



ILLINOIS FAMILY PHYSICIAN

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Editor – Ginnie Flynn | gflynn@iafp.com | 630-427-8004

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Illinois' Finest Family Physicians

This year, the IAFP honored four outstanding physicians as part of the annual awards program. The Public Relations Task Force is proud to share their stories with you. Each of these members will be honored at the IAFP annual meeting November 9 at Eaglewood Resort in Itasca.

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Family Medicine Residency



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Distinguished Service Award
William L. Neil, MD, FAFP
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President's Message

Michael P. Temporal, MD

Another AAFP Congress of Delegates is now in the rear view mirror. As your president and one of your two delegates, I had an amazing experience in Philadelphia. This annual gathering is always a great boost for the family medicine soul, and this year is no exception.

First, our new president, Jeff Cain, MD of Colorado took the Oath of Office. Dr. Cain is an amazing personal story and an incredible ambassador for our specialty. Did you know he is the family physician founding father of Tar Wars? Cain and educator Glenna Pember co-authored the Tar Wars curriculum in 1988. How amazing for him to take the helm as president of AAFP the same year that his signature tobacco prevention program turns 25!

Another major event of the Congress process was the debate and eventual adoption of a resolution directing the Academy take a policy that officially supports equal civil marriage status for gay, lesbian and transgender couples. Although we've seen this resolution fail in the past, this year the student and resident congresses each introduced this resolution and brought a determination that they would not accept defeat this year. While the debate was passionate in both the reference committee and on the Congress floor, the final vote was overwhelmingly in favor of supporting equal marriage rights. Though the issue remains one that not every member will agree on, the AAFP took a bold step in voting on this social justice issue that affects patients and a good number of our members and colleagues.



I'm excited to share that two of our members are now AAFP board members. Ravi Grivois-Shah, MD of Oak Park was elected by the New Physician caucus of the National Congress of Special Constituencies in July as the AAFP New Physician Board Member, and officially joined the board at Congress. Unfortunately for Illinois, that means he must leave our board of directors to join theirs. "What we do in the next few years will define how we practice medicine for decades to come," he said in his acceptance remarks. "Will we spend more time talking with and touching patients, or more time entering data into EHRs that helps administrators, but doesn't improve care for those patients? Will we still practice family-centered, birth to end-of-life, cost-effective, and meaningful primary care?" I believe we will!

Meanwhile, our past president Javette Organ, MD of Chicago was unopposed in her campaign for re-election as AAFP Vice Speaker. Javette will continue to serve alongside Speaker John Meigs, MD of Alabama in presiding over Congress functions and overseeing the implementation of Congress policies at the board level. I guess not having a contested race also meant a little less pressure on the IAFP campaign team. During the candidates' hospitality event, we played basketball, rather than gave out gifts! Let me tell you, Javette has

some game! We had a fantastic time, and I thank our Illinois delegation who made the event so much fun: my fellow delegate Katie Miller, MD; IAFP president-elect Carrie Nelson, MD and treasurer Mike Fessenden, MD; alternate delegates David Hagan, MD and Steve Knight, MD; NCSC delegate Asim Jaffer, MD; Ravi, student leader Lauren Kendall, and past president Carolyn Lopez, MD.

I was truly inspired by the points made by new president Jeff Cain, MD in his opening ceremony remarks: "Family physicians have created medical communities that reflect family medicine values -- yours and mine," he said. "That means strong family physician leadership, direct physician access to quality and cost data, making the community's needs the priority, and a commitment to a single-tiered system where it's: Every. Body. In." AAFP is positioning itself as a diverse, passionate, caring, and innovative organization. It's not cliché when I say we truly put our patients at the center of our mission.

That brings me to the Illinois chapter's next leader. Carrie Nelson, MD of Wheaton will take the Oath of President at our annual meeting All Member Assembly on November 10. Carrie is a dynamic, thoughtful leader, with a passion for healthy lifestyles and a wonderful gift for writing when she shares that enthusiasm. I think you're going to like hearing her wit and wisdom in this column over the next year. And with that, I will wrap up my final Illinois President's Message. It's been an honor to serve in this role. I look forward to my next chapter as the IAFP board chair and representing you.



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Family Physician of the Year Kenneth S. Nelson, MD Prairie Medical Group, Westchester

Dr. Nelson helped found the Prairie Medical Group in west suburban Westchester, which has now expanded to include six family physicians as well as many subspecialists who practice in the same office, providing convenient, state-of-the-art care for their patients. But Prairie Medical Group and Dr. Ken Nelson provide so much more to so many more.

He was born and educated in the Chicago area, with his medical degree from the Chicago Medical School (now Rosalind Franklin University of Health Sciences – Chicago Medical School) and his undergraduate degree from Benedictine University in Lisle. He completed his residency training at La Grange Memorial Hospital in 1986, where his father William Nelson is a former program director. He went on to add a post-doctoral fellowship in clinical pharmacology from the University of Chicago in 1988. Now he practices in the community where he trained and dedicates his time, energy and passion to serving those in need throughout that extended community. “The fact that every day I wake up, I look forward to going to work. I love helping people. I love helping those in need. As a family physician, I have the opportunity to do that every day.”

For the past two decades, Dr. Nelson has volunteered his services at the LaGrange-based Community Nurse Health Association’s (CNHA) free clinic and has served as the clinic’s Medical

Director since 1992. CNHA’s clinic provides primary and specialty care services to about 2,100 underserved residents from the western suburbs of Cook County. In his role, he provides patient care, assures the quality of care for the overall clinic and has been instrumental in recruiting providers. Through his passionate leadership, providers at Prairie Medical Group and Adventist La Grange hospital provide primary care and specialty services at no cost to CHNA patients.

CNHA Board member Angela Curran says, “Ken truly and passionately believes that quality health care should be available to everyone in the community regardless of their ability to pay.” She goes on to add, “Ken is truly the most energetic and passionate volunteer and volunteer leader that I have ever encountered, and I say that knowing that I have encountered many other truly inspirational volunteers.”

Expanding his commitment to volunteer health care, in 2010 Dr. Nelson led an effort to open Illinois borders to volunteer health care providers from other states by initiating HB5744 which was signed into law on June 19, 2010.

This led to co-founding the CURE Network (Collaborative Underserved Relief and Education.) Since then, the CURE Network has taken their philosophy “on the road,” executing two successful medical missions in the Chicagoland area. The first was held August 19-21, 2011 at Malcolm X College in collaboration with Remote Area Medical out of Knoxville, Tennessee. The most recent mission on June 8-9, 2012 at the Lake County Fairgrounds, was coordinated with the Illinois Dental Society’s Mission of Mercy (see the story in the [July/August issue of Illinois Family Physician](#)). No sooner did the Lake County event wrap up, he was talking about the locations for the next mission.

These two events provided direct care and a pipeline to future services for

about 3,500 uninsured patients. “But we’re only reaching a few thousand people in a state where four million need help,” points out Ken Nelson. “Events like this can build awareness and hopefully spur action by other people in their own communities.”

It’s truly a Nelson family affair with Ken’s two brothers, IAFP member Tom Nelson, MD and the master of logistics, Jim Nelson. Ken and Tom organize the medical volunteers, while Jim is the one who handles the logistics of securing supplies, exam tables and coordinating the set-up of these enormous events.

He has also stayed dedicated to family medicine education, as a clinical assistant professor at Rush Medical College and the Adventist La Grange Memorial Hospital Family Medicine Residency program.

He has helped IAFP advance the patient centered medical home model, serving on the IAFP Task Force on the Patient-Centered Medical Home in 2010 and presenting at the Academy’s “Nuts and Bolts of the Patient-Centered Medical Home” Conference in June of that year.

