on April 24, by the vote of 8-3. I was thrilled to be there to see this and proud that medical students from the University of Illinois at Peoria came along with Rahmat.

The Peoria Tobacco 21 team.

Her work behind the scenes these past few months culminated in her testimony before the council. She said, in part, "The number one cause of death among Peoria residents is cancer. In the U.S. it's heart disease, but in Peoria, it's cancer. The number one cancer is lung cancer. The number one contributing factor, tobacco. So, thanks to your vote to increase the age to purchase tobacco from 18 to 21, the kids will have their fully functioning brains to make the right decisions. Let's join the other 3.7 million Illinoisans (who live in tobacco 21 cities)."

We are proud to help Peoria become the first major city south of I-80 to pass Tobacco 21. The law will be in effect by the time you read this message. It was a great experience for me, and my children. They both recently experienced Tar Wars lessons at school, and they were excited to be a part of the process to prevent young adults from smoking. This was a highlight of my year to see them involved, too.

The Peoria Tobacco 21 ordinance relates to the sale and distribution of tobacco and e-cigarette (vaping) materials. The legal age to purchase tobacco products is 21. Businesses, agents, and employees selling tobacco products may have the business licenses suspended, revoked, or be fined. There are no penalties for tobacco possession by minors, since youths are considered victims of aggressive marketing by companies.

Let me provide a bit of history in this story. Evanston, Chicago, Naperville, Berwyn and many cities in Lake County were early adopters of Tobacco 21 policies in 2016 and 2017 and those efforts all included direct advocacy by IAFP members. Momentum has really kicked in this year. Tobacco 21 education and advocacy has been going on in other cities in northern Illinois all year long. And I'm happy to report that tobacco 21 proposals are currently batting 1.000 (that may be a baseball reference – and a good place for me to remind you about our IAFP Foundation White Sox game – link to more information here and get your tickets by June 13!)

Here are other Illinois cities that have adopted Tobacco 21 policies in recent weeks.

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IAFP News

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Family medicine continues its steady steps towards increasing the future workforce, both nationally and here in Illinois. The dedicated efforts of AAFP and IAFP leadership, along with the family medicine residency programs in Illinois year-round, and at AAFP National Conference and Family Medicine Midwest combine to move the needle increasing our pipeline of family physicians. The 2018 Match results give a morale boost and reasons to continue our strong efforts.

After a disappointing 2017, family medicine interest among Illinois allopathic medical students rebounded in a big way in 2018. A total of 102 out of 1,082 graduates (9.4%) matched into family medicine, a significant 25% increase over 2017, when only 80 students out of 1,029 matched into family medicine. We saw a similar increase in the number of family medicine graduates matching into Illinois family medicine residency programs, from 31 in 2017 to 44 this year.

This bodes well as two new family medicine residency programs prepare to enter the recruiting process later this year. Northwestern McGaw will open a third program, at Delnor Hospital in Geneva, led by program director Natalie Choi, MD. Mercy Health will provide a second residency program in Rockford, under the leadership of Shami Goyal, MD who came to Illinois from Pennsylvania. IAFP now has a comprehensive listing of our Illinois programs on our website at http://www.iafp.com/il-fmr-list.

2018 Match Results for Illinois Allopathic Medical Schools

Medical School	# choosing FM (IL residency)	Total number of U.S. graduates	FM as % of graduates
Rosalind Franklin – Chicago Medical School	21 (9)	188	11
Loyola Stritch School of Medicine	16 (11)	157	10
Northwestern Univ. Feinberg Medical School	6 (2)	151	4
Rush Medical College	9 (2)	126	7
SIU School of Medicine	13 (3)	68	19
University of Chicago – Pritzker	2 (1)	97	2
University of Illinois campuses			
Chicago	15 (9)	162	9
Peoria	3 (2)	56	5
Rockford	12 (4)	53	23
Urbana	5 (1)	24	21
U of I campuses combined	***35***	***295***	***12***
2018 Total	**102 (44)**	**1,082**	**9.4%**
2017 Illinois Schools	80 (31)	*1,029*	*7.7%*
2018 US Seniors totals	*1,648*	17,480	*9.3 (up .5)*

From AAFP on the nation Match picture for family medicine – a record year!

AAFP reported a 96.7 percent fill rate for family medicine residency programs -- the highest ever recorded for the specialty and nearly a percentage point higher than in 2017 (95.8 percent).

The number of U.S. seniors matching to family medicine also increased in 2018. A total of 1,648 U.S. seniors -- defined by the NRMP as those graduating from an M.D.-granting medical school -- matched to family medicine residency programs this year, compared to 1,530 in 2017.

Read more from AAFP here:

A Closer Look – Meet some Illinois Match Day success stories

Ari Pence, MD University of Illinois at Urbana, FMIG President – Matched to Northwestern McGaw at Humboldt Park in Chicago.

IAFP met Ari in January when we brought IAFP past president David J. Hagan, MD, resident board member Kristina Dakis, MD and staff members Gordana Krkic, CAE and Ginnie Flynn to discuss family medicine and advocacy at an FMIG meeting.

Are there any other physicians in your family?

My grandfather is a retired neurosurgeon and my late grandmother was his nurse. They trained in India and practiced all over the world before coming to the states and eventually settling down in Illinois. While he could have talked to me for hours about his successes in the operating room or his incredibly robust body of publications on spinal cord trauma, he told me to "listen to the patient." He taught me that the most important thing physicians can do is know their patients, know their patients' families, and know the daily joys and sorrows their patients face. I always laugh because I think he is the most family medicine-minded neurosurgeon, and I know his words of wisdom inspired me to pursue family medicine.

Who were your role models or mentors in medical school?

I have been incredibly fortunate to work with amazing faculty and preceptors at UICOM. I'm so grateful to everyone who has taken the time to invest in my education and growth as a physician. Two of the most influential woman I'm lucky enough to call mentors are Nora Few and Heather Wright, both formally in the Student Affairs Department. It was with these women that I was able to develop Thrive Health and Wellness Initiative at UICOM. Together we built a community oriented, student-focused organization that promoted stress relief, resiliency training and burnout prevention. These women taught me how to pursue my personal passions while also thriving in medical school. They were the ones I could go to for study tips, stress relief advice, career planning, student government concerns, and literally anything that could come up. They helped me get to where I am now and I am so thankful both women are in my life.

Did you have an idea or a plan for your specialty when you entered medical school?

