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IAFP 2019 Awards



Family Physician of the Year
Brian Chicoine, MD



Family Medicine Teacher of the Year
Sonia Oyola, MD, ABOIM



Distinguished Service Award
Matthew C. Winkleman, MD, FAAFP



Resident Teacher of the Year
Kimberly Beiting, MD

The Illinois Academy of Family Physicians is honored to share the stories of our 2019 Awards recipients. Each has a unique story and tremendous lasting contributions to the community they serve and to the success of family medicine.

President's Message

Sachin Dixit, MD, FAFP

As I am finishing the hectic week better known as the AAFP Congress of Delegates, representing Illinois as one of your two Alternate Delegates, I feel confident about the future of family medicine. The Congress elected Dr. Ada Stewart from South Carolina as our first African American woman president. It was such a historic event and an exciting moment to witness her take the stage. Congratulations to all the [newly elected officers](#).

Our Illinois delegation offered testimony and debate on resolutions addressing wide-ranging topics in the reference committees on Advocacy, Education, Public Health and more. You can read the full recap on page 8. As I noted in my previous address, we may differ in our personal opinions, but our goal is the same: advocate and do good for our patients and the communities first. Throughout the debate, it was fascinating to hear such compassionate testimony from family physicians around the country.

IAFP hosted our Annual President's Reception for all IAFP members attending the Congress and the Family Medicine Experience - FMX. I welcomed this annual opportunity to interact with so many fellow IAFP members from across the state. Those interactions reaffirmed my belief that future of our Academy is in good hands with such diverse and dedicated talent. I was especially proud of our student alternate delegate, Sydney Doe from Northwestern Feinberg School of Medicine for putting her debate experience to work providing testimony in reference committees on behalf of the student delegation.

Please join me in congratulating Dr. Michelle Byrne and Dr. Laura Kahn for their individual awards in GME excellence.



These two wonderful residents were selected for their exemplary patient care, their interpersonal relationships with patients, physicians and faculty, and their demonstrated leadership and community involvement. We are so proud of them and I give my heartfelt gratitude to their residency program, McGaw Northwestern in Chicago for supporting them in their leadership roles at the AAFP.

Next, I want to share my choices for my President's Awards. Throughout my journey in medicine, from residency and after graduation, I have had the pleasure of meeting so many of inspiring leaders in public life promoting the value of family medicine and understanding its challenges. One such leader is my state senator from Tinley Park, Michael E. Hastings. Throughout his public life, Senator Hastings has been passionate about improving public health, and especially for improving access to mental health services.

I continue to be amazed and impressed by Dr. Elizabeth Salisbury-Afshar, whose work in opioid addiction and treatment and its impact on public health is recognized on a national stage. With experience working in opioid-related epidemiology, policy, public health intervention and evaluation, and serving directly as a treatment provider, she leads our efforts on this critical issue. Dr. Salisbury-Afshar is board certified in family medicine, preventive medicine/public health, and addiction medicine. Her expertise at the intersection of these fields provides incredible insight in treating this difficult public health crisis.

During my early years as a family medicine resident, I was fortunate to directly work with Dr. Gail Floyd at the Cook County Family Medicine Residency Program. She was paired with me as my mentor. With more than 40 years of experience in family medicine in different leadership roles, she has impacted the development of several programs in Illinois. Her contribution to the growth of Rush health plans as a regional medical director was monumental. She joined her alumni residency program at Cook County after an illustrious career at Advocate Health Centers in Evergreen Park and Rush Anchor. She has been a stable leader as the program director for Cook County for many years now, and her passion truly lies in family medicine education. Though I graduated from County 12 years ago, I still connect with her regularly for sage advice and guidance.

Another great Illinois family medicine leader is Dr. Kevin McCune. I have worked with him since I joined Advocate in 2007. He was already a leader within the medical group. His passion for improving patient safety and addressing physician burnout has been instrumental in changing the culture at Advocate Medical Group. Leading the largest medical group in Illinois as its Chief Medical Officer, he is also a nationally recognized leader in hospice and palliative care.

I cannot wait to honor these outstanding leaders at our annual meeting. Each of them has inspired me and many other people through their unique gifts and their contributions to family medicine and patient care.

Lastly, I want to thank you all, the members of the Academy, for giving me a chance to serve as your President for the past year. It is my honor to introduce you to our next IAFP President, Dr. Monica Fudala. I look forward to continuing my service to IAFP as your Board Chair and as a AAFP Delegate to Congress of Delegates for the next year.

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IAFP News

Continued from page 1

**Family Physician of the Year
Brian Chicoine, MD
Advocate Adult Down Syndrome Center – Park Ridge
Nominated by Advocate Lutheran General Hospital**

Family medicine has the greatest scope of any specialty. Family physicians give the right care, in the right place, treating the patient as a person, family member and within the context of their community. In that spirit, family physicians can also take that care to an entirely new level for patients with a common condition.

Dr. Brian Chicoine has delivered on that mission for adults with Down Syndrome, where the patient, his or her family and the community are so important to the overall quality of life for this special population.

His family medicine story begins as a resident at Advocate Lutheran General Hospital. Dr. Chicoine arrived at Lutheran General Hospital in Park Ridge as a PGY-1 family medicine resident in 1984. The current program director, Greg Kirschner, MD was Chief Resident at the time, and got to know him well right from the start, noting his considerate and competent approach to patient care. "It was clear that Dr. Chicoine was wired to be a family physician—and I've never seen anything that detoured him from that calling. Even as a resident, it was clear that Dr. Chicoine was committed to the holistic care of families, carried out through careful, up-to-date clinical practice, but with a strong expression of concern and compassion."

Dr. Kirschner returned a year later as a young faculty member to discover Dr. Chicoine ready to serve as Chief Resident. "This was when I saw Dr. Chicoine's strong leadership skills deployed—and his willingness to push back/strongly advocate for what was best for patients." More than 30 years later, Dr. Kirschner provided a professional letter of support for Dr. Chicoine's nomination for Family Physician of the Year.

Kirchner stated: "Dr. Chicoine started his clinical career in Freeport, Ill. after completing residency training. He returned to serve as physician faculty in the Family Medicine Residency at Advocate Lutheran General in 1991. He has consistently been viewed by residents and faculty colleagues as a strong, well-rounded family physician clinician, as well as a strong teacher of our discipline. He remains highly respected for not only exceptionally well-tuned clinical skills, but for a level of consistency, maturity, and compassion that never wavers, and for a spirit of self-sacrifice that makes him a wonderful team player.