His service and optimism combine to fuel his forward-thinking views of family medicine’s future. “Family medicine is going to have a pivotal role in the future because it is the most all-encompassing, and the closest specialty to the individual patients... We have truly become patient advocates and are the voices for our patients on many issues. I see the role of family medicine as a crucial one in making sure the complexities involved in the day-to-day decisions and healthcare regulations do not move the patient away from the central focus. We are all here to serve them.”

Prairie Medical Group office manager Cindi Hamelka has known the Nelson family for 30 years and has served as the office manager for the last twelve. “I know him as a compassionate and caring physician, and the friend who

held my hand when I was diagnosed with breast cancer. I know him as an excellent teacher and example to the residents he precepts... I know him as the friend to many, who will do anything for them when they seek his help."

Dr. Ken Nelson was nominated by his practice partner, who is also his brother, IAFP member Thomas Nelson, MD. Given how much time the brothers spend together, he gives a succinct and sincere summary of our 2012 Family Physician of the Year: "He is a great father residing in the western suburbs with a beautiful wife and four daughters. I am blessed to be his brother and be in practice with him over the past 21 years. Ken has vision and leadership skills which are second to none."

No surprise that Ken Nelson credits those same people for his happiness. "Through the Grace of God, the love and support of a wonderful family and from being part of a great medical group, with awesome doctors and a wonderful staff that allow and encourage the giving back and the extra-curricular activities that allow us to help those in need that are not really part of the pure business model of family medicine, I am able to create this balance. Working with my brother, Dr. Tom Nelson, and Drs. Higgins, Spratford, Zekios and Vaughan has made this very possible. Without their help, I would not have been involved in as much of the charity work that I have or remained active in the teaching component."

Learn more about the 2012 Mission of Mercy at <http://www.isds.org/ISDSFoundation/> or <http://www.curenetwork.org/>.

Family Medicine Teacher of the Year Evelyn Figueroa, MD University of Illinois at Chicago Family Medicine Residency

Evelyn Figueroa, MD joined the family medicine department at UIC College of Medicine in 2005 as an assistant professor and was named associate program director of the affiliated residency program in 2010. Over the past seven years, she's greatly impacted the education and development of fine family physicians in the UIC system. She also earned her medical degree from UIC in 1999. She then headed to the suburbs for residency training at Lutheran General Hospital Family Medicine Residency program and returned to UIC to complete her Scholars for Teaching Excellence Faculty Fellow Project: The Addition of an OB/Gyn Ultrasound Curriculum to a Family Medicine Residency.

She's also (pun intended) a teaching faculty instructor for Advanced Life Support for Obstetrics with the ALSO-UIC and ALSO-Resurrection (Chicago's northwest side) courses.

Her teaching responsibilities include precepting in the outpatient clinic, inpatient obstetrics and home visits. Other teaching roles include founding and leading the Obstetrics Teaching Series and Medical Spanish, as well as lead faculty in the Women's Health Series.

All these activities are essential in meeting Figueroa's own goals for family medicine's future. "Currently, 20% of family physicians deliver babies and less than 20% do colposcopy and women's health procedures. My goal is to train more providers in women's health and maternity care. I am committed to ensuring that my residents receive the women's health training they seek."

As associate program director, she also addressed the resident concern that there were not enough electives

available for senior residents to select from in their efforts to prepare for independent practice. With her hard work, perseverance, and networking with attendings and residency coordinators in other departments, the list of possible electives expanded from eight to eighteen.

Her recent awards include the "UIC Student-Run Free Clinic 2012 Attending of the Year" and the 2012 UIC Medical Center Patient Satisfaction Award. The Patient Satisfaction Award is patient-nominated and awarded to 20 physicians in the entire hospital on a quarterly basis.

In 2010 Figueroa received the University of Illinois at Chicago Family Medicine Residency Program Family-Centered Maternity Care Teacher of the Year award and the program's Inpatient Teacher of the Year award in 2009. That year she also was honored by the University of Illinois at Chicago Hispanic Center of Excellence as their Volunteer of the Year.

Those awards say a lot about her success at UIC, but in many ways it's the personal testimony of one individual, speaking about her effect on him and their colleagues, that perhaps best illustrate Dr. Figueroa's impact and contributions. Dr. Douglas Peple's support letter provides such a compelling picture of our 2012 Family Medicine Teacher of the Year, we can't help but include many of his comments.

I first met Dr. Figueroa in July 2008 during my intern year orientation, when she was teaching us the most critical aspects of obstetric management for our rotations on Labor and Delivery. Her demeanor struck me as welcoming and supportive of every resident's participation, infectious enthusiasm about the learning material at hand, and, without being intimidating or off-putting, demanding 110% effort and engagement from each one of us.

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UIC Residents are inspired by her example, encouraged by the confidence she has in them, and motivated not only to meet her high expectations but to raise that even bar higher.

*As a chief resident, I had the pleasure of working with Dr. Figueroa in her role as associate program director. Under her patient guidance and collaboration with numerous faculty, our preceding chiefs, my fellow chief, and I were able to smoothly transition our didactics from a format that was dependent upon our attendings and outside sub-specialists for lectures, to an entirely new one where residents generated and led their own problem-based, evidence-driven lectures, journal clubs, and small group activities. **This was a tectonic shift in the way our residents had been educated for more than a decade, from one where residents received knowledge, to one where they decided what needed to be learned, and then gathered, assimilated, and shared that knowledge with each other.***

More than anything, I have personally experienced and witnessed the mentoring that Dr. Figueroa offers to those under her tutelage... I have noticed the way that medical students are excited and lifted up by her passionate and encouraging instruction. I can only hope to touch others' lives half as much as she has mine.

So who inspired the teacher who now inspires so many herself? It actually goes back to those teen years for Evelyn Figueroa. "I was very active in the Chicago Public Schools student science fair in high school and was guided by two phenomenal science teachers – Ms. Barbara Bulmash and Mr. Henry Rosenbaum. Their support and encouragement made a tremendous impact on my career. I try to go the extra mile with students because they did this for me."

Distinguished Service Award

This award honors an IAFP member who "best exemplifies service and the mission of the family physician throughout his or her medical career." It is given at the discretion of the IAFP Public Relations Task Force, and commends exceptional individual effort. IAFP last bestowed this award in 2006. This year IAFP honors two deserving members.

Paul S. Luning, MD PCC Wellness (www.pccwellness.org) in Oak Park

Paul Luning, MD has been Chief Medical Officer at PCC Community Wellness Center in Oak Park since 2007. He joined PCC as a resident in 1996 and has helped shape the independent, 501(c) 3 nonprofit organization and Federally Qualified Health Center over the years. PCC has grown to encompass health centers that offer comprehensive care and support services, serving nine Chicago Community Areas (CCA's) on the west side, and the near west suburbs. Luning is also associate program director of West Suburban Family Medicine Residency program, where he also completed his residency training.

"Having Dr. Luning as Associate Program Director, and also as CMO for the PCC Corporation, has lent itself to innumerable educational, patient care, community service, and recruiting partnerships. In each and every endeavor, Paul is a tireless advocate for the stakeholders he is responsible to, while always maintaining a collegial and flexible stance," says Scott Levin, MD, program director at West Suburban FMR, who first met Paul Luning when he came for his residency applicant interview during a 1995 snowstorm! "Most of all, when you meet Paul, the first thing that comes across, is the quiet, humble, yet focused passion he has for everything he does."