Early on I knew I wanted to go into primary care because of the careers I had before starting medical school. After graduating from the University of Illinois at Urbana-Champaign (UIUC), I accepted a position as a Lab Coordinator in the neuroscience lab I had worked in during college, and continued to research the effects nutrition and fitness on memory and cognition in children. I also accepted a position as a visiting instructor in the Interdisciplinary Health Sciences Department at UIUC where my courses focused on the community health as well as social and behavioral determinants of health. Both roles introduced me to how great an impact a primary care physician can have on both the individual and community level, and I knew that is what I wanted to pursue in my career.

When did you know family medicine was right for you?

Family medicine was actually my last rotation of my third year and I had fallen in love with almost every rotation before it. I easily envisioned myself as a pediatrician, an OB/GYN, and even a trauma surgeon. While each specialty looked slightly different in my head, I always envisioned a practice where I could develop life-long relationships with my patients, where I could focus on disease prevention, where I could have a mix of acute visits and chronic condition management, and one that I could truly make a difference in my community. Every single day of that family medicine clerkship I was excited to go to the clinic and take care of so many different people with so many disease processes. I loved the challenges, the excitement, the pace and the people that I met and I felt like I was doing good and making a difference every single day.

How did the Family Medicine Midwest conference contribute to your appreciation for family medicine?

The Family Medicine Midwest Conference completely solidified my love for family medicine. I remember texting my husband throughout the entire conference telling him how incredibly inspiring it was to be in a room full of like-minded, amazing medical students, residents and physicians. Walking into a room of people who are actively thriving in the career you are about to enter, who are literally changing people's lives on a daily basis, and who are absolute leaders in the community is the most incredible thing you can do for yourself.

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President's Message Continued from page 2

Aurora – With outstanding support from district high schools, the Kane County Health Department, and the Illinois Coalition Against Tobacco partner organizations, Aurora adopted their ordinance in March. IAFP board member Kate Rowland, MD and residents from Rush Copley family medicine residency program helped in this effort.

Glen Ellyn became the 23rd Illinois community to pass a Tobacco21 ordinance on April 23. The effort was led by area high school youth advocates and included advocacy efforts from IAFP board chair Donald Lurye, MD who lives in Glen Ellyn.

Skokie passed their ordinance to become the 24th city. The deliberate effort was a long and patient process shepherded by former IAFP member Catherine Counard MD, MPH, who is medical director for the Village of Skokie.

Gurnee, home of Great America and an outlet mall, passed their tobacco 21 ordinance without opposition on March 19.

Wilmette didn't need convincing at all. Their village board but tobacco 21 on the consent calendar and adopted their ordinance March 13. In **West Chicago**, the Public Affairs Committee achieved a consensus in support of T21 and their city staff has been directed to draft an ordinance, which will come before the Public Affairs Committee again before heading to the full Council. Mayor Ruben Pineda is also a strong advocate, as this policy is very much aligned with the city's "Healthy West Chicago" initiative. IAFP members who live in West Chicago have been alerted.

Other cities with plans on the horizon include: **Downers Grove, Arlington Heights and Elgin**. IAFP will continue to keep members who live in these cities informed as opportunities to act and engage become clear.

Now for the cliffhanger! We still need to pass the statewide Tobacco 21 bill to truly get this effort to the "happily ever after" for Illinois. The General Assembly must pass HB 4297 or SB 2332 before the end of session. SB 2332 has passed the Senate, so contact your state representatives. If you have contacted your lawmakers to ask their support, I thank you!

Have a great summer!

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Describe your reaction when you opened your envelope?

It took me way too long to actually open my envelope. As I started to open my envelope, my looked up and saw that my very close friend had matched into her number one program. I was so excited for her that I burst into happy tears. My parents and husband had to remind me that I also needed to open my envelope. The level of sheer joy, excitement, and pride I felt when I read that I matched to my number one program, Northwestern, was and still is beyond words. I felt like everything in medical school – the struggles, the joy, the stress – had culminated in that moment. I still get teary-eyed thinking about it.

What attracted you to the program you matched?

It just felt right. Northwestern is such an academic powerhouse, but the family medicine program is also fiercely committed to community health and development. I was really fortunate to do an away rotation at Northwestern, and from day one I could feel the amazing energy within the residents, faculty and staff and I couldn't help but be inspired. I was challenged, but also nurtured and I grew so much as a medical student in the short month I rotated at Northwestern.

Where do you hope to be five years after you complete your residency training?

In my most perfect, dream scenario I would like to be working in an integrative clinic where my patients have access to an entire community-focused, interdisciplinary healthcare team all under one roof. I would like physicians, nurses, behavioral health specialists, physical therapists, nutritionist, social workers, yogis, chiropractors, acupuncturists and art therapists to be able to work collaboratively to better serve the needs of our patients. I would also really like to develop and research interdisciplinary, community-focused integrative healthcare models for disease processes that lay within the intersections between women's health, behavioral health and chronic condition management. All too often, women with fibromyalgia, chronic daily headache or migraines, dysmenorrhea, dyspareunia, depression, anxiety, eating disorders – the list goes on and on-– get labeled as "difficult" patients and are not properly cared for. I really believe family medicine providers are the ones

who can help these women reach their health and wellness goals, and I would like to develop models to do just that. I hope to develop a career in advocacy so that good health care models are accessible to every patient at every income level. Most importantly, I hope to have a happy, loving little family that remind me why I do what I do every night when I get home.

What would you like to do or are planning to do before residency starts?

My husband and I are going to Thailand for two weeks! I am beyond excited to explore the amazing cities, bask in the sunshine on the beach, and eat absolutely all the delicious food I can!

Leslie Smebak – Pritzker School of Medicine – matched to West Suburban Family Medicine in Oak Park (Pictured on page 1)

Are there any other physicians in your family?

No, my parents are school bus drivers and I am actually a first-generation college student! I'm very excited to be the first-ever Dr. Smebak.

Who were your role models or mentors in medical school?

I was lucky to have many role models in medical school. Some that stand out are my family medicine advisors, Dr. Sonia Oyola and Dr. Janice Benson; our Dean of Students, Dr. Jim Woodruff; and the family medicine doctors in my hometown, who I spent time with any time I was home from Chicago.

Did you have an idea or a plan for your specialty when you entered medical school?

I grew up in a rural part of northern Minnesota, and the only doctors I knew growing up were family medicine doctors, so I thought I might be interested in family medicine because of that. I entertained a lot of different ideas during medical school--there were times when I decided to be a trauma surgeon, obstetrician, and psychiatrist as well!

When did you know family medicine was right for you?

After I finished my family medicine clerkship about two thirds of the way through my third year, I knew that family medicine was the right choice for me, as I'm inspired by longitudinal doctor-patient relationships, understanding health in the context of families and communities, and preventing illness alongside treating it. I loved that every day in family medicine brought something different to the table.

