



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

ILLINOIS FAMILY PHYSICIAN

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2013 Board Meeting and Federal Advocacy All in One



IAFP board members met with U.S. Senator Mark Kirk (seated) in his Capitol Hill Office

Every other year, the IAFP Board of Directors holds its spring meeting in conjunction with the AAFP's Family Medicine Congressional Conference (FMCC) in Washington, DC. This year, the Board met on Monday evening at the newly located AAFP DC headquarters building. Using the ready expertise of AAFP staff, two featured speakers Claire Gibbons, Ph.D., Chief Operating Officer, Robert Graham Center, and Robert Phillips, M.D., M.S.P.H. Vice President of Research and Policy at the ABFM, gave presentations to update the Board on some current hot topics. Dr. Gibbons briefed our board on Health Landscape <http://www.healthlandscape.org/> an interactive web atlas for to combine, analyze, and display health information in ways that promote understanding, improve outcomes, and reduce cost of health and healthcare. IAFP had used earlier versions of Health Landscape to create infographics for Illinois legislators on workforce issues. Dr. Phillips described new research ABFM is doing from information gathered from diplomats. One trend is nearly 60% of family physicians are working in practice with advanced practice nurses or physician assistants. <http://www.aafp.org/news-now/practice-professional-issues/20130618rgcteampolicy.html>



President's Message

Carrie E. Nelson, MD

The Antidote for Physician Burnout

A recent Medscape study¹ reported that among medical specialties, family physicians have the 3rd highest rate of burnout (behind emergency medicine and critical care) at 43 percent. The symptoms of burnout were described as:

- Loss of enthusiasm for work
- Feelings of cynicism
- Low sense of personal accomplishment

Does any of this sound like you? I sincerely hope not. Unfortunately, odds are that these symptoms are felt by far too many of you. You may even ask yourself, "Where has the joy gone?"

Does the statement, "*I'm ready for anything!*" sound like an expression of the exact opposite of burnout? That's a direct quote from Dr. Rachel Winters – a family physician in Lawrenceville, IL. Dr. Winters has spent the last several years adopting medical home principles, much through the support of the IAFP Practice Improvement Network (PIN). The coaching provided through the PIN has surely been instrumental in her journey. I met Rachel some years ago when I was working with AAFP leaders in their national Practice Enhancement Forum. This Forum was designed to spread the adoption of the Chronic (or Planned) Care Model, a core attribute of what we now call the Patient Centered Medical Home. I recall back then that Rachel expressed a sense of a loss in her enthusiasm for family medicine when she stopped doing obstetrics due to our difficult medico-legal environment here in Illinois. I'm delighted to hear her express such enthusiasm for our profession today. I want that for all of us. See her story on page 8.

Can you regain or enhance your enthusiasm for family medicine? What's it going to take? The recent

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supplement of the journal, *Annals of Family Medicine*, tells us it can be done and the Patient Centered Medical Home could be a burnout antidote. But you must bring a few key things to the table.

First, you must exemplify strong leadership. Several articles in this Annals Supplement point back to you, the physician, as the essential source of visionary leadership for primary care transformation. One article reported that it is important to have a visionary physician leader as well as one who "leads from the middle." Think about who that might be in your own practice, perhaps a nurse practitioner or practice manager. By identifying her, then joining forces to lead the charge, you'll set your practice up for success and demonstrate another important PCMH attribute: working in teams.

This brings me to the second attribute you need: start to see your role as a member of a team. Research² tells us that it would take 22.7² hours a day to provide all the preventive, chronic and acute care needs to an average patient panel in a primary care practice. Someone stop the madness! It. Cannot. Be. Done! Our colleagues who have adopted PCMH are proving that it CAN be done, but only as a team. We have intelligent, committed people in our building every day that can help shoulder that load. They may simply need some additional training and revised work processes. Making better use of our teams can bring more joy to their work experience. And joy is contagious.

What would our physician colleagues

say to us about their own levels of career satisfaction in this team-based structure? Aside from numerous anecdotal reports of an enhanced work-life experience for clinicians in this new model, we have increasing volumes of data to support their stories. It was reported that the level of team care adoption positively correlates with a clinician's satisfaction and patient relationships.³ In the Sinsky, et al⁴ article, a report of 23 high-performing practices, joy was found! This was largely achieved through implementation of medical home strategies. You see, there is mounting evidence that PCMH is a sound treatment for the epidemic of physician burnout.

Roy Poses, MD, of Brown University said, "Most interventions meant to improve burnout have treated it like a psychiatric illness, not a rational response to a badly led, dysfunctional healthcare system."¹ (Read: You're not paranoid, everyone really is out to get you!) Ergo...creating a more effectively led, functional system like that seen in PCMH is a much more appropriate burnout antidote. But it needs to be self-administered.

Say it with me: Transformation is not optional. We need to get better results from our health care system and eliminate waste. We need to get more medical students to choose primary care. And finally, we each need to rediscover the joy in our profession. Dr. Rachel Winters had to first believe that there was a way to improve her practice life in order to be that visionary leader and begin the journey to the happy attitude she exudes today. And that's the third thing you're going to need – faith. You'll need faith in a better future for yourself and all family physicians. I'm a believer, that's for sure. How about you?

1 Accessed online 07.01.13 <http://www.medscape.com/features/slideshow/lifestyle/2013/public>

2 Yarnall, K., et.al.; Family Physicians as Team Leaders: Time to Share Care, *Preventing Chronic Disease*, April 2009, Vol. 6: No. 2; Innovations Center interviews and analysis.

3 McNellis, Genevra & Meyers, Lessons Learned from the Study of Primary Care Transformation, *Ann Fam Med* 2013; 11:S1-S5.

4 Sinsky, et. al.; In Search of Joy in Practice: A Report of 23 High-Functioning Primary Care Practices, *Ann Fam Med* 2013; 11:272-278.



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IAFP News

Annual Meeting – 2013 a.k.a. The SAM-a-Rama!

**SAMs, CME, Leadership, Inspiration, Collaboration,
Celebration & Camaraderie**
November 7-9 at the Hilton Lisle/Naperville
Online Registration at www.iafp.com

We know the Maintenance of Certification process is cumbersome and daunting, and yet still required. To make this process less painful and dare we say – FUN - the IAFP is dedicating more of our annual meeting to providing those SAMs workshops that family physicians need. Stay current and tackle these tough issues in an interactive group setting with your family physician colleagues.

Location! Location! Location! Our meeting is centrally located in DuPage County – easy to access and featuring FREE parking so that Chicago residents can enjoy the benefits of parking without paying!