In 1992, Dr. Chicoine volunteered to create a system for better caring for adult patients with Down Syndrome. From the beginning, the program embraced team-based care—and in some ways showed a path toward "Patient Centered Medical Home" style of medicine long before I formally heard that term used. His patients are treated consistently with respect and dignity. His consideration of their health issues goes beyond the physical ailments associated with Trisomy 21, but rather envelop social, emotional, community, and other dimensions of need and opportunity. For example, the ADSC has always placed a high emphasis on appropriate nutrition and physical fitness, as well as community education. This has meant involving clients as full participants and even educators.

I am grateful for him as a colleague in our discipline and acknowledge that he plays a role with our attending physicians and residents that is unique and powerful. I have been honored to work closely with him, and to hear his heart for patients, for physicians in training, and for family medicine itself."

The input we received from Adult Down Syndrome Center families illustrates the gifts of Dr. Chicoine even further.

At our very first appointment with Dr. Chicoine, we felt a sense of relief that we hadn't known before. He gave us a checklist to fill out and we checked almost every box. We found a place where Scott could be treated as a typical patient. Dr. Chicoine understood all of Scott's medical and behavioral conditions. He truly enjoyed talking to and getting to know our son. Over the years, there have been many illnesses and surgeries. Dr. Chicoine has led us to the best specialists who have understood Scott's complicated and unique medical condition. He is also the only doctor who Scott likes seeing, and believe us, that says a lot.



In the span of just two and a half years, Jeff had three major surgeries. In the hospital, when Brian would walk in after a hard night for us, it sounds corny, but it felt like sunshine walked in. He not only treats the patient; he treats the whole family. I can't even explain the love I feel for my brother, but Brian gets it. I've spent my life with people telling me they're sorry when I tell them my brother has Down Syndrome. Brian understands what a gift my brother is. As my brother gets older, I can't even begin to tell you how comforting it is to know that we have Brian Chicoine by our side.

Christine's first appointment with Dr. Chicoine 18 years ago gave us knowledge we needed for her to live the best life possible. Dr. Chicoine has a unique ability at each appointment to speak directly with my daughter as an adult and gains her complete trust to share issues she is having and come up with solutions together convincing her she is her own best self-advocate. His knowledge of how to treat her medically and more specifically with Down syndrome for a thyroid condition, sleep apnea, celiac disease and asthma to name a few is the very reason she is in good health at age 42 today. Christine's life expectancy was 23 years when she was born.

Dr. Chicoine cares about health care offered to families outside of the Advocate Illinois network. He wants the rural doctor in North Dakota to have access to all the resources they need to treat and care for an individual with Down syndrome. This year, he is creating a user-friendly Resource Hub that identifies three audiences; individuals with Down syndrome, families and caregivers, and healthcare professionals.

Dr. Mary Stephens, a family physician in Delaware can attest to his willingness to provide resources far and wide. "I first met Brian in 2015 when the Down Syndrome Association of Delaware invited him to give a series of talks to local health systems and the community. He totally engaged our family medicine residents with his case-based presentations along with residents and practicing physicians in other departments," she recalled in her support letter. "I was asked to go to lunch with him along with our local geneticist and several members of the board of directors during his visit. Somehow over that lunch, Dr. Chicoine helped us pull together the pieces to launch our own Down Syndrome consult program for teens and adults, the first of its kind in Delaware. With his help, we were able to start seeing patients within six months and will soon be celebrating our fourth anniversary."

Kirschner summarizes the impact of the Center and its leader. "Dr. Brian Chicoine practices within a niche within family medicine that cares for a very vulnerable population. Adults with intellectual and developmental disabilities face marked health disparities and there is little dedicated time to their care in medical school or residency curriculums. Dr. Chicoine shines as a leader in the field and mentor to future generations of family physicians so that one day, perhaps that won't be the case. The skills he shares and passes on not only strengthen the care and quality of life for individuals with Down syndrome, but all patients we care for as family physicians."

Distinguished Service Award

**Matthew C. Winkleman, MD, FAAFP – Southern Illinois Healthcare/SIH Primary Care Medical Group, Harrisburg
Nominated by Larry R. Jones, MD – Life Member, 2011 Family Physician of the Year.**

Access to high-quality primary care in far southern Illinois is the hallmark of Primary Care Group. It was founded by, among others, Larry R. Jones, MD the 2011 IAFP Family Physician of the Year. Not only did Primary Care Group provide access to primary care, they also worked to ensure the future of the practice by recruiting physicians from the area to return to the region. Among their prized recruits, family physicians and SIU graduates Matthew and Laura Winkleman joined the practice in 2005. Matthew became President and Managing Partner in 2012. The next chapter in the ongoing story of dedication includes Matthew Winkleman's leadership role in the evolution of Primary Care Group to SIH Medical Primary Care Group Harrisburg where he serves as Medical Director.

For his dedication to providing outstanding primary care to far southern Illinois, along with his decades of service to the Harrisburg community and students of SIU School of Medicine, IAFP proudly recognizes Dr. Matthew C. Winkleman with the IAFP Distinguished Service Award, which is given at the discretion of the IAFP Public Relations Task Force. It commends exceptional individual effort. IAFP last bestowed this award in 2015 to Thomas Miller, MD of Quincy. Prior to that, the award was given in 2012 to Paul Luning, MD and also to William Neil, MD. Dr. Luning also received the AAFP Distinguished service award in 2013. In 2006, Thomas Cornwell, MD was honored for his work in pioneering and advancing physician home care.

Dr. Winkleman is the consummate small-town family physician. He provides outstanding care to hundreds of families in southeastern Illinois, a medically underserved area. He's also a regular volunteer at the Bridge Free Medical Clinic in Harrisburg.

Long time patient Matthew Oshel illustrated the value of the long-standing relationship between his family and Dr. Winkleman. "My family spent the last four years living in the Middle East due to my job, and Dr. Winkleman's care for us never suffered due to the distance or time difference. Dr. Winkleman regularly went above and beyond to be available to us

via iMessage or FaceTime phone call to help us navigate difficult medical decisions in a grossly underdeveloped context. His expertise and compassionate care helped my family walk through several challenging medical circumstances that we simply would not have made it through without him."