Describe your reaction when you opened your envelope.

I definitely felt pretty queasy beforehand! But when I opened my envelope I was just so excited for the next three years of training. I jumped up to hug Dr. Oyola and share the news with my classmates.

What attracted you to the program you matched?

I love that West Sub is a program that emphasizes full-spectrum training in an environment that is very supportive of family medicine physicians. I met so many wonderful people on my interview day and I came back for a second look that sealed my decision that this was the program for me.

Where do you hope to be five years after you complete your residency training?

I hope I'll be balancing clinical work in an underserved area with teaching medical students and residents in some capacity.

What would you like to do or are planning to do before residency starts?

I'm looking forward to having my family come to Chicago for my graduation. It's a long way from their farm to the big city, and I can't wait to show them where I've been for the past four years and where I'm going next!

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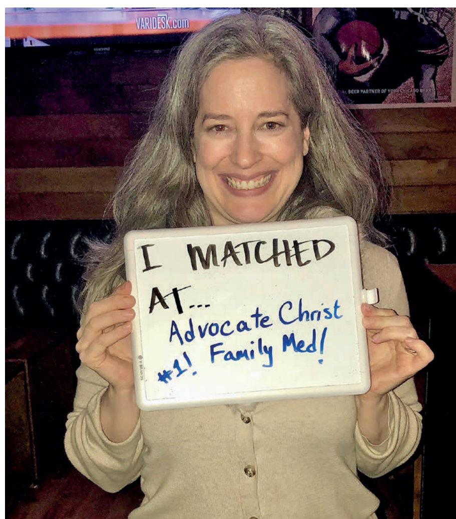

Alice-Gray Lewis, Chicago College of Osteopathic Medicine – Matched to Advocate Christ Family Medicine Residency- Oak Lawn

Are there any other physicians in your family?

There are no physicians in my immediate family. My uncle is a retired cardiologist in Portland, OR. My first cousin is a pediatrician in Lebanon, OR. My second cousin is an orthopedic surgeon in Winnipeg, MB. Both of my cousins were inspirations to me because, like me, they were non-traditional medical students and started their career in medicine a little bit later in life. Also, my grandfather, who passed away when I was five years old, was a "country doctor" in rural King City, CA.

Who were your role models or mentors in medical school?

One of the reasons I've enjoyed medical education has been the emphasis on both formal and informal mentorship. Early on, I was inspired by Andrew Weil, MD who has been a pioneer in integrative medicine. I still have all of his books! During my undergraduate years, I had the opportunity to do research with Rachel Caskey, MD at UIC (Med/Peds). She was the first person I met that showed me how it is possible to balance patient care with academic research and administration. Aimee Stotz, DO, an anesthesiologist at Northwestern Lake Forest Hospital, mentored me in Osteopathic Medicine through a free clinic in a Chicago north side neighborhood. She was a great example of someone who has continued mentoring and teaching premedical and medical students in her spare time.

When did you know family medicine was right for you?

During third year, I tried hard to notice what I liked or didn't like about each specialty. I had a 12-week core rotation in family medicine halfway through my third year, and I felt like I fit right in. I loved the outpatient setting, and getting to know all the patients. I was so grateful to have three months at one practice where I could experience continuity of care.

How did the Family Medicine Midwest conference contribute to your appreciation for family medicine?

At my first FMM conference, I noticed the breadth of topics covered in the CME lectures. I think that stuck with me because I realized that there are a lot ways to direct family med training. I also just enjoyed meeting people who worked in the field. Hearing them talk about their careers was inspiring. I also loved hearing about those physicians who are working on our behalf in the public sphere. It helped me to understand how policy can have a huge effect on the work experience.

Describe your reaction when you opened your envelope?

When I saw where I matched, I was so excited! I couldn't believe I had gotten my first choice! I had to read it over and over again. Even days later, I went back and looked to make sure I didn't make a mistake. Even after I signed my contract, I still checked to make sure!

What attracted you to the program at Advocate Christ?

This program has four months of family medicine service during intern year, which is high for family medicine. I also thought the pediatric training was really strong with an onsite pediatric hospital. The other thing that really attracted me to the program was the residency coordinator. She seemed very organized, but still relaxed. That made me feel like things wouldn't fall through the cracks and I would be able to focus on my training.

Where do you hope to be five years after you complete your residency training?

I hope to be working with a group of doctors in an outpatient setting, probably in a urban environment. I will probably have a focus on women's health and be actively teaching, precepting, and mentoring medical students!

What would you like to do or are planning to do before residency starts?

I am looking forward to a stay-cation in Chicago! I also wouldn't mind cleaning out my closet....medical school didn't allow much time for decluttering!

Anything you'd like to add?

I am so excited to join the family of family medicine providers! Thank you to all the physicians and administrators who made it possible for me to attend Family Medicine Midwest and took time to talk about their careers with me!

Reaching Workforce Goals through Collaborative Efforts

In only six years, the Family Medicine Midwest Foundation has provided direct access to the best of Midwest family medicine to over 800 medical students, many on scholarships provided by the Foundation.

2017 Family Medicine Midwest plenary panelist and University of Illinois at Rockford student Robert Friedel matched to the University of Wisconsin Family Medicine Residency Program

We are inspiring dedicated minds and hearts to join you in family medicine. We succeed by delivering high-quality education, combined with meaningful interactions. We make connections to fuel the Midwest family medicine pipeline. Beyond the mainstage sessions, students, residents and physicians learn and share in a wide variety of sessions as diverse as family medicine itself. From acupuncture to water births, the topics ensure attendees they can effectively "bust" any myths or misconceptions about family medicine.

The residency fair is an organized and comfortable environment for students to break the ice and learn about programs they may have only seen online, or never knew about before. Midwest residency programs get quality time with outstanding and motivated medical students from the region. The conference offers something for everyone. Attendees build their CVs and confidence by presenting education sessions. Each conference provides unique pre-conference collaborative workshops, giving half-day, deep-dive discussions into vital aspects or unique options in family medicine.

This conference has a proven impact on students. Over 63 percent of students who attended a Family Medicine Midwest Conference on a scholarship matched into family medicine. That figure doesn't include students who may have attended FMM at their own expense.

Save the date: November 9-11 in Madison, Wisconsin.

More about the Foundation

Family Medicine Midwest Foundation is a 501(c)3 organization; a multi-state collaboration dedicated to building a strong family medicine workforce to provide high-quality, comprehensive care to the people of our region. We are dedicated to attracting, keeping and developing outstanding family physicians for the future. Participating states are Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota and Wisconsin.