Patient Angela James wrote a support letter for Dr. Luning where she said,

"Words cannot express my deepest feelings for him as my primary care physician. He is an outstanding doctor as he's my angel in health care."

Patient Maurice Williamson offered this ode to his family doctor:
*A doctor who cares for all;
A doctor who stands so very near;
A doctor who lavishly and abundantly loves his patients;
And a doctor who knows no end
That doctor who just seems to understand
A special doctor who just seems to always know when things are troubling his patients.*

According to PCC President and CEO Robert Urso, "Paul makes decisions for programs and policies based on how it will affect PCC patients directly."

PCC providers provide full scope of family medicine, including inpatient care and obstetrics. Luning also makes sure that his providers are cared for as well. He created and implemented a provider wellness program at PCC that promotes a healthy work/life balance for the staff.

Luning established the Interfaith House Clinic for the Homeless at a shelter in the Garfield Park neighborhood of Chicago, providing housing for homeless adults recovering from injury and illness. Thanks to his tireless dedication PCC now provides full scope preventive health care to homeless patients in that clinic five days a week.

His work with the Illinois Primary Health Care Association (IPHCA) has been instrumental in attracting and training preceptors for the SEARCH program, encouraging the next generation of primary care providers, by providing student and resident rotations in Community Health Centers (CHCs) across the state. Illinois SEARCH program coordinator Ruth Arway sums him up by saying, "Always, his passion and enthusiasm for primary care, family medicine and working in community health at PCC shines through." He also

helped develop and launch the IPHCA Clinical Leaders Training Institute (CLTI) with the objective of training medical directors to administer successful health centers like PCC Wellness. So far, two CLTI sessions have provided this training to over 60 clinicians from eight Midwestern states.

Former West Suburban resident and current medical director of PCC Lake Street Kimi Suh, MD shares the impact Luning had on her practice choices. "His compassion towards the underserved was my first introduction into the world of primary care which inspired me not only to choose family medicine as my career, but also pursue a career in underserved medicine."

He currently serves in many capacities in the physician leadership and education circles: Physician Leadership Council, West Suburban Medical Center Affiliate Faculty, Department of Family Medicine, Loyola University Stritch School of Medicine, Medical consultant for the Oak Park Department of Public Health, External Advisory Committee for the Northwestern University Center for Community-Engaged Research and the Illinois Primary Health Care Association Medical Director Roundtable.

Dr. Luning earned his undergraduate degree from Yale University and his medical degree and a Masters in Public Health from the University of Chicago – Pritzker School of Medicine. Luning and his wife, Angela, and their two children live in Chicago.

**William L. Neil, MD, FAAFP
OSF Medical Group – College
Avenue, Bloomington**

William Neil has spent 27 of his 28 years as a family physician practicing in Illinois. And he's also spent considerable time practicing family medicine around the world. His outstanding service to the people of his Illinois community and way beyond those borders led to his being honored with a 2012 IAFP Distinguished Service Award.

Neil graduated from the University of Iowa College of Medicine in 1981 and completed residency training at E.W. Sparrow Hospital in Lansing and Mason Branch, Mich. He spent his first year in practice back in his home state of Iowa, but then put down his Illinois roots in 1985 and has grown a legacy of over two decades of compassionate care, and international service.

In 2000 and 2001, he delivered presentations on family medicine and domestic violence, respectively in Vladimir, Russia. Since then, Neil has hosted Russian family physicians in Bloomington, allowing them to directly observe the OSF model of care.

Since 2005, he has made annual trips to deliver medical care in Haiti, including a trip in September of 2012. He has served on the board of directors for Friends of the Children of Haiti since 2009. These experiences have enabled him to mentor health care providers around the world.

In Bloomington, he volunteers his time at the Community Free Clinic. He is also a leader in the OSF community, serving as one of the inaugural members of the OSF Medical Group Governing Council, reflecting the confidence his peers have in his leadership, integrity, honesty, clinical acumen and ethics.

Along with his service to patients, Neil also brings the gift of music, playing guitar and composing music in organized music throughout his life, and currently at his church worship band.

Patient Gregory Ekdale wrote, "What most appeals to me are Dr. Neil's personal attributes. He exemplifies high moral character, and is an effective communicator. He serves his patients with gentle caring and the utmost compassion. He is the picture of humility."

Neil has cared for four generations of the O'Neill family. "From well child exams to geriatric problems, he has

treated or overseen many and varied health issues of our family," says Daniel O'Neill. "As time goes by, we have all benefitted from his familiarity with our family."

OSF Senior Vice President L.E. Mathers, III, MD gives a glowing summary of the family physician he once directly supervised for eight years. "Bill is all the clichés spoken about excellence. He walks the walk, he does it all. A great family man who connects with his peers, patients, family and church, he has delivered the broad spectrum family medicine services in a humble manner."

President's Awards:

Each year, the outgoing IAFP president has the opportunity to honor individuals or organizations that had a tremendous role in IAFP's mission to improve the health of Illinois and the role of the family physician in providing quality, comprehensive care. This year, outgoing president Michael P. Temporal, MD of Belleville chose two outstanding physicians for this honor.



Deborah L. Edberg, MD
Program director, McGaw Northwestern Family
Medicine Residency at Erie Family Health Center,
Chicago
IAFP First Vice President, 2011-12

Dr. Edberg just finished her term as IAFP first vice president and has been an ongoing and dynamic presence on the IAFP Board of Directors. She's been instrumental in attracting residents to IAFP participation. As the first-ever program director of the

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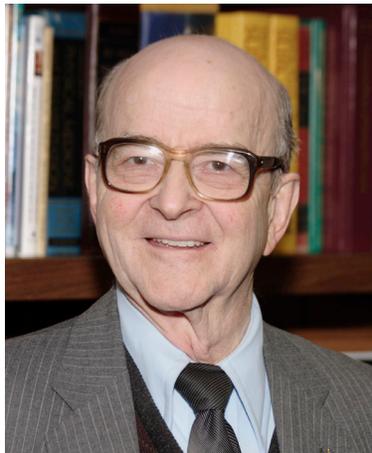
McGaw-Northwestern Family Medicine Residency program in Chicago, she's built the first full complement of 24 residents into a high functioning, community-based residency program recently awarded designation as a federal Teaching Health Center.

"Deb has been a tremendous advocate for all things IAFP and family medicine. She embodies the entire family medicine revolution," says Dr. Temporal. "I chose to honor her for her many contributions to family medicine education building the McGaw-Northwestern Family Medicine Residency Program into a world-class program and a federal teaching center that combines education with caring for the underserved in a community-based setting."

Colleague Anuj Shah, has worked with Deb for two years as associate program director, an opportunity he's glad he didn't pass up. He says Dr. Edberg's lesson is simple: Foster the possibilities that may grow out of a challenge, especially when you are part of a supportive team.

She has emphasized personal wellness and leadership to all her faculty and residents, including regular sessions on personal wellness and professional development. She invites IAFP speakers to present to her residents annually, and encourages them to participate in IAFP activities, opportunities and even advocacy internships.

Resident Meredith Hirshfeld calls the McGaw Northwestern program truly exceptional, "based around providing the highest-quality care to patients in an underserved community with a strong emphasis on leadership and scholarship."



Russell R. Dohner, MD
Rushville

Dr. Russell Dohner has been providing primary care services to the people of Rushville for 57 years. For many people in the area, he is the only affordable source for health care, as he charges only \$5 per office visit. He was featured on NBC's Today Show, KDSK-TV in St. Louis, the *Chicago Tribune* and other national and local media for his nearly six decades of compassionate care to those who would have nowhere else to go.