Patient Ray Baine gladly travels over 30 miles to see Dr. Winkleman. "I will continue to see Dr. Matt because I trust him to the fullest. He is more than my doctor; I feel I have a friend in Dr. Matt and can talk to him about anything. I treasure this relationship."

Serving the community beyond the practice

The Winkleman family includes IAFP Member Dr. Laura Winkleman and their five children (four sons and a daughter). Raising a family not only provides a busy schedule, but also many outlets to directly help better the community. Dr. Matthew Winkleman has served the community as the team physician for the High School, coaching basketball and soccer in the community, and serving on the school board. He serves as a mentor, professor and on the Alumni Board of Governors at SIU School of Medicine. He dedicates a few weeks every year to medical mission trips with his church group to provide medical care in Africa and other areas in desperate need.

Serving the medical community

Marci Moore-Connelley, MD is an IAFP member and senior VP, Chief Medical Officer of Southern Illinois Healthcare. She started a Physician Leadership Academy in 2016 and Dr. Winkleman was in the first cohort. During the full year of coursework, he formed long lasting relationships with the other participating physicians in different specialties and different communities. As a result, Moore-Connelley says "I am continually impressed not only in his ability to lead, but in his commitment to his patients, co-workers and community. He lives these values in the decision he helps us make in how care is delivered across our communities."

Serving the future health needs of the community

Dr. Winkleman has regularly hosted medical students from the Southern Illinois University School of Medicine. He has become quite popular with the students by teaching them how to provide high quality, compassionate care in a rural setting. Several of those students have chosen rural family medicine as their career choice.

One of his former students is now a practice partner, Brent Jones, MD. "Matt is the finest physician I know. I have worked with him now in nearly every capacity—he served as my pre-med mentor, mentor in medical school in first year and a preceptor in two different family medicine rotations. Now, we work literally right beside each other in our clinical and personal offices. He is a great teacher, and many medical students have learned from his 'let's find a way to get this done well for this patient' approach."

Dr. Larry Jones has known Dr. Winkleman through his entire medical career and summarizes his nominee as "Dr. Winkleman is blessed with a warm, caring personality. He makes each patient feel special. He is fair minded, honest and has unmatched integrity. He has led his medical group for the past several years and has been instrumental in establishing the SIH Medical Group at Primary Care Harrisburg as the premier practice in southeastern Illinois."

Family Medicine Teacher of the Year

Sonia Oyola, MD, ABOIM

University of Chicago – Pritzker School of Medicine

Nominated by Eric Sullivan, MD

You can say that the future of our family medicine workforce is largely dependent on the strength of our family medicine educators. Illinois has a great legacy of long-serving dedicated educators along with an infusion of new and innovative talent joining forces to educate and inspire. When the voices of IAFP Student and resident members unite to tell the story of their inspirational educator, that builds a wonderful picture of our 2019 Family Medicine Teacher of the Year.

Sonia Oyola, MD was nominated by a past student leader, who is now a family medicine resident member.

"I can say without exaggeration that I would not be in this position but for Dr. Oyola's example of what it means to be a family doc," says Eric Sullivan, MD a University of Chicago graduate and PGY-1 at Northwestern McGaw Family Medicine Residency Program at Humboldt Park. "With limited family medicine faculty to turn to at my medical school, I often found myself looking to Dr. Oyola as a stand in for the entire field; and came to realize that she embodied everything I had hoped to find in medicine. Her effortless compassion, sense of purpose in helping the underserved and broad-minded philosophy on the many modalities of healing showed me a path in medicine that I hadn't been sure existed when I started medical school."

Sullivan continues, "Anyone who knows Dr. Oyola knows how seriously she takes her own spiritual and physical wellness,

devoting significant energy to her family, her domestic violence nonprofit and to her mindfulness practice. Yet where other faculty seemed to suggest that we should put such things on hold during our training, Dr. Oyola was insistent upon such activities as forming the foundation of an effective, whole physician. Hers was the only third year clerkship that truly made time for wellness, where dedicated time was set aside for meditation, reflection exercises and community service. Though the effect on my wellbeing during those four weeks out of a very long clinical year was profound, the impact on my career was even more so, as it reinforced my appreciation for the holistic philosophy of care embraced by family medicine. Thanks to Dr. Oyola, I came to understand that in family medicine this philosophy applied not just to patient care, but importantly, to self-care as well."

University of Chicago colleague Janice Benson, MD provided an even longer perspective from when Dr. Oyola was a resident and began directly working with her in the Family Medicine Clerkship in 2011. "She has done an outstanding job in her role as a medical student teacher and students constantly name her as one of their most loved and admired and appreciated teachers. She also teaches her peers -including me- constantly with her warm, mind-body compassionate spirit by her role modeling and gentle practice."

Benson also cites Oyola's innovation for the University, specifically developing a new core for the Family Medicine clerkship curriculum with Wellness and Resiliency. "This new innovation has placed our core values for physician wellness in the center of our medical student clerkships," explains Benson. "This curriculum initially was thought as a bit offbeat for the serious Pritzker student body. Now due to the extremely positive feedback from the students, this Family Medicine Wellness curriculum has become the centerpiece for all the primary care clerkship's work on student wellness, resiliency and balance."

Oyola's additional education contributions include serving as the mentor for many students, and specifically as the faculty advisor for four Pritzker student groups: the Family Medicine Interest Group, the Integrative Medicine Interest Group, the Pritzker service fellowship group and the Dance group. She also served as a host committee member of the 2019 Family Medicine Midwest Conference and even recruited the musical entertainment for the conference's Friday reception.

Resident Teacher of the Year

Kimberly Beiting, MD – McGaw Northwestern Family Medicine Residency Humboldt Park

Faculty member Dorothy Dschida, MD describes Dr. Kimberly Beiting as a dynamic and engaging speaker. "Over the last year of her residency she championed a lecture series on the care of the elderly patient. Her sessions were evidence-based, interactive, and entertaining. She strives to connect with her learners and really help them to experience the didactic content in a way that sustains the learning over time."

Dr. Beiting led a particularly innovative session in which learners were given-specially designed gloves, glasses and headphones that simulate the sensory changes of aging. "This really helped the learners to understand first-hand what their patients experience every day, and hopefully will allow the residents to connect with their elderly patients with enhanced empathy," concluded Dschida.