By tracking the Match results of past student attendees, we have established a track record of success:

- Of the 41 student attendees from FM Midwest 2012 who graduated in 2013, 39 matched into family medicine residency programs.
- Of 61 FMM Midwest student attendees in the 2014 Match, 42 matched in family medicine residency programs.
- Of 72 FM Midwest student attendees in the 2015 Match 43 are in family medicine (60%) and 31 of them are in Midwest programs.
- 50 of 78 graduates who attended any of the first four Family Medicine Midwest Conferences matched into Family Medicine in 2016. Thirty of them are staying in the Midwest.
- Of 54 student conference attendees in the 2017 Match, 31 matched into family medicine and 25 of them to Midwest residency programs.
- Of 96 confirmed 2018 graduates who attended a FM Midwest conference on a scholarship, 48 of them matched into family medicine, with 33 of them in Midwest programs.

Today, 252 total scholarship recipients are either in a family medicine residency program or practicing family medicine today: Support the Scholarship Fund! Learn more and donate today at http://www.iafp.com/family-medicine-midwest-foundation.

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Family Medicine Midwest Foundation Member Organizations (2017)

Allina Health, Family Health Foundation of Illinois, Indiana Academy of Family Physicians, University of Minnesota, Minnesota Academy of Family Physicians, University of Chicago/NorthShore Health System, Mayo Clinic, University of Illinois at Rockford, University of Wisconsin Dept. of Family and Community Medicine, Community Health Network, Rosalind Franklin University/ Chicago Medical School

Illinois members of the Family Medicine Midwest Foundation Board of Directors

Directors:

Janice Benson, MD
University of Chicago/NorthShore University

Judith Gravdal, MD
Advocate Lutheran General Hospital, Park Ridge (IL)

Anuj Shah, MD
Erie Family Health Center, Chicago

Alicia Vazquez, MD
Saints Mary and Elizabeth's Family Medicine Residency, Chicago

Executive Director:
Vince Keenan, CAE,
Illinois Academy of Family Physicians

2018 IAFP Annual Meeting – Save the Date
Friday, October 26 at Elmhurst Hospital

The location and format provide the maximum in flexibility, whether you're popping in from a neighboring suburb our travelling in from southern Illinois. You'll find plenty of hotel options and fun things to do for family members who come along with you. Most importantly, you'll be inspired by the speakers and award winners, as well as energized by the interactions with "your people," the family physicians of Illinois devoted to improving the health of all through access to family physicians. The meeting will also include a career preparation track for resident members and the evening will cap off with a fun reception featuring a "Battle of the FMRs" game show. You'll want to stay and see which residency program wins, both the state bragging rights and a prize to take back!

IAFP Board and Officer Elections – Call for Nominations
IAFP will hold elections for our officers and board of directors via online voting, ensuring that all Active members in good standing can run for the board and vote for board members.

Active members in good standing may self-nominate for the positions of board member (three-year term), second vice president, first vice president, or president-elect. Any active member who is less than seven years out of residency may run for the New Physician board member position, which is a two-year term. Finally, there is one delegate and one alternate position to represent Illinois at the AAFP Congress of Delegates, which is a two-year term beginning with the 2019 AAFP Congress of Delegates. Learn more about each board position on the IAFP web site at www.iafp.com/board.

To declare your interest as a candidate for any of the board positions, please email your CV and a Letter of Interest to Vincent D. Keenan, IAFP executive vice president at vkeenan@iafp.com. Your letter of interest should specifically state how you can contribute to or hope to directly address at least one of the Academy's values. You can find these values on our web site at http://www.iafp.com/mission.

The deadline to submit your application and CV is **August 3**.

The IAFP Leadership Development committee, chaired by Alvia Siddiqi, MD of Inverness, evaluates all nominations to determine eligibility and then produces a final ballot of candidates. Online voting will be open September 5 through October 1 for all IAFP active members in good standing. Instructions will be sent by email and one letter will be sent by US mail only to those active and life members who do not have a valid email address on file with IAFP.

The new board of directors will be installed on October 26th at the IAFP annual meeting. The new president, Sachin Dixit, MD, FAAFP, will take the Oath of President from AAFP Speaker Alan Schwartzstein, MD, FAAFP from Wisconsin and give his president's address.

Fellow Convocation: All Illinois members who have achieved the designation of Fellow of the American Academy of Family Physicians (FAAFP), but not yet received convocation at a AAFP or IAFP annual meeting will be invited to attend Fellow convocation with Dr. Schwartzstein at our Board Installation ceremony. This is a wonderful opportunity to be recognized before your Illinois family physician friends. Eligible fellows will be invited by email and U.S. Mail in June. If you become eligible and would like to participate in the Annual Meeting fellow convocation, please email Ginnie Flynn, vice president of communications at gflynn@iafp.com.

Submit your favorite family physician! The deadline is approaching for the IAFP annual award nominations. Family Physician of the Year deadline is July 1 and our Family Medicine Teachers of the Year (employed and volunteer faculty) are also due July 1. Go to http://www.iafp.com/iafp-awards for the simple online-only nomination forms. You'll also find a listing of previous winners at that site.

Submit issues to the IAFP Board of Directors any time

IAFP members can send formal requests to the Illinois AFP Board of Directors for their consideration.

The All Member Assembly was dissolved at the November 2016 annual meeting and this replacement process was adopted by the IAFP board of directors. Members may still attend the annual meeting to provide input in person during the Academy business meeting. The newly installed board will take any input from the annual meeting to their next board meeting scheduled for January 2019.

The current IAFP board of directors will meet on Wednesday August 29 via webinar and in-person on October 26, prior to the start of annual meeting.

How to submit proposals for consideration to the Illinois AFP
Send your email to president@iafp.com. Only current members in good standing may submit proposals to the IAFP Board of Directors. The email can be about IAFP policy or an action item request to the IAFP Board of Directors. Please include a preferred phone number in your email.

The president will acknowledge your email and then process your input in one of the following ways:
- Assign to IAFP staff to assist with an informational item or a transactional item
- Refer it to the IAFP committee of relevant expertise for consideration
- Refer it to the Executive Committee or full board if that level of consideration is needed.

The IAFP staff or committee assigned will contact you directly to discuss the issue. If needed, you may be asked to present your request to the committee or to the board of directors (via phone or in person).
The board will receive a report of all member input collected via this process before each board meeting.
You will be informed of the status of your resolution or action item after the next scheduled board of directors meeting.

We look forward to hearing from our members at anytime from anywhere!

IAFP board – new faces, new plans and a MIG update

If you haven't kept up with some unexpected changes, we have two new board members since our last election and installment. Kate Rowland, MD from the Rush Copley Family Medicine Residency Program in Aurora joined the board class of 2018 on January 1 to fill the vacancy created when Class of 2018 board member Michael Hanak, MD was elected second vice president. Because her time is less than one year of a three-year term position, she is eligible to run for re-election for a full term.