The 87-year-old family physician refuses to charge a higher fee because, he says, "most everyone can afford \$5." And if they can't, "We see them anyway." That open-door policy has made Dohner a beloved figure in Rushville, a city of 3,200 people — about 60 miles northwest of Springfield. In fact, he's delivered more babies in his career than the current population of Rushville.

Dohner graduated from Northwestern University Medical School in 1953 with the intention of becoming a cardiologist. But Rushville needed a doctor. He moved to the small town in 1955, intending to stay for five years. Instead he has spent his entire life in the small town where he started. He is not married and never had children. He works seven days a week, opening his office for an hour before church on Sundays. He has never taken a vacation

and rarely left Schuyler County, except for the occasional medical conference. His medical records are handwritten and his 85 year-old nurse has been with him since the beginning.

According to the *Chicago Tribune* feature story, Dohner doesn't make any money for himself or his practice with the \$5 office visits. He says he supports his work with income from his family farm and other investments.

Part of the formula is keeping costs low. He doesn't take health insurance or do any billing. When patients arrive, there are no forms to fill out. Just tell the doctor what's wrong, and he'll do his best to help. If he can't, he'll send you to someone who can. For those too sick to make the trip to the office, Dohner still makes house calls.

Though some in his waiting room are poor and have no other place to go, others simply prefer the hometown doctor who has treated some families for generations.

Dr. Dohner doesn't leave his patients or Rushville. Therefore, Dr. Temporal will road trip to Rushville and present this President's Award in person on December 20.

Meet your 2012-13 IAFP Board of Directors

The Illinois Academy conducted an online election from September 17 to October 12, 2012. All Active and Life members of the Illinois Academy were eligible to vote on the slate of candidates for the 2012-13 IAFP Board of Directors. There were no contested elections this year, so members voted to approve the entire slate as presented by the IAFP Leadership Development Task Force, chaired by past-president Patrick A. Tranmer, MD of UIC.

President-elect: **Michael L. Fessenden, MD**
Chief Medical Officer, Home Physicians - Chicago

First vice president: Vacant due to the resignation of James G. Cunnar, MD
Second vice president: **Alvia Siddiqi, MD**
Vista Medical Center Ambulatory Health Care Network of Cook County Health System - Palatine

Board class of 2015
Glen Aduana, MD - Attending Physician, Chicago Family Health Center
Abbas Hyderi, MD - Assistant Dean for Curriculum & Assistant Professor of Clinical Family Medicine, University of Illinois at Chicago
Donald R. Lurye, MD - Chief Executive Officer, Elmhurst Clinic

New Physician Class of 2014
Lareina Pedriquez, MD
Staff physician, Family Care Center NorthShore University Health System

AAFP Delegate 2012-2014 **Kathleen J. Miller, MD** - Decatur
AAFP Alternate Delegate 2012-2014 **Steven D. Knight, MD**, partner, Primary Care Group – Harrisburg

A vacancy in the Class of 2013 was created by the resignation of Ravi Grivois-Shah, MD to serve as the New Physician member on the AAFP board of directors. A member to fill that unexpired term, as well as the new IAFP Treasurer will be elected by the Board at their November 10 meeting.

ILLINOIS HIV CARE CONNECT

Statewide Outreach Initiative Fights Against HIV Infection in Illinois

In an effort to curb the serious HIV infection epidemic in Illinois, Illinois HIV Care Connect extends the ability of primary care providers to help people living with HIV.

“Through the program, people living with HIV find services that help them to achieve optimal health and self-sufficiency,” said Jim Nelson, executive director of the Illinois Public Health Association (IPHA). HIV-positive individuals can be referred to one of Illinois HIV Care Connect’s eight regional offices. To find the local office, go to <http://www.hivcareconnect.com/connect.html>.

Once enrolled in Illinois HIV Care Connect, people living with HIV receive confidential medical case management services at no charge, regardless of income. Also, they may qualify for a range of other health care and support services including outpatient, mental and oral health care; medical nutritional therapy; substance abuse prevention and counseling; and other support services. The program’s website (www.hivcareconnect.com) “has detailed information about the enormous resources provided by the statewide network,” Nelson said, adding that the site receives more than 1,500 page views a month on average and provides information about the Illinois AIDS Drug Assistance Program (ADAP), Illinois Continuation of Health Insurance Coverage (CHIC) Program, and Illinois Pre-Existing Condition Insurance Plan (IPXP).

MATEC provides training and consultation to primary care providers wishing to treat or currently treating HIV-positive patients

If you are a primary care provider to an HIV-positive individual, you may benefit from free and low-cost clinical education training programs and consultation services offered by the Midwest AIDS Training and Education Center (MATEC). MATEC’s

(continued on page 13)

Choosing Wisely

We all like to think we choose wisely. Choosing the right medical school, the right residency, the right car, the right practice setting... we do our homework and make our decisions. And for our patients, surely we always do what's right. Or do we make the wisest choice for each patient every time? The Choosing Wisely® Campaign kicked off in April with an announcement from nine medical and consumer societies outlining tests or procedures that are commonly used, that may be overused, and that should be discussed and even challenged between physician and patient, rather than an automatic decision.

To help reduce unnecessary or harmful treatments and tests, the AAFP recommends that family physicians have conversations with patients when considering any of these five:

Don't do imaging for low back pain within the first six weeks, unless red flags are present. Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement. Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.



Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors. DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease. Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

"Our involvement in the Choosing Wisely® campaign underscores family

physicians' long-term commitment to ensuring high-quality, cost-effective care to our patients," said Glen R. Stream, MD, MBI, FAAFP, (then) president of the AAFP. "Family medicine's 'top 5' list encourages more in-depth conversations between patients and their doctors so they discuss all options and then 'choose wisely' when it comes to a treatment plan."

The announcement drew nationwide media attention. Here in Illinois, Public Relations Task Force member Aaron Michelfelder, MD joined two other physicians in a live discussion with Carol Marin on WTTW-TV's "Chicago Tonight." Michelfelder praised the campaign for putting the physician patient relationship back in the front of the discussion.

How the List Was Developed

The AAFP's "top 5" list is an endorsement of the five recommendations for family medicine previously proposed by the National Physicians Alliance and published in 2011 in the *Archives of Internal Medicine*, as part of its Less is More™ series. The goal was to identify items common in primary care practice, strongly supported by the evidence and literature, which would lead to significant health benefits, reduce risks and harm, and reduce costs.

Recently *Consumer Reports* announced they would partner with medical societies to continue the **Choosing Wisely** campaign, including new announcements in December. Follow the next installments at www.ConsumerHealthChoices.org with patient friendly materials based on the medical society recommendations engaging a coalition of consumer communication partners to disseminate messages about appropriate use of treatments. The ultimate goal is high-quality, safe and affordable health care decisions made by physicians and their patients based on meaningful discussion. The topics will range from screenings to treatments to imaging to medications, impacting the care and the costs of care for millions.

AAFP Congress of Delegates Recap

The AAFP Congress of Delegates is the pre-eminent family physician forum where constituent chapters bring forth issues that they feel need national attention. The Illinois delegates are Kathleen J. Miller, MD of Decatur and Michael P. Temporal of Belleville. Illinois also now has two members on the AAFP board of directors as **Javette C. Orgain, MD** of Chicago was re-elected as AAFP Vice Speaker and **Ravi Grivois-Shah, MD** of Oak Park took his place on the Board as the New Physician board member. Orgain was unopposed in her candidacy this year, and has also officially announced her intention to run for Vice Speaker again in 2013. Grivois-Shah was elected by the National Congress of Special Constituencies to serve in this one-year position during their Congress back in May. You can view their bios at <http://www.aafp.org/online/en/home/aboutus/governance/officersetcdirectors.html>.