Beiting was selected as a resident clinical scholar, which is a two-year certificate program offering Northwestern University's McGaw Graduate Medical trainees (residents and fellows) a competency-based medical education certificate program to provide training in educational theory and teaching in a variety of settings. She developed a teaching portfolio for resident inpatient and didactic teaching and also developed and implemented a longitudinal geriatrics didactic curriculum in the Family Medicine Residency.

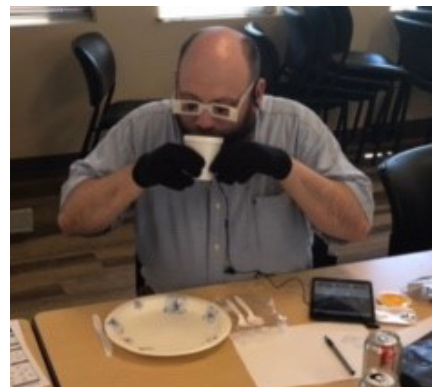


Photo provided by Dorothy Dschida, MD

Dr. Beiting also has a passion for advocacy, representing her program at IAFP's Spring into Action advocacy days in Springfield, and twice in Washington, DC with the American Academy of Teaching Health Centers and the National Association of Community Health Centers.

The Chicago native graduated from University of Chicago, followed by medical school at the University of Illinois at Chicago College of Medicine. After graduating residency this summer, Beiting is now a geriatrics fellow at the University of Chicago. "As a fellow, we are continually involved in teaching and education at all levels, and I also still go back and guest lecture at my residency program at Northwestern. I have a passion for teaching and education, and I plan to stay in academic medicine and medical education in my future career."

AAFP Congress of Delegates Recap

AAFP's Priorities Reviewed and Renewed: The AAFP Congress of Delegates met September 22-25 in Philadelphia to elect new Officers/Board and deliberate more than 80 resolutions that reaffirm, revise, and create policy. Throughout the Congress, key topics rose to the forefront: One of the most frequent topics raised was administrative burden, which has replaced payment as the top concern of most family physicians in recent years, according to the Academy's annual Member Satisfaction Survey. It's not always clear, however, specifically what is meant by that term because it has been used to refer to documentation demands, prior authorization requirements and more. An AAFP staff team is taking a deep dive into the issue to better understand the problems members face. In addition, the AAFP's [health IT innovation project](#) that was announced last fall intends to engage and influence developers of artificial intelligence and machine learning products to develop virtual scribes, tools that can simplify the prior authorization process, and technology that allows a practice to easily extract and report performance data from EHRs.

Other AAFP priorities this year included increasing payment for family physicians, boosting the number of medical students choosing family medicine and taking a lead role in addressing health equity. Given that family physicians practice in nearly every community in the country, AAFP leaders expected the diverse viewpoints of the Congress of Delegates to provide excellent debate. For more coverage of AAFP's Congress of Delegates, the new Leaders, and other topics please read [AAFP News](#).

Your Illinois delegation to the Congress this year included: David Hagan, MD, delegate, Asim K. Jaffer, MD, delegate, Sachin Dixit, MD, Alternate Delegate, Michael Hanak, MD, Alternate Delegate, Monica Fudala, MD, President-elect, Timothy Ott, DO, Treasurer, Second Vice President Tabatha Wells, MD and board members Kate Rowland, MD and Santina Wheat, MD. Other Illinois members present for the Congress included, AAFP past speakers Javette Orgain, MD and Carolyn Lopez, MD. IAFP Past President Steve Knight, MD, Deborah Clements, MD, President of the Association of Family Medicine Residency Directors (AFMRD) and Sydney Doe (Northwestern), Student Alternate Delegate to the AAFP Congress of Delegates.



Asim Jaffer, MD and David Hagan, MD served as Illinois Delegates. This was Dr. Hagan's final Congress completing three terms as Delegate.

IL AFP submitted five resolutions to the AAFP Congress of Delegates for consideration:

HOSPITALITY FINANCING FOR AAFP CANDIDATES: Resolution 217 read: RESOLVED, That chapter contribution of \$2,500 for the Candidates' Hospitality Event be borne by the American Academy of Family Physicians and not by individual chapters running candidates.

Those testifying in support acknowledged the cost can be difficult for chapters to raise money, potentially poses a financial burden to chapters. **The Congress of Delegates adopted the resolution.**

EMR AS A CONDITION OF ACO PARTICIPATION Resolution No. 306 read: RESOLVED, That the American Academy of Family Physicians oppose a requirement to use a specific electronic medical record as a condition of Accountable Care Organizations' participation, and be it further RESOLVED, That the American Academy of Family Physicians will send an open letter to the Centers for Medicare and Medicaid Services and Accountable Care Organizations (ACO) regarding this issue, recommending instead the development of interoperability technology to share data between the private practice and the ACO.

No testimony was heard in opposition to the resolution. The author pointed out this resolution is needed to support the ability of physicians in small practices to participate in accountable care organizations (ACOs). The reference committee considered that ACOs and independent practices are entities that make their own business decisions; and the decision to join an ACO is optional. Finally, the reference committee considered that the AAFP is currently advocating for interoperability of EHRs and will continue to work to ensure it. **The Congress of Delegates did not adopt the resolution.**

RELATIONSHIP OF NON-PHYSICIAN PRACTITIONERS TO PHYSICIAN CREDENTIALING AND CONSULTATION Resolution 308 read: RESOLVED, That the American Academy of Family Physicians reaffirm that non-physician practitioners are not the clinical equivalent of a residency-trained board-certified family physician, and be it further RESOLVED, That the American Academy of Family Physicians oppose non-physician practitioners determining credentialing or privileging for family physicians, and be it further RESOLVED, That the American Academy of Family Physicians oppose the use of unsupervised, independent practice non-physician practitioners in providing specialty consultations requested by family physicians.