Meanwhile, New Physician Board member Patricia Chico, MD resigned effective March 31 to take a new position in California. Noorain Akthar, MD of Palos Heights was selected by the board to fill this term which ends with the 2019 IAFP Annual Meeting.

Both Dr. Rowland and Dr. Akhtar were two out of 18 total members who answered the call for applicants to fill these vacancies. The board of directors evaluated all applications and came to consensus on these members.

The IAFP board of directors met face to face in Elmhurst on April 21. Some highlights of their meeting included the official adoption of one and three-year strategies to address some of the values of the IAFP strategic plan updated in 2017. You can see the final Mission, Vision and Values on our website http://www.iafp.com/mission. Our leadership and staff now have a roadmap to work on these priorities to better serve members and advance our mission, vision and values.

One new component of IAFP member engagement is our Member Interest Groups that continue to grow in number of groups and number of members in those groups. A group of IAFP members successfully petitioned the board to recognize the Food is Medicine member interest group. MIGs have moved past the "formation and launch" phase and are now making and implementing plans for 2018. Take a closer look! You are welcome to join any of these by subscribing to their E-mail lists when you log into your profile at www.iafp.com. Choose "view profile" under the Membership tab, then in your profile you can choose "E-lists" under the "My Features" tab and join the list serve for any MIG below that you wish!

Direct Primary Care member interest group -Deborah Chisholm, MD, chair

- Host a webinar featuring Risheet Patel, MD, past president of Indiana AFP. He started a DPC last year, Fishers Direct Family Care in an Indianapolis suburb. The webinar is June 21 at 12:15 p.m. Learn more and register at this link.
- Continue our advocacy to get DPC recognized by Illinois Department of Insurance.
- Discuss how to provide support to DPC practices (those already underway and those getting underway or contemplating getting underway).
- Host a webinar on 'teaming in practice'
- Talk with BlueCross BlueShield of Illinois about provision of wrap-around insurance for DPC patients after DPC is recognized by Illinois Department of Insurance.

NEW!! Food Is Medicine - Amber Alencar, MD, chair

Access to healthy foods, nutritive value awareness, and meal preparation education are just some of the challenges facing people with complex health problems. Join us as we explore the Food is Medicine movement through:

- support of patients with limited access to healthy foods through clinic-based food pantries
- education for health care professionals about the role of food in medicine
- support for ourselves as busy professionals with healthy food choices

Objectives

- Share best practices and challenges among medical clinics that have a food pantry or are associated with a food pantry.
- Educate family physicians about the role of food in medicine through sharing information on conferences and other educational opportunities.
- Host events that include tips on healthy meal preparation for busy professionals and their families.

Background

Learn more about existing food pantries powered by family medicine residencies
UI-Pilsen https://www.figueroawufamilyfoundation.com/food-pantry/
SIU Center for Family Medicine clinic food pantries – State Journal Register story
West Suburban "Eat and Be Well" food pantry https://www.youtube.com/watch?v=5jeU0nlfNX4

2018 plans

- Teleconference call in first three months to discuss possible MIG activities
- IAFP Annual Meeting, Fri., Oct. 26, Elmhurst Hospital
- Potential to submit abstract for Food Is Medicine Workshop at Family Medicine Midwest, November 9-11, Madison, WI

FPs in FQHCs member interest group James Valek, MD, chair

- Held webinar on Feb. 22 focusing on Hepatitis C diagnosis, treatment and coding with 21 attendees. It is in the process of being archived and will be available soon.
- Behavioral health and primary care integration – the need for child psychiatrists is great everywhere. Workforce pipeline is constricted as child psychiatrists must first go through adult psychiatry residency before specializing in child psychiatry.
- University of Chicago ECHO project could be template for clinical training for FPs in FQHCs, see http://www.echo-chicago.org/
- Survey on physician recruitment and retention at FQHCs

Reproductive Health member interest group Tabatha Wells, MD, and Kristina Dakis, MD, co-chairs

- Held a conference call April 23 to discuss what resolutions members would like to bring forward to AAFP National Conference of Constituency Leaders and if anyone wants to bring any forward within Illinois as well.
- Meet again at the IAFP Annual Meeting
- Provide education for our members and will be coordinating with Midwest Access Project and the Reproductive Health Access Project Chicago Cluster (which includes all reproductive health providers not just family medicine providers.)
- Submit abstracts for reproductive health educational sessions at Family Medicine Midwest.

Women in Leadership member interest group Emma Daisy, MD and Janice Benson, MD, co-chairs

- A webinar on wellness/burnout.
- The WIL will host a dinner meeting and presentation on "Joy of Medicine" with Kathleen Mueller, MD as the speaker June 14 in Chicago. Learn more and register here
- A webinar on 'teaming in practice'
- Plans for both an educational pre-conference and a networking event at the IAFP annual meeting.

The "Joy of Medicine" presentation by Dr. Mueller will also be live in Gibson City on Wednesday June 13 and broadcast live by Webinar at 6 p.m. Learn more and register for the webinar here.

State of Illinois
Department of Human Services

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www.ilpmp.org

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Government Relations

Medicaid Managed Care rollout a bumpy ride for providers and patients

The rollout continues as HealthChoice Illinois, the state's largest public procurement, aims to place up to 80% of Illinois' Medicaid population in managed care. Many organizations and provider groups have concerns that the Illinois Dept. of Healthcare and Family Services (HFS) is failing in its role as regulator. Media reports, House Appropriations-Human Services Committee hearings, and the Illinois Auditor General have already exposed numerous critical issues with HealthChoice Illinois. IAFP, Illinois State Medical Society (ISMS), and Illinois Chapter of the American Academy of Pediatrics (ICAAP) are working with the Illinois Association for Medicaid Health Plans (IAHMP) to provide our members the tools they need to navigate HealthChoice Illinois in order to treat and care for our Medicaid population.

IAFP also co-signed a letter from health organizations to legislative leaders on health committees detailing concerns of inadequate networks, cuts to already low reimbursement rates for medically-necessary supplies and no adequate plan for coverage of medically fragile children.

As the rollout began in Cook County in January, our members reported "churn" in the re-auto-assignment process, coupled with narrow provider networks and unfilled prescriptions. This has continued as the rollout went "live" on April 1st downstate. Multiple providers, across specialties and across the state have expressed frustrations about HFS and the Medicaid managed care rollout. Providers have been directed to the HFS complaint portal to submit anecdotes. Our goal is to identify systemic flaws that should be addressed, with a united voice that amplifies the problems you're reporting to get responses and remedies from the health plans and HFS.