Thursday, November 7

2:00 - 8:00 pm **SAMs Workshop 1 - Childhood Illness** (Includes a hot buffet working dinner)

Friday, November 8

7:30 am - 1:00 pm **SAMs workshop 2 - Pain Management** (breakfast & lunch included)
10:30 - 12:00 pm Committee Meetings
12:00 pm - 1:00 pm **Opening Plenary & Lunch**
1:00 - 6:30 pm **SAMs Workshop 3 - Asthma**
1:00 - 5:00 pm Leadership workshop
5:00 - 5:30 pm Induction of 2013-14 Board of Directors
5:30 – 6:30 pm Networking Reception
6:30 - 9:00 pm Awards Dinner (Family Physician of the Year and Teacher of the Year)

Saturday, November 9

7:30 am - 1:00 pm **SAMs workshop 4 (break & lunch included) - Hypertension**
8:00 - 9:00 am Breakfast and Plenary: AAFP Update
9:15 - 10:00 am Up To Date topics (3 topics)
10:30 - 12:00 pm Up To Date Clinical Topics (6 topics)
12:00 - 2:00 pm All Member Assembly & Lunch
1:00 pm - 6:30 pm **SAMs Workshop 5 – A NEW SAMs to be developed this summer**
CME
AAFP Lecture Series - HPV
Hands-on workshop on Wound Care

Saturday Evening Social Event:

Wine tastings at Tasting deVine Cellars in downtown Naperville

Choose from 6pm or 7:30pm tastings and then stay downtown and dine with your friends!
Proceeds from the tasting benefit the Family Health Foundation of Illinois

Call for 2013 Resolutions Have a great idea or a problem that needs an Academy solution?
Please send resolutions to Gordana Krkic at gkrkic@iafp.com.

Congratulations to our newest Illinois AAFP Fellow

Lauren Denee Oshman, MD, MPH, FAAFP of Wilmette has achieved the Degree of Fellow from the American Academy of Family Physicians. The Degree of Fellow was established in 1971 by the AAFP Congress of Delegates (revised in 1992) as an avenue for special recognition of AAFP members who have distinguished themselves among their colleagues, as well as in their communities, by their service to family medicine, the advancement of health care to the American people, and by their professional development through medical education and research.

Criteria for receiving the AAFP Degree of Fellow consist of a minimum of six years of membership in the organization, extensive continuing medical education, participation in public service programs outside medical practice, conducting original research, and serving as a teacher in family medicine.

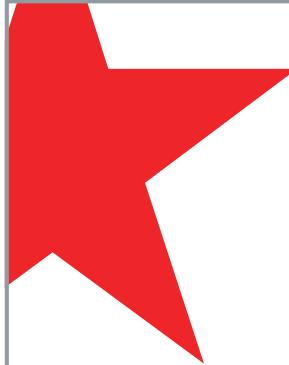
All 27 Illinois members who have achieved the Degree of Fellow, but have not received convocation at an AAFP Congress of Delegates will be invited to do so at the Illinois AFP annual meeting on November 9 in Lisle.

Call for Board and Officer Nominations

The Leadership Development Task Force is seeking nominations for the IAFP board of directors in 2013-2014. Please send a cover email indicating your willingness to serve, a resume and answers to these questions:

1. Identify areas where you have skills, experience or interest (such as finance, public relations, health information technology, CME, GME, and/or government relations).
2. Describe how you can help IAFP further its mission.

Please submit your letter of intention and your CV to IAFP Executive Vice President Vincent D. Keenan, CAE at vkeenan@iafp.com by Friday, August 2. We have three board slots for the class of 2016 (three-year term) and we are seeking a New Physician board member (less than seven years in practice) for a two-year term. Nominations will also be accepted for the positions of 2nd Vice President, 1st Vice President, President-elect, and one Alternate Delegate and one Delegate to the AAFP Congress of Delegates (two-year terms). The Leadership Development Task Force will review nominations and determine eligible candidates for our online election in which all Active and Life members in good standing will be able to vote. Questions? Contact David Hagan, MD, chair of the Leadership Development Task Force at djhmd80@yahoo.com or IAFP Executive Vice President Vince Keenan vkeenan@iafp.com.



DO YOUR LEGISLATORS KNOW WHAT KEEPS YOU UP AT NIGHT?



Family Medicine's Champion in Washington, D.C.

★ ★ ★

SUPPORT CANDIDATES WHO SUPPORT YOU.

Support FamMedPAC. FamMedPAC is the political action committee of the American Academy of Family Physicians. It is the financial vehicle through which you can support the election or reelection of candidates who share your commitment to family medicine. Now in its third year, FamMedPAC strengthens AAFP's advocacy efforts and our presence in Washington. And it needs your support.

Contribute now at www.FamMedPAC.org.



Bylaws Amendments

At the upcoming 2013 IAFP Annual Meeting, November 7-9 in Lisle, the All Member Assembly must consider and vote on any changes to the Academy Bylaws . IAFP uses the summer issue of *Illinois Family Physician* to apprise all active members in writing of any proposed changes to the bylaws that must be considered at the upcoming Annual Meeting. This year, there are three broad types of changes that the Illinois chapter needs to address for member approval at the All Member Assembly. In the interest of space, the changes are described below, with hyperlinks to the actual redline changes on the [IAFP web site](#). You can link to our full current bylaws at www.iafp.com/about.

The 2012 AAFP Congress of Delegates in Philadelphia adopted a fully restated version of the AAFP Bylaws which is now available on the [AAFP website](#). Most of the differences between the 2011 and 2012 versions were made to:

- Remove obsolete language, terms, and references;
- Address areas in the Bylaws where they were inconsistent, confusing, or silent;
- Reorganize the Bylaws to make them more readable and user friendly; and
- Remove language, such as certain operational procedures, that did not rise to the level of core foundational principles of the AAFP or that otherwise did not properly belong in the Bylaws of an organization. Those items were either deleted or relocated to the Standing Rules of the Congress of Delegates.

As a result of AAFP Bylaws action, Illinois AFP, and all chapters will need to make some changes in our state bylaws. [You can view the redlined changes here](#). Changes that we need to address in our Bylaws include:

1. **Membership Classification** – There were no changes in the classes of membership, however, the eligibility requirements for membership were modified. Previously it was a requirement that members be actively “engaged in the practice or teaching of family medicine.” This requirement was removed and replaced with the requirements that the member “(a) be duly licensed to practice medicine, and (b) has completed an approved family medicine residency program.”
2. **Good Standing** –This new section defines “good standing” as a member in good standing as “one whose current dues and assessments, if any, have been paid in accordance with the provision of these Bylaws, **who is not under disciplinary action**, and who has met the applicable CME requirements during the period of the preceding three (3) years as set forth in these Bylaws.” The phrase “who is not under disciplinary action” has been added and relates to the license status of a member (or applicant) within his or her state.
3. **Fellow** – will adhere to AAFP bylaws for definition, eligibility and requirements for the Degree of Fellow.

Opportunity to move some bylaws to Administrative Rules

Background: Changes made at the IAFP All Member Assembly, November 2012, moved technical information about dues and assessments out of the bylaws and mentioned that the board could create administrative rules to deal with the technical issues. In a similar manner, member groups were eliminated and interest groups were formed. Technical information about the interest groups can be in administrative rules.

IAFP staff believes that taking the language that was removed from the Bylaws and transforming it into administrative rules would be prudent to provide guidance to the board now and in the future. Administrative rules can be amended by the board without the need to go to the All Member Assembly to make changes.

[Link to the redlined proposed changes](#) to administrative rules using the language deleted from the 2012 bylaws as the foundation.