You can also check some of the Illinois events on our blog, www.illinoisfamilyphysicians.wordpress.com.

For this AAFP Congress, Illinois submitted a [resolution on telemedicine](#) and asked for policy to form its use around an established primary care relationship. Great debate ensued in the Reference Committee on Practice Enhancement of the strengths and risks and opportunities for this developing technology. The recommended action to refer to the board for further study will be voted on.

Here are the “Resolved” clauses of our Illinois resolution

Resolved, That the AAFP publicly opposes the use of telemedicine for the purpose of providing acute care treatment in the absence of a pre-existing provider-patient relationship, and be it further

Resolved, that the AAFP examine the threats and opportunities associated with the use of this type

of telemedicine technology (see attachment), and be it further **Resolved**, that the AAFP convey this new information on the use of telemedicine technology to its membership.

The Illinois chapter also co-sponsored a [resolution commemorating the 25th anniversary of the Tar Wars](#) program, which was adopted.

Illinois Member Honored by AAFP Foundation

Another highlight of the week was our own Lee Sacks, MD being honored as the AAFP Foundation's 2012 Philanthropist of the Year. The former IAFP president has been contributing to the AAFP Foundation faithfully since he was a medical student in the 1970s! Sacks is also the Chief Medical Officer for Advocate Physician Partners. He was unfortunately unable to attend to accept the honor. IAFP executive vice president Vincent D. Keenan, CAE was able to accept on his behalf.



Lee Sacks, MD



L to R: David Hagan, MD; Susan Rife, DO; Javette Organ, MD; Steven Knight, MD and Carolyn Lopez, MD



Ravi Grivois-Shah, MD



PCPCC comes to Chicago. The Patient Centered Primary Care Collaborative left Washington, DC for their fall meeting and brought it to sweet home Chicago on October 25. Newly elected IAFP board member Donald Lurye, MD of Elmhurst was a panel speaker in the session “How to Better Coordinate Care.”



Illinois AAFP delegates Kathleen Miller, MD and Michael Temporal, MD are ready to vote on the final day of the AAFP Congress of Delegates.



HELP ILLINOIS FIGHT FOR HEALTHIER KIDS!



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FUEL UP to PLAY 60 is an interactive, in-school nutrition and physical education program that encourages students to consume nutrient-rich foods and achieve at least 60 minutes of physical activity every day. Fuel up to Play 60 addresses real world needs in today's schools.



10 schools out of 3,831 enrolled ruled at Payton Center



FUEL UP to PLAY 60 has successfully helped children make healthier choices in schools across the country.

In ILLINOIS -

In Illinois, health-minded students, principals, teachers and parents enjoyed an action-packed day at the Chicago Bears indoor practice facility—the Payton Center—for the **Fuel Up to Play 60 Illinois All-Stars Celebration**. The once-in-a-lifetime visit to the “Bears house” was a reward for executing healthy eating and physical activity plays during the school year.

Get involved today and learn how to implement Fuel Up to Play 60 in Illinois schools by visiting FuelUpToPlay60.com



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ILLINOIS HIV CARE CONNECT

(continued from page 9)

training programs help primary care providers to build their HIV treatment proficiency through didactic and skill-building training. MATEC also offers free clinical consultation services by Illinois-based HIV experts to help you manage an array of HIV patient treatment needs. To learn more, go to www.matec.info.

Providers wishing to see HIV-positive patients also may volunteer to be an Illinois HIV Care Connect network provider.

HIV/AIDS remains a significant health threat in Illinois

Illinois has the nation's eighth highest cumulative number of AIDS cases, according to the Kaiser Family Foundation (www.statehealthfacts.org), with more than 37,000 reported cases and 20,000 deaths since 1981, according to the Illinois Department of Public Health HIV/AIDS Surveillance Unit and Reporting System. The department also estimates there have been about 16,000 additional reported non-AIDS HIV cases, and that more than 8,300 HIV-positive Illinois residents do not know they are HIV-positive.

Unaware of their HIV infection, undiagnosed individuals spread HIV to others through unprotected sex, intravenous drug use, or other ways. Undiagnosed individuals also do not receive the benefit of medical treatments that can slow the progression of HIV infection into AIDS or other illnesses.

To stop the progression and transmission of HIV-related disease, the U.S. Centers for Disease Control and Prevention (CDC) recommends that all individuals age 13-64 be tested for HIV infection. As a result, the Illinois Department of Public Health expects that increased numbers of individuals will be diagnosed as HIV-positive, making referrals to HIV Care Connect an important way to contain the progression and spread of HIV infection. Those wishing not to be tested can choose to decline or "opt-out" of the program.

Funded by the Illinois Department of Public Health through federal Ryan White Part B grants, Illinois HIV Care Connect "serves as a one-stop shop for many services. Getting HIV-positive individuals to take advantage of these services helps to curb the spread and progression of HIV," said J. Maichle Bacon, IPHA president.

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888.50.ALLERGY.

IAFP speaks up on state's health care reform process

The Academy provided written testimony at the September 12 Essential Health Benefits subject matter hearing held by the state's Health Reform Implementation Council. Our goal was to provide the primary care perspective on what must be included in the final plan adopted as the model for Essential Health Benefits required for plans to participate in the future Illinois' Health Insurance Exchange. **Link to full written testimony at <http://www.iafp.com/legislative/HRIC.pdf>.**

Our priorities for an effective Essential Health Benefits benchmark.

IAFP hopes the creation of a health insurance exchange will give Illinois the opportunity to move from a volume-based to a value-based health care system by putting in place measures to better reward the provision of primary care services.

Illinois should not miss this opportunity to guarantee all patients access to essential primary care and preventive services, the foundation of all successful health systems. The Exchange plans should provide true patient-centered focus on preventive services, care coordination and prescription drug coverage offered through a patient-centered medical home (PCMH). According to a new report released by the Patient-Centered Primary Care Collaborative (PCPCC), "Benefits of Implementing the Primary-Care Patient-Centered Medical Home: A Review of Cost and Quality Results" shows the PCMH model repeatedly demonstrates improved quality, enhanced access and cost savings. Follow the link below to the full report: http://www.pcpcc.net/files/benefits_of_implementing_the_primary_care_pcmh.pdf

We strongly encourage the Health Reform Implementation Council to clearly state that a patient-centered medical home be included in the state's essential health benefits benchmark plan.

• Preventive and Wellness Services and Chronic Disease Management

We also believe that the essential health benefits must include important front-end investments in patient health that are part and parcel of the PCMH, including, but not limited to, no co-pay for out-of-network primary care services, low or no cost medications for patients with certain chronic diseases (asthma, for example) and incentives for patient engagement. No financial barriers should be erected between patients and primary care provided by or through the PCMH, including prenatal care, well-child care, basic mental health care, immunizations, evidence-based preventive services, chronic care management and hospice care.

The preventive services covered by Section 2713 of the Affordable Care Act are undoubtedly essential, encompassing all services with an A or B rating from the United States Preventive Services Task Force; pediatric services recommended in the Bright Futures Guideline; Advisory Committee on Immunization Practice (recommended immunizations); and other preventive services required to be covered by guidelines including women's preventive services such as well-woman visits, breastfeeding support, domestic violence screening, and contraception).

The AAFP recommends that all preventive services covered under Section 2713 must be explicitly included in regulations implementing the essential health benefits, so this guarantee is not undermined. The IAFP encourages the Health Care Reform Implementation Council to ensure that a strong set of preventive health services are available to all patients, regardless of coverage.