The reference committee heard significant testimony in support of the first resolved clause and recognized it as a reaffirmation of current AAFP policy. Testimony on the second and third resolved clauses was mixed. Those speaking in support of the second resolved clause expressed that the AAFP has not sufficiently addressed this issue and that non-physician practitioners should not be judging the credentials or qualifications of physicians. Those speaking in opposition to the second resolved clause were concerned about limiting the ability of entities in rural communities to engage non-physicians in their credentialing decisions, as necessary. Those speaking in favor of the third resolved clause shared the concern of family physicians who refer patients to specialty physicians for care but receive reports back from physician assistants or nurse practitioners. The reference committee agreed with the intent of the second resolved clause but felt some revision was needed to clarify and align it with testimony. The reference committee also felt the third resolved clause needed revision to offer clarity, address the testimony, and avoid the potential unintended consequence of restricting referrals to non-physician specialists such as pharmacists, clinical psychologists, dietitians, and physical therapists. **The substitute resolution was ultimately referred the Board of Directors.**

STIGMA AND BIAS EXPERIENCED BY PEOPLE WITH OBESITY Resolution No. 408 read: RESOLVED, That the American Academy of Family Physicians support local, state and national policies that prohibit weight discrimination, and be it further RESOLVED, That the American Academy of Family Physicians make available to its members educational materials to reduce the experience of weight stigma and bias for patients, including but not limited to:

- Ways to reduce weight stigma in the office practice environment
- Patient-centered communication strategies that reduce weight stigma and bias
- Community advocacy opportunities to reduce weight bias in schools, communities and the media.

The reference committee heard testimony mostly in support of the resolution that people with obesity experience significant stigma and that this is one of the last accepted forms of prejudice. Individuals also stated that patients with obesity stated having experienced bias from their physician and that this is a barrier to health care. Other individuals suggested that waiting rooms and exam areas should be changed to better accommodate individuals with obesity without causing further stigma.

The Congress of Delegates adopted the resolution.

FAMILY MEDICINE'S ROLE IN ADDRESSING AND PREVENTING SEXUAL HARASSMENT Resolution No. 424 from read: RESOLVED, That the American Academy of Family Physicians (AAFP) develop a toolkit of resources to raise awareness of family medicine's role in addressing and preventing sexual harassment, including resources for the AAFP members affected by sexual harassment and resources to advocate and assist our patients and the public.

The reference committee heard testimony in support of the resources to raise awareness in addressing sexual harassment. The committee discussed development of a "toolkit" and recommended to keep the language broader to facilitate the best option in developing resources and recommended substitute resolution No. 424 as follows: RESOLVED, That the American Academy of Family Physicians (AAFP) develop resources to raise awareness of family medicine's role in addressing and preventing sexual harassment, including resources for the AAFP members affected by sexual harassment and resources to advocate and assist our patients and the public. **The Congress of Delegates adopted the substitute resolution.**

Women in Leadership inspiring future leadership

The Family Health Foundation of Illinois successfully renewed our small-scale summer externship experience. Thanks to some seed funding from IAFP member donors and the Foundation's Edward A. Blumen, MD Fund, we secured a Student Externship Matching Grant in an important partnering opportunity between the AAFP Foundation and constituent Chapter Foundations. The Student Externship Matching Grant Program's goal is to "close the deal early" with medical student leaders so they will choose a career in family medicine. Our Illinois externship provides a vast, inclusive immersed experience of comprehensive, high-quality, culturally competent care with IAFP leaders.

The Family Health Foundation of Illinois Women in Leadership Summer Externship Experience provides an opportunity for a woman medical student (M1 or M2) to experience a practical, clinical learning environment in the office of an Illinois family physician leader from the [Women in Leadership Member Interest Group](#).

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

Emma Daisy, MD a member of the IAFP board of directors and Laurie Carrier, MD, Chief Medical Officer of Heartland, combined to give their extern Michelle Won from Midwest University Chicago College of Osteopathic Medicine, insight into the management of a growing community health center. Michelle was included in leadership meetings, including executive team meetings, Heartland's Board of Directors, the monthly provider meeting, clinical site leaders meeting, and leadership meeting of site managers. She worked clinically with several physicians across various sites, men and women, in community health centers and community mental health centers.

Michelle is the family medicine interest group (FMIG) president at CCOM and said she was looking for a better way to understand and share what family medicine was all about. She had shadowed primary care physicians previous in her first year and "loved it." She also had previous experience working as a medical assistant in a doctor's office. "Many of my memorable interactions were with the elderly patient population and I could see myself serving them as a primary care doctor, especially at their most vulnerable times."

Because of the comprehensive services provided by Heartland, Michelle was able to spend time in many settings and services. One thing that surprised her most was learning that she likes obstetrics! "Working with Carly, one of the midwives, was amazing. She is very knowledgeable in women's health and it piqued my interest in obstetrics."

One of her favorite days at Heartland involved helping a patient confront the challenge of tobacco addiction. "I worked with a patient to come up with a self-management goal and had a great conversation with him. He was reluctant to quit smoking cigarettes to help with his breathing problems, so we came up with a realistic goal of cutting down a couple cigarettes a day."

Her four weeks also provided a variety of patients she hadn't expected. "There are so many diverse cultures and beliefs and family dynamics spread throughout the Heartland communities. It gave me a lot to think about in how we have to work with them to meet our shared goals. Some students have a negative, but uninformed, impression of family medicine,"



Laurie Carrier, MD; Michelle Won and Emma Daisy, MD

says Won. "I would love to educate students on the true impact of family medicine."

Dr. Carrier seemed to mirror Michelle's insights gained from her experiences at Heartland. "She was very interested in the administrative aspects of family medicine and participated in high-level meetings. She was open to experiencing many different aspects of clinical practice. I think she'll make an excellent family physician one day."

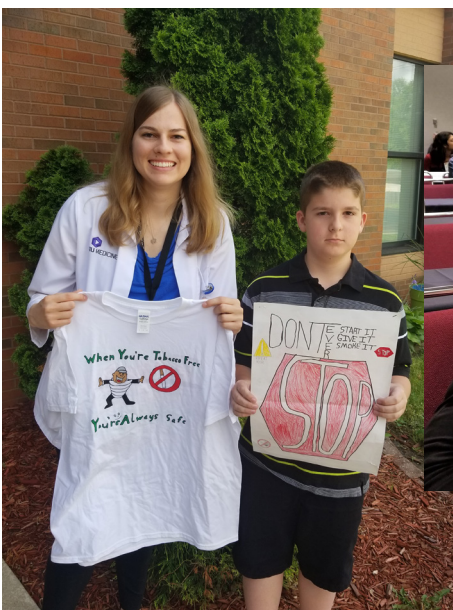
Michelle definitely appreciates the still-existing gap in the dynamics and perceptions between men and women in medicine. "We still need many more female leaders in medicine and there should be more recognition of their hard work. I am still surprised to say that I have encountered some interactions when the patients were not aware that the female physician was their doctor, but they thought she was their nurse. In order to change the stereotype that the women in medical field are nurses and men are the doctors, we need to have more female physicians in charge and feature spotlight on their amazing work."