Change in Parliamentary Procedure standard

This is a proposed change to Chapter 13, Section 2 of our 2012 Bylaws, to update the parliamentary procedure book we use for the All Member Assembly, as suggested by Javette Orgain, MD, AAFP Vice Speaker at our November 2012 All Member Assembly.

Section 2. American Institute of Parliamentarians Standard Code of Parliamentary Procedure, Current Edition, except when in conflict with the Bylaws of the Academy, shall control all parliamentary proceedings of all meetings of the Academy.

IAFP launches Flu Vaccine Awareness Campaign

Our members and their colleagues now have a great new tool to help educate their most at-risk patients about the critical importance of an annual flu vaccine. Thanks to a grant from the Illinois Dept. Of Public Health (IDPH), IAFP has produced primary care CME and complementary patient education materials to use in the practice in advance of the 2013 flu vaccine season. The patient education materials are free to IAFP members; all you need to do is order them! And all our high-quality enduring CME is free and online anytime at www.iafp.com/education.

First, educate yourself! All active members will receive this new CME guideline by mail.

Practice Guide: Influenza Vaccination and Treatment for Primary Care

This CME program, worth .5 Prescribed Credits, covers CDC recommendations for influenza vaccine, types of vaccines available, anti-viral treatment of influenza, special consideration for chronic illnesses (specifically asthma and diabetes), and vaccination of health care personnel.

Get the tools for your practice:

Members can also order FREE patient education brochures (in English) for their waiting rooms and posters for their exam rooms to educate and motivate your patients to get that flu shot as soon as it's available in the fall. The patient education materials are not dated, so you can use them for several years!

- The Influenza Vaccine for Individuals with Diabetes brochure
- The Influenza Vaccine for Individuals with Asthma brochure
- Get the Flu Vaccine poster
- Link to the [order form](#) here or visit www.iafp.com



Use this QR code to check it out!



We Want You...
To Get Your Seasonal
FLU VACCINE

Influenza ("the flu") is a virus transmitted through close contact with an infected person. The flu can cause serious infections, including pneumonia and ear/sinus infections.

FLU SYMPTOMS INCLUDE:
• High fever (100-102°F) for several days
• Fatigue
• Body aches and pains
• Headache
• Stuffy nose
• Cough
• Sore throat

Did you know that you can pass the flu to other people before you have any symptoms? Flu symptoms usually appear 1-4 days after contracting the virus.

Did you know that you cannot catch the flu from a flu vaccine? A seasonal flu vaccine protects you against the most common strains of influenza expected in the upcoming season.

How can I avoid catching the flu?
1. Receive an annual flu vaccine
2. Practice the "Three C's of Good Hygiene":
CLEAN: Wash your hands
COVER: Cover your cough and sneeze
CONTAIN: Contain your germs—stay home if you are sick.

Schedule your flu shot as soon as it's available this fall.

PROTECT yourself.
PROTECT those around you.
Get your FLU VACCINE today.

To view the patient education video

Funding for this publication was made possible by funds received from the Office of Health Protection, through the Illinois Department of Public Health (IDPH). The views expressed in this publication are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

For your waiting room, practice website or social media channels: IAFP has produced a 5-minute patient education video focusing on the importance of an annual flu vaccine for patients with asthma and/or diabetes. You can access the video on the [IAFP YouTube channel](#) here, to post on your web site, download, or link from your social media patient education strategies. You also have the option of ordering a free DVD to use in your practice or other patient education opportunities.

IAFP Public Relations Task Force members Kristin D. Drynan, MD of Geneva and Aaron Michelfelder, MD of Maywood served as the "spokesdoctors" for the video. Special thanks also to Loyola University Health Systems in Maywood for providing their practice as the setting for the video. Order forms will be enclosed in the mailing of CME materials, or you can [go online and order](#) what you need for your practice.



Kristin Drynan, MD of Geneva and Aaron Michelfelder, MD of Maywood served as the family medicine spokespeople in the new IDPH flu vaccine patient education video, shot at Loyola Maywood Family Medicine in March.

Funding for this project was made possible by funds received from the Office of Health Protection, through the Illinois Department of Public Health. This publication Version 08.05.2011 2 was supported by Grant Number H23/CCH522568 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Small Medical Practice Makes Big Changes Lawrenceville Family Medicine Practice Transformation Means Better Care



As we approach full implementation of the federal Patient Protection and Affordable Care Act in 2014, Rachel Winters, M.D. has made electronic leaps and taken on other changes in the overall transformation to make her practice, Rachel Winters Family Medicine in Lawrenceville (near the Indiana border in Central Illinois), a high-functioning home for patients.

Winters is on the forefront in the overall practice transformation process that many small practices nationwide are doing to not only adapt to the new era of the federal Patient Protection and Affordable Care Act and other government requirements, but to also provide more efficient and higher quality care for all patients.

Dr. Winters participated in the IAFP Practice Improvement Network (PIN) to guide her through small and big changes over the past 24 months to reach her goal of providing a patient centered medical home. The PIN project paired her with a seasoned and experienced practice management

coach to help her identify gaps and needs in her practice operations, and then helped her craft and implement solutions. Winters says the overarching theme for her practice is working towards becoming the true PCMH and using every opportunity to explain to patients what that means. She won't decide until late 2013 whether to apply for NCQA recognition.

One way the practice has changed their approach is by advanced planning for every patient visit. That means consistently looking one-to-two weeks ahead at the patient schedule to see who is coming in for a routine visit or follow up and determine what other tests or care they might need at that visit. One of her coaches, Kim Nealt of Practice Management Innovations, LLC in Chicago, defines the difference in this approach, "These activities lead to a more 'patient-centered' focus with an emphasis on health, wellness and outcomes. Our coaching efforts also assist Dr. Winters in creating a health information technology platform that enables her to maximize the use of

her technology such as ePrescribing, a robust electronic health record (EHR) and disease management assistance," she says. "With ongoing coaching, we have been able to position Dr. Winters' practice as a future leader in her rural community."

The consistent use of technology improves the practice workflow and ensures patients' care is timely and efficient. Winters uses her new e-faxing module, which eliminates the paper pileup and ensures that all of a patient's referrals, labs, prescriptions, letters and any other information arrives electronically and is added directly to the patient's electronic health record. It also allows the practice to set up reminders to track down any expected documents that have not arrived.

"I can say we are definitely tracking things better – if we made a referral or ordered tests we are able to make sure we get what we requested," says Winters. "We have procedures established, including a two-week reminder in the EMR for a popup reminder to check for that letter and chase after it. Patients get better care when I know what happens at those specialty consults."

Dr. Winters credits the coaching assistance from Practice Management Innovators and the monthly online practice improvement webinars from IAFP in guiding her through the process. The coaches definitely gave her the starting point and a specific road map to follow to get where she wanted to go with her practice. "Our initial coaching calls with Dr. Winters were consumed with addressing practice issues that required immediate attention," says Nealt. "Some actions related to this involved changing clearinghouses, additional coding education for Dr. Winters and her biller, resolving billing and scheduling issues with her EHR system, and successfully completing Medicare re-certification because her payments were being withheld. Next we tackled outstanding

patient accounts, made a plan for completing patient charts timely and developed a process moving forward to avoid future delays." Other action steps included capturing ePrescribing incentive money, preparing for EHR attestation for 2012, developing a Same Day Access policy and implementing a Patient Portal. The patient portal, powered by Updox and launched in May, enables patients to keep up with their health care in real time, on their own time and helps Dr. Winters meet her goal of improved patient communication.