• Mental Health and Substance Use Treatment

IAFP supports parity of health insurance coverage for patients, regardless of medical or mental health diagnosis. Health plans should cover mental health care services under the same terms and conditions as those provided for other medical care.

• Prescription Drugs

IAFP would encourage the Health Care Implementation Council ensure that formulary design be patient-centered, fiscally responsible and evidence-based. Drug selection should be rooted in clinical outcomes, clinical comparability, safety, patient ease of use and bio-equivalency, with drug unit cost being a secondary consideration. Formularies should be designed to provide a physician- and patient-friendly option to prescribe drugs not included on the formulary using patient-centered, clinically based criteria. It is particularly important to guarantee a mechanism by which patients whose conditions are stable through use of a drug or combination of drugs should not be changed to a new product based solely on economic considerations.

We propose that the Health Care Implementation Council support an inclusive EHB that, instead of explicitly stating those benefits inside the package, adopts a list of those benefits specifically excluded from the package. The methodology for specific exclusions should be centered on the patient, based in scientific evidence and conformed to practice standards.

Preserving the gains of Illinois Health Connect

IAFP advocates for an extension of the state's Medical Home program

The Illinois Academy of Family Physicians supported the Illinois Department of Healthcare and Family Services' Bureau of Managed Care in seeking approval to extend its contract for Primary Care Case Management (PCCM) Program Administrator services with Automated Health Systems (AHS), for an additional 15 months of the Illinois Health Connect program. IAFP Executive Vice President Vincent D. Keenan, CAE provided testimony at a hearing in Springfield on September 20. The extension was granted.

Family physicians have been enthusiastic participants in Illinois Health Connect, and believe in its inherent ability to provide high quality care while saving money. Despite its quality outcomes and realized savings, Illinois will still move to mandatory managed care in 2013. The 15-month extension allows providers and patients adequate time to adjust and transition from IHC to managed care with minimal disruption. This extension also enables better continuity of care as patients migrate into the health insurance exchange.

IAFP joined other Illinois provider and advocate groups to submit a "blueprint" to HFS containing elements that properly reflect an enhanced PCCM.

1. Improve Birth Outcomes and Lower Costs. Expand IHC to provide pregnant women a maternity care medical home modeled after those in North Carolina. Apportion provider payment in accordance with performance of specified actions, including use of the preconception risk assessment tool; post-partum screening; and agreement not to perform early elective deliveries.

2. Develop Payment Models for PCCM. Place a portion of IHC's payment at risk for reaching certain care coordination/case management goals.

3. Pay for Performance (P4P). Put the Per-Member/Per-Month fee at risk, requiring primary care physicians to earn this amount incrementally, based on meeting quality and efficiency standards. Create P4P measures that require evidence of collaboration, such as rewarding both hospital emergency departments (EDs) and PCPs for communicating about and following up with patients who've visited the ED.

4. Reduce Frequent and Inappropriate Emergency Department Utilization. Use a comprehensive ED Reduction Program to provide resources and proven interventions to reduce unnecessary ED visits.

5. Improve Care Coordination between PCPs and Hospitals. Establish real-time data sharing between PCPs and hospitals and use technology to monitor ED visits, inpatient admissions, and readmissions.

6. Treat the Whole Person - Improve Care Coordination among a Patient's Multiple Providers. Patients with multiple providers need those providers to communicate. Expand the existing IHC Provider Portal to provide key patient information from all providers.

7. Accelerate Adoption of Medical Home Best Practices. Hire practice facilitators to coach primary care practices; tier management fees so higher functioning medical homes earn rewards. Provide PCPs with a shared support network of pharmacy, behavioral health, social work to address a broader array of needs.

8. Improve the Management of Chronic Diseases. Expand IHC to provide face-to-face care coordination in the community; embed case managers in large primary care practices; utilize community health workers.

Link to the full Blueprint Executive Summary on our web site at www.iafp.com/legislative

IAFP will continue to provide family medicine perspective on state and federal health care policies as opportunities arise.

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Without question, the scope of family medicine is wide-ranging and demanding. Therefore it's no surprise that the CME needs of our members are also expansive. The bi-yearly CME topics survey in May 2012 revealed the top clinical and practice management topics named in our survey of active members:

TOP CLINICAL TOPICS

1. Cardiovascular
2. Diabetes
3. Skin Disorders / Procedures
4. Orthopedics/Musculoskeletal System
5. Sports Medicine
6. Preventive Health Service
7. Infectious Disease
8. Childhood Obesity
9. Infant and Child Health
10. Nutrition & Physical Activity
11. Women's Health

TOP PRACTICE MANAGEMENT TOPICS

1. Healthcare Reform
2. Risk Management
3. Bridging the Medical Home with the Medical Community
4. Leadership / Management
5. Practice Efficiency
6. Preventive Care
7. Chronic Disease Care
8. Practice Essentials
9. Documentation Guidelines for E/M Services

Continuing Medical Education

These topics, along with any timely and relevant "hot issues," will be our focus for the next two years in developing and disseminating education to our members. A series of clinical topic mini-needs assessment surveys will go out to the membership monthly starting in January 2013 to ask specific questions to narrow down the broader clinical topics and assess the specific need for each topic.

Need to get some quick CME for re-election? Go to www.iafp.com/education

Free, high-quality CME for family physicians, do it on your schedule, then report and print your CME certificate instantly!

CME Credit for these activities expires on January 1, 2013

Managing Substance-Use Disorders in Primary Care: Quality Improvement Program (updated)

1.50 Prescribed & AMA Category 1 credit

Managing Heart Failure in Primary Care: A Quality Improvement Program (updated)

1.00 Prescribed & AMA Category 1 credit

Managing Coronary Artery Disease in Primary Care: A Quality Improvement Program (updated)

1.00 Prescribed & AMA Category 1 credit

The Care of Returning Service Members and Their Families: What Family Physicians Should Know

AMA Category 1 credit

The Care of Military Children and Adolescents during Deployment and Beyond

AMA Category 1 credit - Prescribed credit applied for 4/2012

Adult Smoking Cessation: Intervention Strategies for Primary Care Providers (expires on January 15, 2013)

1.0 AMA Category 1 credit

CME Credit for these activities expires on April 22, 2013

Pain Management with Opioid Drugs in Primary Care Practice

1.00 Prescribed & AMA Category 1 credit

Medical Management of Patients with Schizophrenia and other Psychotic Disorders in Primary Care

1.00 Prescribed & AMA Category 1 credit

Managing Bipolar Disorder in Primary Care

1.00 Prescribed & AMA Category 1 credit

Supported by the Cook County Department of Public Health through funds received from the Illinois Department of Public Health

IAFP Webinars in 2013

Monthly webinars will continue but will be renamed *Lunch & Learn with the IAFP*. Topics for January-March will be announced in early December. Topics for the remaining topics will be the highest-rated presentations from the Annual Meeting and Family Medicine Midwest conference.

IAFP Member Spotlight

Why did you choose family medicine?
Everything I learned in medical school was interesting to me. Late in my third year, it just resonated with me and I said “this is exactly what I had in mind.”

What is the IAFP's best resource or service?

It's a great avenue to connect family doctors in the field with what's important nationally, to have a voice nationally and a place to facilitate communication on what our Academy's goals are and what we are working to achieve together.

What is the greatest thing about being a family physician?

I like how I have a picture of the whole health care continuum, having practiced the whole range. I feel like I have insight on how to make the continuum work more effectively and it's been a major focus for me the past few years with quality and patient safety.