We look forward to following Michelle's journey through medical school.



Support our Foundation!

There is still time to give an end-of-the-year donation to the Family Health Foundation of Illinois. You can donate directly online at www.iafp.com/foundation or download a print and mail form. Along with the Summer Externship Experience, the Foundation also supports: [Tar Wars](#), [Mentor Connection](#), [Student Scholarships to Family Medicine Midwest](#), scholarships for the resident and student delegate to the AAFP National Conference, and the [Resident Scholarly Works Virtual Summit](#).





IAFP will launch a new campaign called Dialed in on Diabetes to help members and other providers caring for patients with type 2 diabetes. Together we'll take you through our special Dialed in on Diabetes campaign throughout the month of November, which is National Diabetes Awareness Month.

Dialed in on Diabetes website www.iafp.com/did is the home of our toolbox to help you with this challenging chronic disease and the related cardiovascular risks associated with diabetes. You'll find CME programs, updated research, patient education links, resources and even some recommended reading for providers and patients.

Led by our content experts Dr. Marian Sassetti, a family physician in Oak Park and Dr. Naomi Parrella, a family physician and obesity medicine specialist at Rush University Medical Center, the campaign will take on various aspects of diabetes on a weekly basis throughout November with resources you can use all year long.

"Without question diabetes takes a toll on individuals, families, communities and our system as a whole," says Dr. Sassetti. "We know there are no quick fixes when dealing with diabetes. But we can reverse the trend and make a huge positive impact across our communities."

Dr. Parrella also emphasizes the positive potential we have in turning the trends of type 2 diabetes. Diabetes is a complex chronic condition that responds to healthy lifestyle behaviors. We can help our patients along this journey."

Each week in November we'll release a short video (most are about five minutes long) focusing on different aspects of managing type 2 diabetes, along with strategies you can use right away to improve patient health outcomes. The videos will live on the Dialed in on Diabetes website and be shared in all our communications to members and our social media platforms: Twitter, Facebook and Instagram. Each video will be accompanied by a blog post with greater detail and links to resources discussed in the videos.

- o Setting the Foundation and Tools to Help*
- o Diabetes and Behavioral Health*
- o Diabetes, Obesity and Cardiovascular Health*
- o Navigating the Holiday Season with Diabetes*

The campaign goal is to offer strategies to include in your practice and resources you can share directly with your patients. We hope this video series helps you be more efficient and leads to greater satisfaction for you and better health for your patients.

Dialed in on Diabetes on the air

During the first half of November (before Black Friday and Doorbuster commercials take over your radio), IAFP will have radio public service announcements on the air in Peoria, Rockford and Springfield. Tune in November 1-16 to these stations and you might catch them. Hopefully your patients facing type 2 diabetes will hear them and come see you! If you don't live nearby, you can listen, download and share them here: www.iafp.com/did-psa.

Peoria

WSWT-FM 106.9FM Adult Contemporary
WMBD-AM 1470AM News/Talk

Rockford

WXXQ-FM 98.5FM Country
WROK-AM 1440AM News/Talk

Springfield

WMAY-AM 970AM News/Talk

Help for you online at any time: Bookmark iafp.com/DID and check out the resources already available. The return each week for each weekly topic.

WE ARE DIALED IN ON DIABETES BECAUSE

www.iafp.com/DID

HEART DISEASE IS THE #1 CAUSE OF DEATH AMONG PEOPLE WITH DIABETES



World Heart Federation



THE RISK OF DYING FROM HEART DISEASE IS 2X HIGHER IN PEOPLE WITH DIABETES

Emerging Risk Factors Collaboration. JAMA. 2015;314(1):52-60

1.3 MILLION ILLINOIS ADULTS HAVE DIABETES



But roughly 341,000 of those don't know they have it. (IDPH)



State of Illinois
Department of Human Services

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www.ilpmp.org



(N-01-18) PMPnow Ad (10/1)

Government Relations

Government Relations Update

The Illinois General Assembly is in recess until the two weeks of Veto Session, October 28-30 and November 12-14. In the meantime, here is an update on continued activity in Illinois.

Medicaid MCO-Provider meetings every other Monday through Dec. 2019:

IAFP members can submit issues or concerns regarding Medicaid managed care to Gordana Krkic at gkrkic@iafp.com. The Illinois Dept. of Healthcare and Family Services (HFS) is hosting these meetings specifically with providers to address possible solutions and fix systemic flaws. To that end, a new Comprehensive Billing Guide <https://iamhp.net/providers> provided by the Illinois Association of Medicaid Health Plans (IAMHP) is designed to provide support and guidance to contracted Medicaid managed care providers on billing for services to Medicaid beneficiaries. This manual only applies to HealthChoice Illinois (HCI) Managed Care Organizations (“MCOs”) and for services provided to Medicaid beneficiaries in Medicaid-only programs (e.g. FHP, ACA, ICP and LTSS populations). It does NOT apply to dual-eligible beneficiaries in the Medicare Medicaid Alignment Initiative (MMAI) program.

Home Birth Maternity Care Crisis Study Committee: Sen. Iris Martinez’ [SJR 14](#) passed both houses and created the Home Birth Maternity Care Crisis Study Committee to provide the General Assembly a consumer-focused, evidence-based solution to the Illinois Home Birth Maternity Care Crisis. Santina Wheat, MPH, MD represented IAFP with testimony at a hearing on September 19th.

Prior Authorization Workgroup: The Governor signed HB 2160 into law [PA101-0463](#) and calls for HFS to develop a prior authorization form using input from organizations, including IAFP. More details are forthcoming from HFS.

Task Force on Infant and Maternal Mortality Among African Americans Act: IAFP and the Illinois Chapter of the American Academy of Pediatrics (ICAAP) have representation on the Task Force as part of the new [law](#) and have submitted Dr. Wheat’s name as our representative.

Bruce Kinnett retired October 1st: Our long-standing lobbyist and best advocate in Springfield, Bruce, retired from Cook-Witter after a 30+ year career. IAFP has relied on Bruce’s passion for advocacy, even-handed approach to bipartisan politics, and overall pristine reputation as he’s represented family physicians and family medicine’s issues at the statehouse and with the Executive branch. We wish Bruce and his wife Jill every happiness and much health as they embark on this new chapter called “retirement!”