So far she has successfully attested to Medicare Meaningful Use Stage 1—demonstrating that her Amazing Charts EMR is being used to benefit patient care. She praises IL-HITREC for their high touch help in getting to MU stage 1. "They came to my office five or six times, and I couldn't have done this without them!"

Winters also praises her staff for their role in adapting and implementing so many new ideas and policies as the practice prepares for the new era of health care delivery. "I think we are well-prepared. My staff has proven to be very change-friendly through this entire process. We now have weekly or bi-weekly staff meetings to address and plan for needed changes."

The entire staff now participates in "morning huddles" to effectively prepare for every patient on the day's schedule and any patients that may need a same-day appointment for an acute problem. By combining and implementing many facets of the patient-centered medical home with optimal use of emerging medical records and communication technology, Rachel Winters Family Medicine can maximize the benefits for every patient. "It makes us more on top of preventive care and good quality care. If a patient chart is reviewed before they come in, they get better care during the visit. We have taken steps towards providing better care for our patients," says Winters.

Many more people will have new access to health care insurance or Medicaid as federal and state health care reform rolls in the coming months. Rachel Winters Family Medicine has been preparing for these changes by making the small and big changes to ensure patients get the right care at the right time. "I'm ready for anything. I have a busy practice. I am hoping that as we increase efficiency that we will be able to see more patients who will be looking for their medical home."

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EQUAL HOUSING LENDER

Third Annual IAFP Resident Research Webinar Results

IAFP sought to revive resident research presentation opportunities, without the time, money and travel involved with hosting a live program. The answer is our Resident Research Webinar, held online once a year to give residents the opportunity to present live, and get constructive feedback from anonymous reviewers.

Each resident was given a 20-minute window on an all-day webinar. The presenter had 15 minutes to deliver a maximum 25-slide research presentation. This year residents could submit presentations in either category - for completed projects or research in progress. Eleven total presentations were delivered over the course of the day. Each presenter had two anonymous reviewers on the webinar who provided questions at the end, either verbally or via the chat feature on the webinar.

Thanks to our anonymous faculty and resident reviewers who logged on and provided scores and feedback for each presentation. Can't tell you who they are, but they know who they are and that their help is much appreciated!

3rd Annual Resident Research Webinar Results

Congratulations to the top scoring resident presenters



Top Scoring Presentation for Research In Progress

Joy Kang, DO from Carle Foundation Hospital
[Seeking Health Care at the Emergency Department vs. Convenient Care vs. Primary Care](#)

Top Scoring Presentation for Completed Projects

Michael Kushner, MD, MPH from West Suburban Family Medicine Residency Program
[Evaluation of a Curriculum for Family Medicine Residency Programs on Accurate CPT Coding and Documentation According to CMS Guidelines](#)

Dr. Kang will be a featured presenter at the 2nd annual Family Medicine Midwest conference on Sunday, Oct. 6 in Milwaukee. Dr. Kushner has since completed his residency training and will continue his family medicine career in Arizona and we wish him the best of luck in his new job!

You can register for the Family Medicine Midwest conference online here!
<http://www.iafp.com/FMM>



October 4-6 in Milwaukee
Bringing together the best in Midwest family medicine.

A new name. A new day in health care.

Iowa Health System has changed its name to **UnityPoint Health**. But it's more than just a name change. It reflects an organizational vision to improve the way health care is delivered. It's a more coordinated approach driven by the physician that surrounds the patient with care to help them manage their chronic disease, reduce readmissions and improve their quality of life.

We have also created UnityPoint Clinic with over 800 employed physicians who drive the patient-centered model of care between the clinic, hospitals and home care. We've torn down silos to improve communication, cooperation and team work. And we've embraced a bright future where we can better use our resources and meet the challenges of health care.

UnityPoint Health is a pioneer in Accountable Care Organizations and Care Coordination Programs, all with the goal of the best outcome for every patient every time. The care we deliver will demonstrate to every patient that they are the focus of everything we do.

Isn't that the reason we chose medicine as a profession?



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UnityPoint Health

Government Relations

Continued from page 1



The board also worked in small groups on addressing and implementing the Academy's strategic plan. One important item of business was the selection of Renee M. Poole, MD (pictured above) of Chicago to fill the vacancy of IAFP First Vice President. Dr. Poole is currently a board member in the class of 2013. She is IAFP's representative on the Medicaid Advisory Board, a frequent contributor to media requests and other IAFP activity. The board also reviewed applications for the resident and student president-elect positions. They selected resident Emma Daisy, MD from Northwestern-McGaw and student Kristina Dakis of UIC. Both will serve as Illinois' delegates to the AAFP National Conference of Family Medicine Residents and Medical Students, Aug. 1-3 in Kansas City.

On Tuesday, all the FMCC attendees from around the country were briefed on several key issues which prepared everyone for their visits with Congress on Wednesday. Keynote speakers included physicians elected to Congress and House and Senate staff. This year's conference focused on attaining adequate payment for primary care,

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including efforts to create separate evaluation and management codes for primary care physicians. The speakers also talked about the annual merry-go-round process of Congressional attempts to repeal and replace the sustainable growth rate this year. Here's a hint: look for yet another emergency patch, but not a permanent solution. Find more information in an [AAFP News Now story](#) about the federal family medicine lobbying efforts.

On Wednesday, IAFP Board and volunteer leaders started and ended their day with visits to Illinois' two senators' offices: Kirk and Durbin, respectively. From 9:30 a.m. until 5 p.m., every Illinois Congressional delegation member received a briefing on the issues. AAFP President Jeff Cain, MD joined our delegation for the meeting with U.S. Rep. Tammy Duckworth. Illinois residents may know that Duckworth lost both of her legs during her tour of duty as a helicopter pilot in the Iraq War. You might not know that Dr. Cain survived a small plane crash many years ago, losing one leg in the crash and subsequently needed to have the other leg amputated.

There are six new faces in the Illinois House delegation, so the opportunity to bring constituent family physicians to their offices provides a great forum to get out in front with our issues.

Illinois has one Teaching Health Center at Northwestern McGaw Family Medicine Residency. The residency is funded through direct payments to the residency, rather than going through the medical school or hospital. Now entering its fourth year, the five-year pilot project needs continued funding to further the excellent results produced so far. Illinois AFP board members found Illinois Congressional staff members are very interested in this developing



Seated L to R: AAFP President Jeff Cain, MD; U.S Rep. Tammy Duckworth, Ellen Brull, MD. Standing: David Hagan, MD; Steve Knight, MD; Alvia Siddiqi, MD; Michael Temporal, MD and Katie Miller, MD.

program and looking to make it more permanent. One hundred residents graduated from Teaching Health Center Programs in June and 400 more are current residents in these programs.