IAFP participated in a meeting of the Medicaid Advisory Committee on May 4, to further impress our concerns directly with HFS and the Medicaid health plans.

Very briefly, these are some issues that members have brought to our attention. Our full statement is here.

- Patients have been denied prescription refills at the pharmacy and services by providers.
- The HFS complaint form to use for denied services during the 90-day transition period is too long and discourages use.
- The HFS website for managed Medicaid plan options is incorrect and out of date.
- Updates to the HFS website listing available providers in the managed Medicaid plans take 4-6 weeks to complete.
- Patients present a managed Medicaid card listing providers that do not have a current contract with that plan.
- HFS auto-assigned patients to managed Medicaid plans that did not have an adequate network in the region.

According to our member survey, 88% of IAFP members care for Medicaid patients. We thank you for your hard work and tireless efforts to bring continuity of care to a vulnerable population. We will continue to bring your concerns to the forefront of our discussions.

HealthChoice Illinois Plan Medical Directors

If you have questions with a specific plan, contact the medical director listed below

Name	Email	Phone	Plan
Dr. Tom Allen	tom_allen@bcbsil.com	(312) 653-2941	BlueCross BlueShield of Illinois
Dr. Karen Babos	Karen.Babos@Molinahealthcare.com		Molina Healthcare of Illinois
Marie Baker	marie.baker@wellcare.com	(312) 516-5855	Harmony Health Plan of Illinois - A WellCare Company
Dr. Neal Fischer	nfischer1@humana.com	(312) 441- 5528	Humana
Dr. Dianna Grant	dianna.grant@nlhpartners.com		NextLevel Health
Dr. Angela Perry	anperry@illinicare.com	(312) 674-6167	Illini Care
Traci Powell	traci.powell@wellcare.com	312-516-4906	Harmony Health Plan of Illinois - A WellCare Company
Dr. Cynthia Sanders	cynthia.sanders@mhplan.com		Meridian Health Plan
Dr. Anita Stewart	anita_stewart@bcbsil.com	(312) 653-0686	BlueCross BlueShield of Illinois
Stephanie Whyte MD	whytes@aetna.com	(312) 928-3093	Aetna Better Health of Illinois

Partner In Health

Taking care of your Financial Health

At a time when banks are making record profits and customers are paying higher fees, many people are seeking financial institutions that will help them save money. IAFP has partnered with HealthCare Associates Credit Union to offer their products and services to IAFP members. Credit unions offer numerous financial products that help people maximize their incomes and increase their savings, often with fewer or lower fees than traditional banks.

What is a Credit Union?
Credit unions are similar to traditional banks in the sense that both institutions offer financial products to customers. Credit union members, like bank customers, have access to checking and savings accounts, CDs, loan products, and credit cards. However, credit unions differ from larger banking chains in two distinct ways:

1. A credit union is a not-for-profit institution. Since credit unions operate as nonprofits, they tend to offer higher interest rates on savings accounts and CDs, and lower interest rates on loan products and credit cards. This is a huge benefit to their members.
2. Credit unions are member-focused institutions. A credit union is a cooperative, which means it is owned and operated by its members, as opposed to being owned by its stockholders like a bank. Your initial membership deposit is buying a share of the credit union, and therefore gives you a voice as a member.

Because of this ownership structure, members must meet membership requirements that vary depending on the credit union's objective. Some credit unions base their membership on workplace affiliation, or sometimes a geographic area. HealthCare Associates Credit Union provides low rates on student loan financing and refinancing, personal loans, auto loans, credit cards, mortgages and much more. They also offer depository products such as savings, checking, money markets and CDs. They even offer commercial loans, lines of credit and equipment loans to keep your practice growing. Working exclusively with those who serve or support health care allows HACU to understand the needs of healthcare workers and provide the right solutions to help them Bank Healthy®.

As an IAFP Partner in Health, IAFP members and their staff and families are eligible for membership at HACU and can use their financial literacy platform, Enrich, at no cost. The financial wellness programs HACU offers can provide help with budgeting, saving and spending so they not only manage day-to-day but can also plan for retirement.

Advantages of a Credit Union
1. Higher Interest Rates
Credit unions offer more bang for your buck over traditional banks. They typically pay higher interest rates on all deposit accounts including savings, money market, and checking accounts.
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3. Lower Fees
Credit unions have few fees compared to national banks. In fact, many offer checks, withdrawals, and electronic transactions free of charge. Many also offer checking accounts with no minimum balance and without a monthly account servicing charge. This could save you hundreds of dollars a year.
4. Customer Focused Banking
With traditional banks, the management and board of directors want to make as large a profit as possible. However, due to the unique membership structure of a credit union, all members have an equal vote in any decisions made by the credit union, and they all work to serve one another.
5. Better Service
Credit unions have a smaller number of branches serving the community and they can offer fast and personal service. With a member focus in mind, every interaction counts with the staff of a credit union.
6. More Flexibility
If you have a blemished credit history or issues with your employment, or lack a large deposit, most banks will deny you a loan or credit card. Since banks process thousands of applications per month, they streamline the process by setting requirements on income, credit scores, and deposits. If you don't meet these requirements, you are simply declined without further consideration.

As a member of IAFP, both you and your family are eligible to join this credit union. To find out more or to join, visit www.hacu.org.

Pain Management and Opioid Safety – Update for Members

Key Points for Practice
- Physicians should provide patient-centered care, including coordinating with other disciplines, to patients with chronic pain or dependence on opioids.
- Practices should encourage their physicians to use medication-assisted treatment options for patients with opioid dependence.
- Physicians are encouraged to use their state prescription drug monitoring programs for tracking purposes, to identify abuse or diversion, and recognize persons who might be at risk.
- Methadone, buprenorphine, and naltrexone are used as opioid substitutes in medication-assisted treatment.

From the AFP Editors

Continuing Medical Education

A "Special Topics" briefing

from the IAFP Education Department

Opioid Safety in Illinois

Prescription Monitoring Program

As of January 1, 2018, all physicians in Illinois who have a DEA license (to prescribe Schedule 2-5 drugs), are required to be registered with the IL PMP at www.ilpmp.org. If you previously signed up, but have not recently used the IL PMP, please verify that your account is active. If it is not, please contact the Illinois Prescription Monitoring Program at (217) 557-7957 or dhs.pmp@illinois.gov. For additional FAQs and answers,
please visit https://www.ilpmp.org/QandA.php.

Naloxone

In October 2017, the Illinois Department of Public Health issued a standing State Order to make the overdose reversal drug Naloxone (Narcan) available to first responders and members of communities across Illinois without a prescription. IDPH has resources, and a list of FAQs, on their website.