Resources for Family Physicians and Their Patients: Palliative and End-of-Life Care

Asim Jaffer, MD, HMDC, FAAFP, FAAHPM

In its report “Dying in America,” the Institute of Medicine stresses that “all clinicians across disciplines and specialties who care for people with advanced serious illness should be competent in basic palliative care, including communication skills, interprofessional collaboration, and symptom management.” According to the American Board of Family Medicine’s 2018 re-certification data, 25% of Illinois diplomates provide end of life care and two percent list palliative care as their principal professional activity. I want to be sure family physicians know and understand the resources available to you and your practice.

As I counsel and help my patients and their families with end of life issues and provide palliative care, I look to resources from IAFP and AAFP. Given the aging of our population and the increasing number in our specialty who care these seniors, more resources and CME are available to support us in our practice.

Effective management of symptoms at the end of life is challenging. We can help patients and families through this process with the assurance that it will be as safe, dignified, and comfortable as medically possible.

We learn from each other: please share resources you find helpful with IAFP. We have an evolving ready reference on IAFP’s website <https://www.iafp.com/adults-seniors> where you’ll find links to provider education, resources and current AAFP policies addressing palliative and end of life care.



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www.iafp.com

*Subject to change. The Illinois Academy of Family Physicians is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Members in the News

Residency at Humboldt Park in Chicago.

Two Illinois Resident Members honored with AAFP Awards for Excellence Graduate Medical Education

Only 12 residents from across the country are selected for this esteemed distinction that recognizes outstanding family medicine residents for leadership, civic involvement, exemplary patient care, and aptitude for and interest in family medicine. Winners are awarded a \$1,000 scholarship and received the honor in person at the 2019 AAFP Family Medicine Experience (FMX) in Philadelphia, PA. Two of the 12 honored this year are from the same Illinois residency program, McGaw Northwestern Family Medicine

Michelle Byrne, MD, MPH Dr. Byrne's most important professional accomplishment to date is serving as the resident member of the AAFP Board of Directors. Her wide-ranging professional interests include health care policy, operations, and delivery, as well as health equity and access to care for underserved populations locally and globally. Another area of interest is the intersection of medicine with social justice issues such as poverty, race, incarceration, faith, education, environment, and immigration. In her free time, Dr. Byrne enjoys running, vegetable gardening, writing, and traveling. She also has a personal interest in community living. Following residency, she plans to practice broad-spectrum family medicine in an underserved setting and will continue to pursue leadership opportunities and policy interests.

Laura Kahn, MD, MPH Dr. Kahn cites conducting a gap analysis and resource assessment of environmental lead exposure in Environmental Protection Agency (EPA) Region 8 as one of her most important professional accomplishments to date because it laid the groundwork for significant policy revision and change in lead exposure practices. Her other professional pursuits include medical asylum medicine and advocacy. She enjoys writing and is inspired by the works of authors who are physicians, including Atul Gawande, Richard Selzer, Anton Chekhov, Oliver Sacks, Lewis Thomas, and Abraham Verghese. Dr. Kahn is interested in community-based medicine and alternative practice models, and she hopes to work in a variety of settings following residency. In particular, she would like to work with health care professionals at Cook County Jail in Illinois, continue performing medical asylum examinations in Chicago, and explore the possibility of providing medical care to individuals who are being detained at the U.S. border.



Laura Kahn, MD; program director Santina Wheat, MD and Michelle Byrne, MD. Photo provided by Dr. Wheat.

Illinois organizations Illustrate Joy in Medicine

The American Medical Association (AMA) recognized 22 health care organizations as the first recipients of the inaugural *Joy in Medicine™ Recognition*. The new distinction offered by the AMA recognizes health care organizations that have committed to efforts that improve physician satisfaction and reduce burnout.

Candidates and their achievements to reduce physician burnout were evaluated against criteria demonstrating competencies in commitment, assessment, leadership, efficiency of practice environment, teamwork and support.

Three of the 22 organizations honored are in Chicago:

Heartland Health Center (Bronze level) – submitted by IAFP member Laurie Carrier, MD
Northwestern Medicine
Oak Street Health

IAFP Honored by We Work for Health of Illinois

IAFP and executive vice president Vince Keenan were recognized at the PhRMA 2019 National Meeting, Welcome and Partner Reception on October 1. We Work for Health of Illinois recognized Vince for his and IAFP's outstanding work on behalf of patients and researchers across Illinois, especially in the realm of opioid use and addiction treatment and our commitment to innovation as an outstanding partner.



More Member News

The new McGaw Northwestern Family Medicine Residency at Delnor Hospital welcomed its first class of eight residents this July. The program was featured in several community

newspapers on September 18, the *Elburn Herald*, the *Oak Brook Business Ledger* and the *Chicago Daily Herald*.

Member Kiran Bojedla, MD of Oak Lawn was quoted in an article that ran in the *Bloomington Pantagraph* and *Chicago Tribune* on Sept. 18 about the challenges of helping patients quit vaping, which is a growing addiction problem.

The only Illinois Teaching Health Center at Erie Family Health Center in Chicago's Humboldt Park and the new NorthShore residency program location at Erie Family Health in Skokie were featured in the Sept. 18 *Cicero Lawndale News*.

Past board member Elizabeth Salisbury-Afshar, MD, MPH, FAAFP, FAAAM co-authored a Sept. 9 commentary in National Academy of Medicine on medication assisted treatment policies. [Read it here](#).

"Chicago Tonight" showcased the amazing work of the Figueroa Wu Family Foundation in launching and running food pantry to serve the entire community in need. [Dr. Evelyn Figueroa](#) is program director at the UIC Family Medicine Residency Program and the Friday plenary presenter at Family Medicine Midwest on November 9. [View the story here](#).



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ABFM: What's New?

By: Ashley Webb, Director of Outreach and Elizabeth Baxley, MD, FAAFP - Executive Vice President, ABFM

News You Can Use

Requirements for maintaining board certification with the American Board of Family Medicine (ABFM) may feel elusive or confusing to busy family physicians who are juggling many demands and priorities. We are committed to working with you to answer your questions regarding the certification process, ensuring that information about your choices to meet requirements is easy and clear to understand, and to hear from you in ways that will help us improve Family Medicine Certification into the future.