Joshua Shapiro, student board member from Rush Medical College, shared his personal story of medical student debt, as we discussed increasing funding for debt repayment programs through the National Health Service Corps. Mr. Shapiro related that the NHSC loan repayment program provides \$30,000 in loan repayment yearly, but that amount is just slightly more than the interest on his medical student debts. IAFP board members were advocating for increased funding to NHSC.

For IAFP President Carrie E. Nelson, MD, an FMCC veteran, these return trips to DC reinforce the relationships she's built over the years. "In talking with Sen. Roskam's aide, Luke Hatzis, it was clear that the office had a sound understanding of the challenges unique to primary care, including issues of reimbursement, workforce and adaptation to the changing healthcare environment."

Led by Ellen Brull, MD, IAFP past president and new FamMedPAC board member; a group including Edward Blumen, MD, board class of 2013, Lareina Pedriquez, MD, new physician class of 2014, and Monica Fudala, MD, resident, met with Cathy Hurwit, chief of staff for Congresswoman Jan



Capitol Hill veterans Ellen Brull, MD; Michael Temporal, MD and Steve Knight, MD

Schakowsky (D-9th) and discussed the possibilities of making significant changes to Graduate Medical Education funding, like the Teaching Health Centers, a permanent part of the Medicare budget, so that it is not an annual challenge to ensure the programs are refunded. Dr. Blumen emphasized, "Expanding the Teaching Health Center concept to more family medicine residencies would secure funding to ensure continued and expanded production of new family physicians."

Kathleen Miller, MD, IAFP Delegate to AAFP Congress and past president, continued this advocacy in talks with Sofya Leonova, health legislative aide to Congressman Dan Lipinski (D-3rd). Dr. Miller related the information on the American Board of Family Medicine report of 60% of FPs working with APRNs and PAs, and that production of more family physicians, "means more team work taking care of patients, not clinicians working on their own. Expanding the number of primary care slots in Medicare GME funding combined with making Teaching Health Centers a permanent program, will significantly increase the primary care physician workforce."

Board member Asim Jaffer, MD of Peoria spent quite a bit of time with Rep. Aaron Schock's Senior Legislative Assistant, Margie Almanza, "She was extremely knowledgeable about the issues and asked great questions. Her knowledge and experience about the workings of the political system were also very helpful for me to understand the complexities in passing legislation."

Overall, everyone experienced a positive visit with their U.S. representative or staff and had an opportunity to share family medicine's priority issues and concerns. Only three offices were not able to meet in person so they received a packet of information and fact sheets on the key issues. These visits will have lasting effect for those who follow up and schedule visits when the lawmakers are back in Illinois. *Cover Photo pictured with Sen. Kirk from L to R: Monica Fudala, MD (resident), David Hagan, MD; Edward Blumen, MD; Joshua Shapiro (student), Donald Lurye, MD; Asim Jaffer, MD; Lareina Pedriquez, MD and Chinni Pulluru, MD.*

Government Relations Spring Wrap-Up

Government Advocacy is a year-round sport for the IAFP, but the Illinois General Assembly adjourned as scheduled on May 31. They were called back on June 19 for a special session specifically to address the unfinished business of resolving the pension funding crisis and a special session on July 9 to address Gov. Pat Quinn's concealed carry bill amendatory veto.

Take a look at all the issues IAFP actively worked for or against this session. Our contract lobbying firm, Cook-Witter, Inc. produces an end-of-session report specifically for IAFP that summarizes all tracked bills and significant proceedings in the General Assembly and Executive branch. Barring any more special sessions late into the summer, the report will be available in early fall.

Spring Into Action Legislation Status Update: These bills received active support or opposition by staff, volunteer leadership and members. In particular, most of these bills were addressed personally by our Spring Into Action participants. The bill numbers are hyperlinked to the General Assembly web site and the fact sheets are linked on the IAFP web site:

- ✓ [HB 61](#) which repeals the HIV-positive student principal notification law has passed both Houses and been sent to the Governor. (**IAFP supported** – [HB 61 HIV fact sheet](#))
- ✗ [SB 2202](#) requiring that all college campuses become 100 percent smoke-free passed the Senate but remains in House rules. (**IAFP supported** - [SB 2202 Smoke-free Campuses fact sheet](#))
- ✗ [HB 188](#) prohibiting tanning bed use for minors has passed both houses and been sent to the Governor. (**IAFP supported** – [HB188 IL Fact Sheet](#))
- ✓ [HB 2675](#) provides science-based sexual health education standards in public schools for grades 6-12 has passed both houses and been sent to the Governor. (**IAFP supported** – [HB 2675 - General Fact Sheet](#))
- ✓ [SB 26](#) expands Medicaid eligibility passed both houses and has been sent to the Governor (**IAFP supported** - [SB 26 Medicaid Statement](#)) more coverage below.

- ✓ [SB 2321](#) provides waivers to allow schools to exempt physical education requirements for students who participate in show choir was returned to Senate Assignments. (**IAFP opposed** - PE is not GLEE Fact Sheet [SB2321](#))
- ✓ [SB 2187](#) allows prescriptive authority for psychologists in collaborative agreements was stripped to a shell bill and was referred to House Rules. (**IAFP opposed** – [read the IAFP and AAFP Joint letter](#))
- ✓ [HB 1017](#) creates patient choice in data sharing and modernizes the IL Mental Health Confidentiality Act has passed both houses and been sent to the Governor. (**IAFP supported** - [Patient Choice Data Sharing Fact Sheet](#)) See below for more under health information exchange.
- ✗ [SB 2366](#) set forth provisions concerning telehealth remains in the Senate. (**IAFP supported** - [Telehealth Fact Sheet](#))
- ✓ [SB 1217](#) allows dentists to administer vaccinations as a public health service and is a clean-up of their Practice Act. After the dentists' vaccinating language was gutted, it remained as only a clean-up of their Act. It has passed both houses and been sent to the Governor. (**IAFP opposed**)

Medicaid Expansion: The Illinois Legislature passed [SB 26](#) to implement the Medicaid expansion option for adults without minor children on January 1, 2014. This expansion is a cornerstone of the Affordable Care Act and has the potential to cover over 600,000 low income adults in Illinois under the Medicaid program.

IAFP submitted a statement in support and advocated for the bill during our Spring Into Action lobby days. A year ago, the Supreme Court made the Medicaid expansion to adults an option that states did not have to take. However, the expansion is financially advantageous for states because the federal government pays all of the costs of the new Medicaid adult group for the first three years and thereafter, the state pays no more than 10% of the costs - making this the most lucrative Medicaid program in history for state governments. This coverage program will bring needed revenue to Illinois including Cook County and the City of Chicago as well as to hospitals and other safety net providers, who previously provided care to these uninsured patients with no compensation.