Talk more about your interest in patient safety and quality

I felt compelled to fix the things that I saw as broken, whether it was from the experience of my patients or my own family members. It inspired me to move past the idea that these problems in our broken system were the cost of doing business but they could function more effectively.

Primary care is finally getting the attention it deserves in terms of the contributions we make in health outcomes. We're in a great spot as



Carrie Nelson, MD
Medical Director for Special Projects
Advocate Physician Partners

family physicians at this juncture, even if it's different than what we might have envisioned in the past. Primary care will be more fully appreciated and engaged in producing quality outcomes.

If you weren't a family physician...

I'd be a writer. I really love historical non-fiction. I love real stories, and then I would put a little color around them and bring them to life.

How do you balance your career with your own health and well-being?

It's not easy and there have been times when I had to be creative about it. But exercise and eating right is important to me. I make that number one. Every week I look at my calendar and I figure out exactly when I'm going to get my exercise in. I make the time to pack myself a healthy lunch when possible. It has to be number one on your list or you'll never get to it. I even blogged about that recently in discussing weight management. I appreciated an editorial I read that says “we have to follow our own advice first.” Then you learn some tricks that you can share. And you also can get inside the heads of your patients and appreciate the challenges they face in trying to adopt these changes.

IAFP Member Spotlight

What are the songs in the soundtrack of family medicine?

So here's the first line in a song that I think epitomizes family medicine. It's from “Rain King” by Counting Crows and the line goes: “I belong in the service of the queen.” I like to think of my patients as royalty. Because isn't the work of caring for another human soul truly no less than that?

You are into blogging and tweeting

I enjoy translating information from medicine for the lay public. I enjoy doing that with my blogging. We can make that information entertaining and engaging, it has a better ability to land and stick. Tweeting is an interesting way to get information out there, but also to be on the receiving end. I enjoy watching people tweet from conferences and meetings and feeling like I'm there. It's a great virtual way to connect with people quickly. It doesn't take much time to be the blogger or the tweeter! (You can follow her on Twitter @DrCarrieNelson!)



Paul Kinsinger, MD of Washington authored a column on good foot health in the *Edwardsville Aleste* on September 6.

Onachukwu Uzodike, MD of Champaign was featured in a WCIA-TV Champaign news story about her group visits for patients with diabetes at Christie Clinic and in a September 23 *Champaign News-Gazette* story about her group visits for patients with diabetes, heart disease and pre-diabetes and depression at Christie Clinic. She is currently the only doctor providing group visits in the area.

Dennis Caffery, MD of Hopedale is quoted in a September 24 *Peoria Journal-Star* article highlighting the effect of Medicaid eliminating adult dental care coverage. As a result, Medicaid patients are going to their family doctor with pain and infection, where the physician can only give them pain medication and antibiotics, but not treatment for the oral issue.

A September 24 *Litchfield Journal-News* story features **Jerome Epplin, MD** of Litchfield, who testified before the U.S. Senate Special Committee on Aging on September 19. The issue at hand was the challenges for physicians in assessing a patient's need for a power mobility device (PMD), such as a scooter or power wheelchair).

The September 25 *Aurora Beacon-News* features a "myth-busting" article on the flu shot where **Daniel Novella, MD** offers helpful facts to the four most common reasons people use for not getting their flu shot: 1) the vaccine will give me the flu 2) the shot does not work 3) I'm healthy I don't need it and 4) I have to get the shot by December.

Joan Covault, DO of Decatur was profiled in the *Decatur Herald-Review* September 28 Women in Business section where she shared her biggest challenges – struggling with her own internal expectations as a wife, mom, daughter and family physician – and her advice to other career women.

Jeffrey Brummer, DO of Effingham will be the featured "Dine with a Doc" physician at a senior center in Toledo

(Ill.) on October 26 according to the October 10 *Journal Gazette & Times Courier*.

Loyola medical school graduate **Drew Lee, MD** penned a [letter to the editor](#) in the October 11 *Chicago Sun-Times* criticizing Mayor Rahm Emanuel's announced partnership with the beverage industry.

Mark Loafman, MD provides analysis of the family physician's place in the forthcoming ACO (Accountable Care Organization) model win the Oct. 24 *MedScape*. Loafman was a panelist for a session at the AAFP Annual Scientific Assembly in Philadelphia where their session was standing room only both times they presented.

Penny Tippy, MD of Carbondale was honored with an Illinois Rural Health Association 2012 Rural Physician of Excellence award and was featured in the Oct. 30th *Southern Illinoisian*.

Members in the News

Congratulations to **Thomas Golemon, MD** who has been named the Thomas and Ellen Foster endowed chair in family and community medicine and featured in the October 27 *Peoria Journal Star*.

President-elect **Carrie Nelson, MD** of Wheaton and **Renee Poole, MD** of Chicago provided their insights on an Oct. 28th article in the *State-Journal Register* which chronicled the difficulties facing patients and providers in the wake of the new limits on prescriptions for Medicaid patients which have triggered a prior authorization process. The article also ran in the *Rockford Register Star* and several suburban newspapers.

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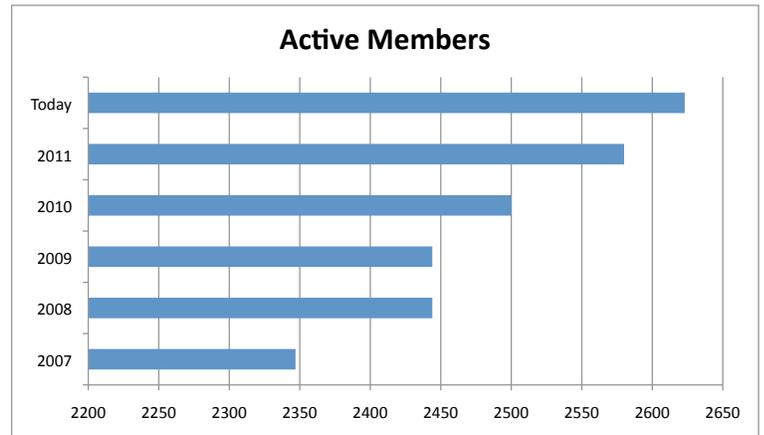
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ILLINOIS FAMILY PHYSICIAN

2012 – Continuing our uphill trend

You may have heard the numbers; AAFP is up to over 105,000 total members. This is no small accomplishment. The statistics show that the Illinois chapter has been a significant contributor to that growth. While AAFP's active membership has grown 6.43% in the past 5 years, the Illinois Academy's active membership has jumped by 9.93% to our August 2012 total of 2,611 active members. While we continue to attract nearly 100 percent of our state's residents into Academy membership, one of the greatest shifts has been the beginnings of a rebound in the number of student members in AAFP/IAFP. We gained nearly 200 student members from Aug 2011-August 2012, bringing our total up to 721 student members across Illinois' eight medical schools.

IAFP Active Membership



In fact, not only does Illinois maintain pace with AAFP, a comparison of Illinois with four other large chapters reveals that Illinois is among the strongest in membership across all member categories, as well as our retention rates.

So where do we set our goals? One place where we can make measurable improvement is in the rates of Illinois residents who successfully transition to active membership after residency training. The AAFP average is 73.5 percent, and Illinois' conversion rate is under 68 percent. To address this shortfall, the Illinois chapter voted to follow AAFP's lead and reduce our state portion of first year active member dues by 25% in addition to the AAFP 50% national discount. IAFP leaders visited nearly every Illinois residency program in late 2011 and 2012, to share the benefits and opportunities of Academy membership. Because transition data is not analyzed until 18 months after residency, we will hopefully see improved resident to active transition rates in 2013 and 2014.