Through participation in board certification, family physicians are demonstrating their commitment to professionalism; lifelong learning; self-assessment of knowledge currency and identification of gaps; improving care in practice (regardless of practice type or setting); and regular assessment of cognitive expertise.

Family Medicine Certification is currently built on 10-year cycles, with three, 3-year stages and a 10th year in which cognitive expertise is assessed. Stage requirements include maintenance of an active, valid and unrestricted medical license and completion of 150 hours of approved CME credit every three years, as well as completing one knowledge self-assessment activity, one performance improvement activity and achieving 50 points through a combination of these activities.

- I. **Knowledge Self-Assessment** is accomplished in one of two ways, each of which can be found in your Physician Portfolio:
 - a. Knowledge Self-Assessment (KSA) modules are topic specific and can be done on your own, or as part of a formal KSA study group at your state chapter or AAFP meetings, depending on your preference. Each KSA adds 10 certification points to your portfolio and with that you also earn eight prescribed hours of CME. KSA completion data demonstrates that each KSA averages 4-6 hours to complete.
 - b. A relatively new option introduced in January 2017, Continuous Knowledge Self-Assessment (CKSA), provides 25 questions through your Physician Portfolio per quarter that cover the breadth of family medicine practice. Questions can be answered all at once, or a few at a time, in a manner that best suits your schedule, and are followed by the correct answer, a critique that explains each of the options, and references for further review when knowledge gaps are identified. CKSA questions are similar in format to those seen on the Family Medicine Certification Examination. Once 100 questions have been completed over four quarters, a performance report is provided that will estimate the probability of passing the Family Medicine Certification Examination, along with a likely score. After successful completion of each quarter, 2.5 certification points and 2.5 CME credits are earned; after participating in four quarters of CKSA, you will have satisfied the minimum KSA requirement for that stage and earn 10 certification points. Average time for completion is one to two hours per quarter.

You can find more information about Self-Assessment and Lifelong Learning at <https://www.theabfm.org/continue-certification/self-assessment-and-lifelong-learning>

- II. The goal of the **Performance Improvement (PI)** requirement for certification is to demonstrate that, as a board-certified family physician, you can reflectively look at information about your practice, identify an opportunity for improvement, put an intervention in place, and re-measure to see if that change resulted in an improvement. As a result, the following changes have been made over the last five years to support greater choice and relevance while eliminating the need for unnecessary redundancy of work:
 - a. The Self-Directed PI Project is best suited to an individual or small group of family physicians to report on a project already implemented in practice, or to provide a roadmap for creating a quality improvement project that is meaningful to their current scope of practice. More information about this can be found at in your Physician Portfolio. This pathway is ideally suited for family physicians in non-continuity practice, as it allows selection of any area of

improvement they wish to make, regardless of practice setting.

- b. For larger groups of family physicians (> 10), the Organizational PI Activity option is worth consideration. If you are participating in an ACO, CIN, health system network, or similarly constructed group of physicians who are working on improving care together, your organization can apply to be a sponsor for reporting your efforts in this work to the ABFM for your PI credit. Information about this option can be found at [<https://theabfm.mymocam.com/extsponsor/>]. This pathway also allows for state chapters and other organized entities to become sponsors of Performance Improvement activities and to report on your behalf.
 - c. If you are participating in NCQA recognition programs, a Practice Transformation Network, or CPC+, You may be able to receive credit for a certificate/recognition or award you have achieved for your improvement work (e.g. NCQA, CPC+, Practice Transformation Network, etc.). You can log into your Physician Portfolio and attest to your participation.
 - d. If you are using ABFM's PRIME registry to help you manage data from your EHR, you can select something you wish to improve on from what is already being measured on your dashboard, implement an intervention, and PRIME will remeasure and seamlessly submit your data to ABFM for PI activity credit using the PI activity within PRIME registry.
 - e. The Residency Performance Improvement Program (ResPIP) pathway is a means for residency programs to demonstrate their ability to develop and oversee the successful completion of performance improvement (PI) projects for residents and faculty that meet the ABFM Family Medicine Certification requirements. For more information go to <https://theabfm.mymocam.com/respip/>.
 - f. Precepting Performance Improvement Program. If you are teaching students or residents in your practice at a level of 180 hours of 1:1 during your 3-year stage, this option, developed through collaboration with the Society of Teachers of Family Medicine, allows you to receive PI activity credit for improving your teaching skills. More information about the Precepting Program is available at <https://theabfm.mymocam.com/precepting/sponsors/>.
- III. Family Medicine Certification Longitudinal Assessment (FMCLA), is more aligned with adult learning principles, promoting more enduring learning, and greater retention and transfer of knowledge into practice, than infrequent, episodic examinations. Like CKSA, FMCLA provides 25 questions per quarter, can be done on a flexible schedule and at the location preferred by the Diplomate, and permits the use of references as needed. Because FMCLA is a testing process, just like the one-day exam, the questions are timed and collaboration or discussion of items with colleagues is not permitted.

The pilot for FMCLA is two years in length and initially was limited to Diplomates whose current 10-year certification period would end on December 31, 2019. We anticipate that the pilot will be successful and plan to offer the alternative for longitudinal assessment to currently certified family physicians who are seeking to maintain their certification going forward.

Going forward, ABFM is interested in learning more from you regarding feedback on the current certification activities and ideas for new topics and programs that would improve the certification process. There are a number of ways for you to become more involved with the ABFM [<https://www.theabfm.org/about/get-involved>]. We have recently launch a new website (www.theabfm.org) that was designed to provide clearer, more concise information in an easy-to-navigate format with enhanced search capabilities.

If you have any questions or need help in planning or reporting your certification activities, our capable staff at the ABFM Support Center are here to help you at 877-223-7437 or via email at help@theabfm.org.

Fighting Food Insecurity

The Importance of Increasing School Breakfast Participation

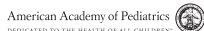


School breakfast can help children meet their nutrition recommendations. This may be especially true for the 1 in 6¹ children who live in a household faced with food insecurity.

To help our nation's children whose households have limited access to adequate food, we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase** awareness of the impact School Breakfast Programs can have on nutrition security, diet quality and student health.
- **Provide** resources to empower schools to champion school breakfast.
- **Inspire** families and communities to embrace school breakfast.
- **Empower** children to take action to help increase access to breakfast in their schools.



¹U.S. Department of Agriculture Economic Research Service. *Household Food Security in the United States in 2015*. September 2016.

Illinois Academy of Family Physicians

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