Illinois will begin accepting Medicaid applications for this new adult group on October 1, 2013, and coverage will begin on January 1, 2014. For residents of Cook County, they can enroll now and gain coverage into the [CountyCare program](#) which is an early implementation of the Medicaid expansion. SB 26 ensures that CountyCare enrollees will continue to be covered under Medicaid now and with the rest of the state in 2014. According to Dr. Ram Raju, Chief Executive Officer, Cook County Health & Hospitals System Chicago, CountyCare has 61,000 applicants, 27 percent of them haven't accessed health care anywhere in the past. Most of the applicants are between age 45-55 and presenting with high blood pressure and diabetes. Another update is expected in September.

In addition, SB 26 makes other changes to the Medicaid program including "fixing" some of the SMART Act Medicaid cuts by partially restoring dental care to pregnant women.

Update on Medicaid-Medicare parity payment rates: The Affordable Care Act included Primary Care Enhanced Payments and the IL Dept. of Healthcare and Family Services has finalized and posted the attestation form and provider notice. <http://www.hfs.illinois.gov/assets/030413n.pdf>

The effective date for physicians for whom the Attestation Form is received by the department **no later than June 30, 2013**, will be January 1, 2013. After June 30, 2013, the effective date for the enhanced payments will be the date the Attestation Form is received by the department. Any questions may be directed to the Bureau of Comprehensive Health Services at 1-877-782-5565.

All things Health Information Exchange: For our members using an EHR, the ability for your system to interact with others in your health care community is vital to the safety of your patients and your ability to successfully and efficiently manage their care. One of the important components to creating this "super-highway" of information connectivity is the passage of HB1017, mentioned above in the status update from Spring Into Action. Since HB1017 created the HIE exception for mental health information, the ILHIE Authority (Data Security & Privacy Committee and Regional HIE Work Group) has turned its attention towards the development of the patient consent process. To help guide the content and structure of the June 26th Patient Consent Management Workshop ILHIE convened an Executive Steering Committee for specifically receiving input and recommendations from providers on how to address the operational issues of implementing the specific consent requirements in HB1017.

IAFP has three family physicians serving on the Executive Steering Committee:

Kiran Joshi, MD, Norwegian American Hospital, Chicago

Steven Sproul, MD, Advocate Health Partners

Joel Shoolin, DO, Advocate Health Care

The new Work Groups will meet throughout the summer/fall with anticipated recommendations made to the Data Security & Privacy Committee, the Regional HIE Work Group and ultimately to the ILHIE Authority Board for its consideration at the November 13th Board meeting. The Patient Data Preference and Privacy work group will likely extend into 2014 with recommendations provided to the Board in second quarter 2014.

The Work Groups -

- Patient Choice and Meaningful Disclosure Work Group: This Work Group will define the scope of patient opt-out consent and identify and recommend a set of appropriate rules, standards and data sharing provisions that shall apply to the ILHIE to meet the statutory requirements of HB1017. This Work Group will define the scope and content of meaningful disclosure in Illinois, as well as identify and recommend issues and topics that should be addressed by providers at the point of care and develop resources for use by providers.
- Patient Consent Preferences and Data Security Work Group: The workgroup will proceed by first defining the current capabilities of the ILHIE and how these capabilities interact with connected health care service provider sites. The Work Group will work to demonstrate potential approaches to protecting patient data privacy based on prototypes recently developed in Illinois and at the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Breach Notification Work Group: This Work Group will consider, provide feedback and recommend amendments to the proposed ILHIE Authority's breach response protocol. The protocol standardizes breach investigation and mitigation obligations arising from the use of the ILHIE between the ILHIE Authority and all participants. An approved breach response protocol will be incorporated into the ILHIE participant data sharing agreement.

About that health insurance marketplace: State-based health insurance exchanges (now called marketplaces) are a critical component of the Affordable Care Act's (ACA) ability to offer coverage to more than one million uninsured individuals in Illinois. In addition to being the gateway for people to purchase subsidized health insurance, a well-designed marketplace will also organize insurance markets, promote robust competition among health plans, and keep rates affordable for consumers and small businesses.

The Quinn Administration submitted a Blueprint to the U.S. Department of Health and Human Services (HHS) stating that Illinois will implement a State Exchange in 2015. The Illinois General Assembly must enact legislation to establish a State Exchange for this to happen. SB 34 and then HB 3227 met this requirement, but neither bill passed before the May 31 spring session deadline. Therefore the state-federal partnership on the marketplace continues forward for 2014, starting with enrollment this fall.

According to the Wall Street Journal, [Health-Insurance Exchanges Are Falling Behind Schedule](#) but we will keep you apprised of any new developments in Illinois.

General Assembly's Veto session dates: Since this is the first of a two-year legislative cycle, many bills will be resuscitated next year as freshman legislators become more familiar with the political process and House and Senate leaders assess their newer members. Some bills may even be deliberated during Veto session even though that time is slated for action on the Governor's vetoes.

Veto session schedule:

October 16 - Perfunctory – Both Chambers

October 22 thru 24 - 1st week of Veto Session

November 5 thru 7 - 2nd week of Veto Session

Your IAFP Government Relations committee continues to meet even when the legislature is not. Between AAFP and IAFP Government Relations staff, we will keep members apprised of developments via email as needed.

Continuing Medical Education

members and an opening panel presentation on Healthcare Implementation on Friday. Saturday will feature nine Hot Topic Updates with subject matter experts spinning 15-minute presentations on the latest information on a variety of topics including pediatric and adolescent vaccines, smoking cessation, and respiratory health issues. Hour-long hands-on workshops will also be offered on Saturday for some in-depth primary care education.

The CME committee is pleased to announce that this year's Annual Meeting will include a total of five SAMs Workshops beginning on Thursday, November 7 and running through Saturday, November 9. In addition to Hypertension and Childhood Illness, new SAMs workshops on Asthma, Preventive Health, and Care of the Vulnerable Elderly will be available. We know the SAMs and Maintenance of Certification process is cumbersome, so at least let IAFP make it more interactive, efficient and convenient for you!



You can keep up with the progress of the Annual Meeting CME schedule at www.iafp.com and check the link on our home page. You'll also find online registration, hotel information and the schedule of Academy business and social events for the weekend.

Are you connected? One time each month, usually during the third week of the month, the IAFP's education division sends out the **IAFP CME Connections** e-newsletter to all Active and Life members. This concise email is a great way to link to new IAFP enduring online education materials, register for upcoming CME webinars or even find great CME opportunities offered by some of our like-minded partner organizations. Find the CME you need when you need it through the ongoing resources of your Academy. Plus, CME Connections is getting a makeover with a new format and informational content especially relevant for our member family physicians. Make sure you check it out!

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Why did you choose family medicine?

I knew I wanted to do some sort of primary care. The reason I went to medical school in the first place was because I wanted to be that Normal Rockwell painting. I wanted to be the guy that took care of young folks and old folks, and the little girl with the doll, so family medicine was perfect. It was actually one of the last rotations I did in med school and it was a perfect fit.

What do you think is the best Academy program or service?

I think the different conferences and the opportunity to meet with other family physicians. Even though we have different practice settings, we face many of the same issues and it all leads back to our patients.

How do you champion family medicine?

I have the opportunity to work with residents and students. One of the best pieces of advice that I got at an IAFP meeting is, when you're working with students, imagine that the last impression they have of family medicine is their experience with you. So I make sure I tell them why I went into family medicine and why I do what I do every single day.