Another area we can move up is in our outreach, our market share of practicing family physicians in Illinois. We're at 70.5%, just below AAFP's 72.7%, but well behind the standard set by North Carolina at nearly 84 percent. That's where we need our best tactic, our current members who have experienced the benefits of Academy membership and are willing to share it with their family medicine colleagues. Talk to your colleagues at the next department or group practice meeting. Forward a great email or story to them. Just as family physicians push themselves with CME and practice management to be better doctors, we push ourselves to be a better association that serves our members, as well as the future of family medicine.

We'll include much more information in the 2012 Annual Report to the Membership in February 2013. As we head into the end of 2012 and the holiday season, we wanted our members to know how strong you've built up your Academy. Let's keep it going!

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The Evolution of POLST Illinois:

Every person has the right to accept or decline medical treatment. This right is maintained even if the person loses the capacity to make medical decisions. One way this right is exercised is through “advance care planning”, which means expressing wishes for future medical care in advance of a healthcare crisis. A decisional adult can express advance care planning wishes by assigning proxy decision-makers (e.g., “agent”) as well as by stating specific instructions for treatment. These wishes can be put in writing, on forms called “advance directives”.

Because of their long-running patient-physician relationships, that often include members and generations of the same family - family physicians are in an ideal role to educate patients and help them make informed decisions on the treatments they want, and don't want.

There are a number of state-recognized advance directives in Illinois, including the Power of Attorney for Health Care, the Living Will, the Declaration for Mental Health Treatment and the IDPH Uniform Do-Not-Resuscitate (DNR) Advance Directive. Of note, and particular to Illinois, the DNR Advance Directive document is both a patient advance directive and a physician order.

National POLST Initiative

The Physician Orders for Life-Sustaining Treatment (POLST) Paradigm program is designed to improve the quality of care people receive at the end of life. It is based on effective communication of patient wishes, documentation of signed medical orders on a brightly colored form, a promise by health care professionals to honor these wishes, and protocols for transportability to assure that the form travels with patients across settings.

Originally developed in Oregon in the 1990's, there are now officially endorsed POLST programs in fourteen states or regions, and an additional 28 states, including Illinois, where POLST forms and programs are being considered. The POLST form differs from a DNR form in that it addresses more life-sustaining treatment options than CPR and is recognized and honored by all institutions along the healthcare continuum in the states where it is utilized. The form travels with the patient across the continuum of health care, whether the patient is at home, a long term care facility, hospital or hospice. More information is available at www.polst.org.

POLST in Illinois

In February 2011, in an effort to facilitate the POLST process, HB 3134 was brought to the state legislature by Rep. Sarah Feigenholz, and co-sponsored by Rep. Robyn Gabel. The bill stipulates that the IDPH Uniform DNR Advance Directive form “shall meet the minimum requirements to nationally be considered a Physician Orders for Life-Sustaining Treatment [POLST] form”. It passed through both chambers unanimously and was signed by the governor, enrolled as PA-97-0382, effective January 1, 2012.

Anticipating the passage of HB3134, a small interdisciplinary writing group drafted a “DNR/POLST” form that is believed to meet current Illinois state regulations and also complies with the national POLST paradigm. The workgroup included representatives from hospitals, EMS, physician and nursing groups, and related organizations. In the process, the group was advised by leaders from the national POLST initiative. The draft was then shared with a broader group of interested parties, and feedback and suggestions for improvement were integrated into subsequent drafts.

As instructed by PA-97-0382, IDPH will proceed to consult with a “statewide professional organization representing physicians licensed to practice medicine in all its branches, statewide organizations representing nursing homes, registered professional nurses, and emergency medical systems, and a statewide organization representing hospitals”, which the developing POLST Illinois task force has volunteered to assemble, to develop and roll out the use this form.

In January of 2012, a leadership recruitment meeting was held at UIC Hospital, sponsored by The Retirement Research Foundation. The Task Force is coordinated by Julie Goldstein, MD, Lisa Anderson-Shaw PhD, Karen Nisley Long, MA and Nancy Zweibel, Ph.D. and consists of almost thirty active members from across the state, including physicians, nurses, chaplains, clinical ethicists, attorneys, case managers, and emergency medical personnel. Task Force members represent hospitals/ the state hospital organization, hospices/ the state hospice organization, the state medical society, medical systems, faith organizations, EMS, trade organizations (long term care, end-of-life/palliative care, nursing), AARP Illinois, and the Office of State Guardian. IAFP board members Timothy McCurry, MD and Michael Fessenden, MD are involved through their respective employers.

Next Steps

Once a new “IDPH Uniform DNR Advance Directive/POLST Illinois” form is adopted by IDPH as is instructed by the legislation, critical elements of a formal POLST program in Illinois will include:

- Pilot the new form in two or three communities across Illinois in order to inform subsequent statewide rollout of POLST form and program. Pilot applications are currently under review.
- Extensive **outreach** and **education for clinicians** regarding how to conduct a conversation about advance care planning with patients in a manner appropriate to their levels of understanding.
- **Education of EMS** and other first responders regarding the patient-centered interpretation of the form in the field.

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- **Education of the public** about advance care planning, the availability and use of POLST, and its interface with other advance directives such as the healthcare power of attorney.
- Development of a **secure storage and retrieval system** for the document, such that patient changes can be updated and that providers in the field and at hospitals and nursing homes may have access in order to properly deliver care to patients.
- Recognition of a single entity within the state that is willing to accept primary ownership for the ongoing evaluation of the POLST form and its use, as is standard.
- Recognition of a single entity within the state that will formally sponsor the POLST Illinois program. Ongoing evaluation and improvement of the POLST form and its use is the expected standard of practice of other states and regions with endorsed National POLST Initiative programs.

Common Questions about the POLST Illinois Draft

1. *Has IDPH approved the current draft?* Not yet. Illinois POLST is hopeful that IDPH will release the form, accompanied by written Guidance for Healthcare Professionals, by the end of 2012.
2. *Is it necessary for this document to be signed and witnessed?* Yes. These requirements are legislated as they are for the earlier IDPH Uniform DNR Advance Directive form.
3. *Does the provider who signs the document have to be an attending physician?* By prior assessment by IDPH legal counsel, yes. It may be that in the future, the law will be expanded to allow PA's and NP's to also sign the form.
4. *How will this document interact with the POAHC form?* The Power of Attorney for Health Care form is meant for anyone aged 18 years or older. In addition, the DNR/POLST form is meant to be completed by anyone who is frail, has a chronic, progressive medical condition, and/or is terminally ill. The former is primarily a proxy document, whereas the POLST form allows specific patient wishes to be translated into physician orders.
5. *Is this document an advance directive or a physician's order?* Both. These are statements made by a person, or, if non-decisional, his/her substitute decision-maker, that reflect the individual's specific wishes for treatment, which are then translated into physician orders so that practitioners across the spectrum of care can activate them immediately in cases of emergency or when the person is unable to directly communicate wishes.

In the future POLST Illinois will develop an independent website. In the meantime, information is available to the public under the POLST tab on www.cecc.info.

The POLST plan will maximize patients' control of their medical care by helping them establish a care plan that aligns with their own treatment wishes with what is medically realistic. The process also ensures that these wishes live in a uniform, secure and retrievable document that can be used to direct medical care in a variety of settings. It's one more important step in our ongoing mission of patient-centered care, in the right place at the right time.

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4756 Main Street

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Phone: 630-435-0257

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E-mail: iafp@iafp.com



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