Illinois Government – Response to Opioid Safety Issues

The Illinois Opioid Response Crisis Response Advisory Council suggested specific activities to the Governor at its April 16 meeting. These are proposed activities that focus on ambulatory care issues:

Strategy #1: Increase PMP use by providers

Recommendation #1: Ideally, the PMP will be fully integrated into electronic medical records (EMRs), but it is difficult to mandate integration as not all systems are completely electronic. One possibility is to provide the state integration module for free and target larger hospital systems first. State law requires health system EMRs to integrate the PMP into EMR by 2021. Currently, the PMP is integrated into 32 systems and will be integrated into 50 systems soon.

Recommendation #2: Give delegates and non-traditional prescribers (RNs, PAs, CNPs, ME/Coroners) access to the PMP.

The PMP is working on expanding delegate access, including to coroners. Currently it is designed so a provider can designate up to three delegates. This will likely be amended to work for those prescribers that work in different systems or at multiple sites with different potential designees every day. PMP is working on greater delegate access while still protecting patient information.

Strategy #2: Reduce high-risk opioid prescribing through provider education and guidelines

Continued on next page

Recommendation #1: Identify the highest prescribers in the State (e.g., top 5%) and evaluate their practice (potentially excluding certain specialties such as pain management, oncology, and addiction medicine).
The PMP is currently working to identify the highest prescribers in the state. However, there are taxonomy issues, and they do not want to inappropriately target certain specialties that have a high opioid-need population. They will send letters to inform the prescribers of their practice pattern.

Recommendation #2: Require training on opioid prescribing as part of controlled substance (CS) licensing and require that prescribers be registered with the PMP as part of CS licensing.

The next steps for the Governor's Opioid Crisis Response and Prevention Task Force, whose members are heads of state agencies, are to finalize the recommendations and strategies at their June meeting.

Illinois Academy of Family Physicians Opioid Safety Project

IAFP received a grant from Telligen (the Medicare QIO) which will enable the Academy to assist SIU Health Care and SIH Medical Group in developing their opioid safety policies and procedures. The IAFP Opioid Safety Workgroup (a part of the IAFP Public Health Committee) will serve as expert advisors. Primary care physicians and clinical staff will receive education through the IAFP Safe Prescriber Program. IAFP staff and volunteer leaders are working on an updated Opioid Safety education module which will launch in early summer 2018. Additionally, the project will organize a collaborative group for family physicians who provide Medication Assisted Treatment in central and southern Illinois. IAFP has partnered with the SIU Center for Rural Health and Social Service Development, the Illinois Prescription Monitoring Program, and AAFP's Health Landscape program on this project. For more information, contact Vince Keenan, vkeenan@iafp.com.

Resources

American Academy of Family Physicians

The position paper, Management of Chronic Pain and Opioid Misuse, describes the proposed call to action and offers suggestions for family physicians and other groups.

AAFP also has a convenient landing page for opioid resources and a comprehensive list of articles from American Family Physician.

CME

- IAFP - Safe Prescriber Program
- AAFP - Chronic Opioid Therapy Webcast (Archived)
- Boston University – Scope of Pain: Safe and Competent Opioid Prescribing Education
- Southern Illinois University Center for Rural Health and Social Services Development – Education Modules to be posted in June 2018
- Providers Clinical Support System for Opioid Therapies (PCSS-O) Materials

From AAFP's Familydoctor.org patient education website:

- Opioid Addiction
- Safe Use, Storage, and Disposal of Opioid Drugs
- Certain Teens More Likely to Get Hooked on Opioids
- Prescription Drug Abuse in the Elderly
- Fentanyl Fuels Latest Spike in Opioid OD Deaths

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

Members in the News

Advocate Aurora Health announced the appointment of IAFP Member **Gary Stuck**, DO, FAAFP, as Chief Medical Officer. In his new role, Gary's accountabilities will include safety, health outcomes, clinical integration, population health, medical staff services/ credentialing, insurance/risk management, and executive leadership of Advocate Physician Partners and the Clinically Integrated Network.

A family medicine physician for the last 32 years, Gary is currently the president of Lawn Medical Center, a nine-physician primary care group in Oak Lawn, Illinois. Gary was our 2014 Illinois Family Physician of the Year and was named to Chicago Magazine's Top Doctors list in 2018.

"Gary will be an invaluable addition to our Executive Leadership Team," said Jim Skogsbergh, president and chief executive officer, Advocate Aurora Health. "As an esteemed physician, his entire career has been grounded in a steadfast commitment to safety, health outcomes and patient-centered care – the same areas at the center of this new leadership role."

Gary's career has strong connections to Advocate Health Care as a founding member of the Advocate Physician Partners Board of Directors, where he served as chair for 13 years. He was a loyal member of the Advocate Christ Medical Center medical staff since 1986 where he served as president of their PHO for 22 years and a member of their governing council for more than two decades.

"I am very excited about the role and to take my passion for patient care to a macro level and advance health outcomes and patient safety," Dr. Stuck told IAFP.

"I have had the pleasure of working alongside Gary over the last 23 years through Advocate Physician Partners and in his role as chair of the health outcomes committee of the Advocate Board of Directors," said Lee Sacks, MD, chief medical officer, Advocate Aurora Health and a past president of IAFP. "His unwavering dedication to advancing our focus on safety and breakthrough health outcomes will ensure continued advancement of our clinical enterprise."

Gary will assume his new role in September.

Meanwhile… Closing out a career spanning over 40 years and deeply rooted with Advocate Health Care, **Lee Sacks**, MD, will retire at the end of August. Dr. Sacks served as IAFP president 1988-89. Dr. Sacks was also the AAFP Physician Executive of the Year in 2010 and AAFP Foundation Philanthropist of the Year in 2012. He assumed the role of executive vice president, chief medical officer at Advocate in 1997 with responsibilities for health outcomes, patient safety, managed care contracting, PHO operations, research, medical education, risk management and insurance. Since 1995, he has served as the founding CEO of Advocate Physician Partners, a clinically integrated network that includes over 5,000 physicians coordinating care for more than one million attributable lives in commercial, Medicare and Medicaid.

U.S. Representative Peter Roskam (R-6) honored IAFP member **Thomas Cornwell**, MD in the House of Representatives April 6 with an official entry in the Congressional Record. Roskam then made a surprise appearance at the ESSE Adult Services award dinner that night to personally present the honor to Dr. Cornwell. The Congressional Record recognition states, in part, "For over 20 years, Dr. Cornwell has been a champion of homecare medicine by bringing primary care to seniors in the comfort of their homes…" Cornwell recently launched the Home Centered Care Institute with home care training programs at medical schools across the country. He has personally made over 32,000 home visits.