Asim Jaffer, MD
Univ of Illinois – Methodist Medical Center
Family Medicine Residency
Program in Peoria
IAFP Board Member Class of 2014

What conditions do you see most in your practice?

I would say access to health care itself is the biggest problem in my community. Even those with Medicare and Medicaid have trouble with access to health care. I'm also lucky to work with the in-school health program, and there I see a lot of students who don't have access to regular health care, and don't see a doctor. So there's really a huge number of people who aren't even seeing a doctor, and that's where I think we need to focus.

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

I am so lucky, I have a great wife and she really understands that being in family medicine is really a lifestyle and more than just a profession. And I'd never be able to do all the things I do without such an understanding family.



If you weren't a doctor, what would you be?

If I were to take myself completely out of medicine, I would do something in the community and that would probably be teaching, maybe at the college level.

Anything about you that would surprise us?

At one point in my life, I truly believed I was one of the world's foremost experts on (wait for it) the Three Stooges.



Dr. Jaffer meets with Illinois Senator Darrin LaHood in his Springfield office.



Members in the News

On December 28th **Dr. Vanessa Noboa** was critically injured after the ATV she was riding in Cabo San Lucas, Mexico flipped over and pinned her head under the wheel. Noboa was an IAFP member and a Maternal Child Health Fellow and Faculty Development Fellow at PCC Wellness Center in Oak Park. Colleagues say that she is a natural born leader who is very passionate about providing education and care to underserved communities. We are very sorry to report that Dr. Noboa passed away on June 1 at the age of 30.

The Associated Press published a story asking how can America meet the growing demand for access to primary care services when millions of Americans gain insurance coverage through Medicaid or subsidized private plans when the Affordable Care Act rolls into the next phase Jan. 1, 2014? One version of the story that ran in *Crain's Chicago Business* included input from **Russell Robertson, MD** about obstacles to converting medical students to family physicians. Another version of the AP story ran in the *Southern Illinoisan* that included the career plans of Northwestern-McGaw resident **Stephanie Place, MD** – who will stay in Chicago to practice at an FQHC after fielding tons of job offers. A companion sidebar article included input from SIU Dept. of Family and Community Medicine interim chair **John Bradley, MD** on how the ACA provides the benefits of insurance and some mechanisms for physicians to improve efficiency through EHRs, but also can be challenging for physicians to manage the immense changes so quickly.

Dawn Brunner, MD was back on Ask the Family Physician on WCIA-TV June 18. The topics covered sunscreen SPF fact and fiction, new vaccine requirements (such as Tdap) and

ILLINOIS FAMILY PHYSICIAN

migraines.

Ravi Grivois-Shah, MD was featured in the Chicago Tribune and received the Excellence in Public Health Policy Award from the Illinois Public Health Association for his work with the Oak Park Department of Health as well as advocacy efforts in his home city of Oak Park and in his practice location in Chicago.

Michael Hanak, MD was elected to the position of chair-elect for the AMA's Young Physician Section. He recently served as our Illinois delegate to the New Physicians section of the AAFP National Congress of Special Constituencies.

Jerry E. Kruse, M.D. has been named executive associate dean and chief executive officer of SIU HealthCare at Southern Illinois University School of Medicine. He received the unanimous support of the SIU HealthCare Board of Directors, the clinical chairs and hospital partners. Kruse has been professor and chairman of the Department of Family & Community Medicine from 1997 until March 2013. He will be the authority for all clinical and clinically related academic issues and planning. He is also a plenary speaker at the 2013 **Family Medicine Midwest Conference**, Oct. 4-6 in Milwaukee.

SIU – Quincy Family Medicine was featured in a June 3 *American Medical News* article on preventing physician burnout. Their system using medical assistant scribes for every patient visit drastically increases the time spent talking to patients and decreases the time spent behind a computer screen.

Christopher Udovich, MD is the new chief of staff at Silver Cross Hospital according to the June 5 *Morris Daily Herald*.

Archie Gracas, MD of Alton is featured in the June 7 *Bellefontaine News Democrat* for his role in organizing a church mission trip to Minot, ND to rebuild homes damaged by flooding several years ago.

Jeff Ripperda, MD provides insight as to why men don't see the doctor often enough – and why they should - in honor of Men's Health Week in the June 9 issue of the *Southern Illinoisan*.

Thomas Lee, MD is featured in a June 12 *Joliet Herald News* article advising parents how to prepare and pack for their kids heading to summer camps.

Ingrid Antonsen, MD has been named Christie Clinic's Physician of the Year for 2013. Antonsen, head of the clinic's Family Medicine Department, has been a practicing physician at Christie Clinic for 18 years. The selection of Physician of the Year is determined by a vote of Christie team members.

William K. Faber, MD has joined Health Directions, a leading, national healthcare consulting firm, as Chief Medical Officer. In this role, Dr. Faber will lead the clinical initiatives for Health Directions' Population Health practice area and oversee the Health Directions Physicians Advisory Board.

Tony Miksanek, MD organized the first annual Kids Fun and Fitness Day on June 9, sponsored by the River to River Running Club and Southern Illinois Healthcare. The IAFP's Family Health Foundation of Illinois donated Tar Wars pencils for the kids' goody bags. Families and community leaders from across the region participated. Check out the [fantastic photos here](#).

Mark J. Rastetter, MD, was selected to receive a 2013 Pfizer Teacher Development Award based on scholastic achievement, leadership qualities and dedication to family medicine. Dr. Rastetter is one of two community-based physicians, practicing less than 7 years, from across the country honored by the American Academy of Family Physicians Foundation for his/her commitment to education in the field of family medicine. The Pfizer Teacher Development Awards Program recognizes outstanding, community-based family physicians combining clinical practice with part-time teaching

of family medicine. The award provides funding for each recipient to attend an activity of choice to further their professional development and teaching skills. This program is supported by a grant from Pfizer Inc. For more information, including eligibility criteria, please visit www.aafpfoundation.org/ptda.

Congratulations to **SIU Springfield and UIC Family Medicine Interest Groups** (FMIG) which have both been selected as 2013 Programs of Excellence by AAFP!