Rep. Roskam and Dr. Cornwell

Student member **Nicole Paprocki** (Chicago College of Osteopathic Medicine) was featured in the TribLocal Downers Grove on April 4 for her "35 under 35 Chicago Young Leaders Making an Impact" Award. Nicole, a third-year medical student at Midwestern University's Chicago College of Osteopathic Medicine (CCOM), received the award for her leadership efforts including developing a pipeline program for socio-economically disadvantaged youth through a partnership between CCOM and the Chicago charter school Instituto Health Science Career Academy. As part of the program, high school students experience engaging classroom health lessons that align to their science curriculum, a summer career explorers program, and ongoing mentoring from Midwestern University medical students and other professionals. Ms. Paprocki also is a Chicago Scholars Mentor for high school seniors, founding member of the Associate Board for Chicago Scholars, and a former Chicago Public School teacher.

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News You Can Use

Barriers to Effective Communication

By Mallory Earley, JD, Senior Risk Resource Advisor. Submitted by ProAssurance

To ensure an effective physician-patient relationship and provide quality care, you must be able to communicate with your patients.

Physicians may encounter difficulties in three situations: when a patient is hard of hearing, has limited English proficiency, or is illiterate. Federal law requires physicians to make reasonable accommodations for hard of hearing and Limited English Proficiency (LEP) patients. If proper accommodations are not afforded to these individuals, serious consequences, including medical professional liability lawsuits, can occur. Here are some risk management strategies which can be applied to reduce miscommunication with hard of hearing, LEP, and illiterate patients.

Hard of Hearing Patients

The Americans with Disabilities Act (ADA) strictly prohibits any discrimination against individuals who are hard of hearing in places of public accommodation. Under Title III of the Act, a physician's office is defined as a place of public accommodation.[1] As such, it is required to make reasonable accommodations for hard of hearing patients. Since the standard is reasonable accommodation, there is not a bright-line rule which states what each practice must do for each patient. Appropriate accommodations will vary based on the circumstances of each patient's case and his or her needs. For example, one patient may want to write notes to facilitate communication with the provider while another may require a qualified sign-language interpreter for every visit.

Discuss communication preferences with hard of hearing patients in advance. Their options can include: a qualified interpreter on site, note taking, computer-aided transcription services, or devices such as telephone handset amplifiers and Telecommunications Devices for the Deaf (TDDs). If you have a large number of hard of hearing patients it may be effective to hire an interpreter. Then set aside a block of time when the interpreter will be present to accommodate these patients.

Regardless of the method of assistance your patient chooses, ensure the type of aid to facilitate communication is accurate, effectively conveys medical terminology, and maintains the patient's confidentiality of protected health information.

Limited English Proficiency (LEP) Patients

Another breakdown in communication can occur with LEP patients. Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin. This Act requires physicians to ensure that non-English speaking patients have equal access to healthcare.[2] You and your office staff need to take reasonable steps to make sure LEP patients have meaningful access to care.

Once you determine your office's need for language or interpreting services, choose the services that best meet your patient's needs and office's resources. Your practice may also want to include a preferred language section on office intake forms so patients can tell your practice if they require accommodation.

Your options for communicating with LEP patients can include: hiring bilingual staff if English is not the dominate language in your area; using a telephone or video conferencing interpretation service; contracting with companies to provide qualified interpreters who will come to your office; or written translation services.

Some patients ask their family or friends to translate which can be helpful. However, it remains the physician's responsibility to ensure that the communication is accurate and effective. For example, if minor children translate for a parent, they may lack the knowledge or maturity to effectively convey the medical information. An adult family member or friend may not be comfortable telling the patient certain information or could fail to tell the patient important items. In certain circumstances, referring the patient to a physician better suited to communicate with the LEP patient could be an option. However, this does not need to be the sole method for accommodating LEP patients in your practice.

As with any patient, the doctor must ensure accurate communication of any medical terminology. When using an interpreter, the physician should stress the importance of confidentiality and document in the medical record the type of interpretive services used.

Minimally Literate Patients

Minimally literate patients may be difficult to identify in your practice.

One article defines health literacy as "the degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions."[3] If patients cannot understand their medical information, they may be unable to follow their treatment plans, take medications as prescribed, or make educated decisions about their care. Some may turn to litigation to resolve their issues.

According to one estimate, nearly half of Americans have some type of limited ability to understand medical terminology and have difficulty understanding and acting on health information. Nearly forty million Americans cannot read complex medical

texts, and ninety million have difficulty understanding them.[4] With training, your front office staff may be able to help identify and assist minimally literate patients at check-in. Patients who avoid filling out new patient information, miss appointments, or mishandle medications may have literacy challenges. They also may bring a family member along to read their paperwork, or say they have poor eye sight and forgot their glasses.

There are a few risk management tips when caring for minimally literate patients. Physicians and medical staff should avoid using complex medical terms. Instead of assuming a patient understands what has been said, physicians can ask questions and have the patient explain the instructions or care plan. Physicians can help minimally literate patients by using pictures or illustrations to assist patients in understanding treatment plans. If a patient brings a family member or friend to the appointment, enlist the help of the other person to aid in the patient's comprehension. As with any patient, ask if he or she has questions at the end of the appointment. A little bit of extra time during the appointment could help prevent follow-up appointments or subsequent treatments and improve the health of the patient. Ensure that your educational materials and forms are easy to read and understand. Use plain language in short sentences and avoid medical jargon.

Noncompliant Patients

Noncompliant patients also can pose a risk management risk to a physician practice. These patients may miss scheduled appointments, not follow treatment guidelines, or ignore medical recommendations for further testing or scans. Although there can be many reasons for noncompliance, open and honest communications with the patient may help you reach a compromise.

Some patients may not follow through due to financial limitations.[5] Others may not understand the importance of compliance in their treatment goals. Regardless of the reasons, physicians and office staff must document any noncompliance in the medical record. Proper tracking and follow up procedures for missed appointments will indicate a potential problem with a patient that must be addressed. If the patient continues to be noncompliant with appointments or treatment options, the practice may consider dismissing the patient.

Sources:

1 Americans with Disabilities Act of 1990, Pub. L. No. 101-336, 104 Stat. 328 (1990).
2 Civil Rights Act of 1964, Pub. L. 88-352, 78 Stat. 241 (1964).
3 Nielsen-Bohlman et al., Health Literacy: A Prescription to End Confusion, Institute of Medicine (Eds. National Academies Press 2004).
4 Ibid.
5 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912714/

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