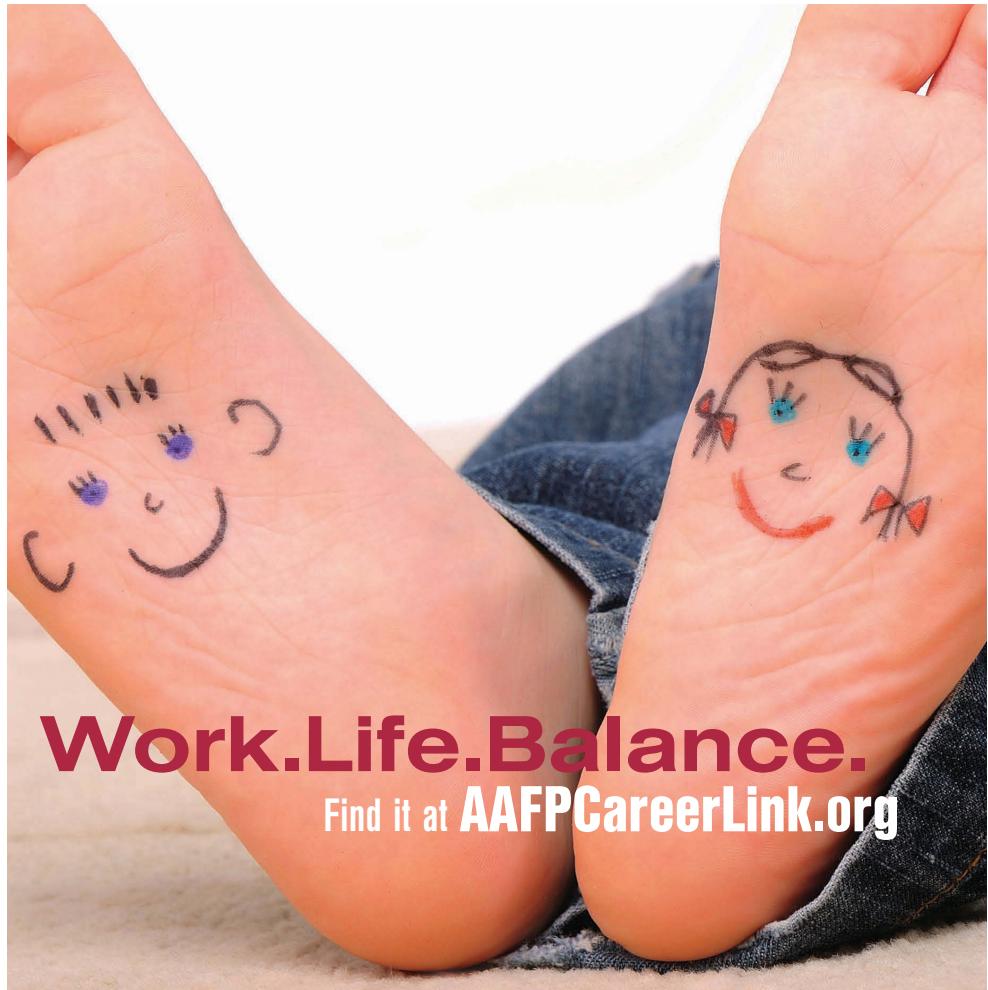
Deborah Midgley, MD has been promoted to medical director for family and adult medicine at Erie Family Health Center in Chicago. The promotion was mentioned in the May 20 issue of *Crain's Chicago Business*.

Paul Schattauer, MD of Oak Park was featured in a May 21st *Chicago Tribune* article about his efforts to create a breast milk donation program, where he collects donated breast milk to be used in local Neonatal Intensive Care Units for premature infants where the mother's breast milk is not an option.

Dora Dixie, MD of Chicago was quoted in a May 8 *Champaign News-Gazette* article about the Senate committee hearing on the proposed medical marijuana legislation. Dixie voiced her opposition to the bill, citing a lack of education and oversight for physicians as well as the opposition of other medical groups.

Joseph Welty, MD was featured in the July 4 *Sauk Valley News* for his family dedication to distance running. Welty and his three sons are all avid runners, including the Boston Marathon and already finished the race when the bombs went off at the 2013 finish line.

David Beckmann, MD of Blue Island served as a resource in the May 14 issue of the *Daily Southtown* in an article educating on choking signals and how to help a choking victim.



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Financial Planning Throughout the Family Physician Life Cycle

Planning for the future requires considerable sacrifice and a long-term view. The desire to satisfy current needs can easily overwhelm the desire to satisfy future needs. It is quite easy to put off planning for a goal that is decades away.

News You Can Use

When it comes to retirement planning, the math of compounding dictates that the sooner you start the better. A hypothetical initial investment of \$10,000 compounded at a 7% annual rate of return over 30 years will grow to \$76,123. However, by waiting ten years to initiate the \$10,000 hypothetical investment, the same \$10,000 investment growing at the same 7% annual rate of return over just 20 years will only grow to \$38,697. In this example, by increasing the time for your money to grow by 10 years, you could potentially double your money.

Saving for retirement happens over a continuum. It evolves through life. At different stages of life, one is able to plan for retirement to different degrees. Income tends to fluctuate and can be lower at the beginning of a career, thus making it more challenging to save. Later in life, large expenses such as college tuition for your children can be overwhelming, thus reducing the amount you can save.

Family physicians (FPs) are typically required to make many sacrifices at a personal level due to the rigors of medical training which include medical school and residency. During these years, FPs typically delay funding a retirement plan, while starting a family and building a safety net. When FPs commence their careers, they often immediately face a number of big decisions such as home ownership, starting a family, repaying education loans and saving for the future. Financial planning strategies for FPs can be different at each stage of their careers.

The Young Family Doctor

The Young FP is usually encumbered with student debt. The Young FP may also be acquiring more debt through the purchase of a home, and dealing with the added costs of starting a family. There are countless demands on every paycheck, and paychecks tend to be the smallest at the beginning of a career. With money potentially tight, it's important to consider the cost of homeownership. Even though purchasing a home is a forced savings plan, it is simply more expensive than renting. Before any big financial decision, FPs should always ask themselves, "How am I going to pay for this?" It is not only important to consider current costs, but also potential future costs in a worst case scenario.

Also, retirement planning gets short-shrift as the thought of retirement seems eons away. However, the Young FP must make every effort to save as much as possible, and employed physicians should at least save the minimum into a 403(b) to garner the maximum match from the employer. Even if you only put in the minimum to garner the maximum match, you have created a guaranteed positive return on your investment! Despite the initially small account balance, the young FP should be diligent about the investment allocation and build a diversified portfolio of US stocks, international stocks, and bonds.

The Mid-Career Family Doctor

The kids are growing up and the Mid-Career FP is dealing with the harsh realities of college tuition. College costs continue to grow and show little sign of slowing down. 529 Plans offer the opportunity to invest after-tax dollars with tax-free growth potential, as long as the funds are used for college-related costs. All other uses of these funds will result in a tax bill and a 10% penalty. You can invest in any 529 Plan, but an investment in an Illinois-based 529 Plan will result in a deduction in your state income tax bill. If you are concerned with the potential of a 10% penalty, you may want to establish a Uniform Minor Transfer Act (UMTA) account instead, particularly if you want any remaining funds to be used to pay for a car or the down-payment on a condo. However, the account becomes the property of the student at the age of 18, so try to ensure that you and your child agree on how those funds can be used.

The Mid-Career FP should be making maximum contributions into a 403b (or 401k). Assuming maximum contributions have been made into the 403(b), if a 457 Plan is offered, it could be advantageous to establish one. 457 Plans are designed to allow for additional income deferral and are generally considered part of one's overall retirement planning scheme. However, once employment is terminated with your current employer, 457 Plans typically cannot be rolled into a Rollover IRA. Instead,

they are typically paid out as ordinary income within 60 days following termination. Given that severance packages are not common in the medical field, it could be meaningful to fund between 6 to 12 months of income into a 457 Plan so that if you are between jobs, this source of money will become available.

The Late-Career Family Doctor

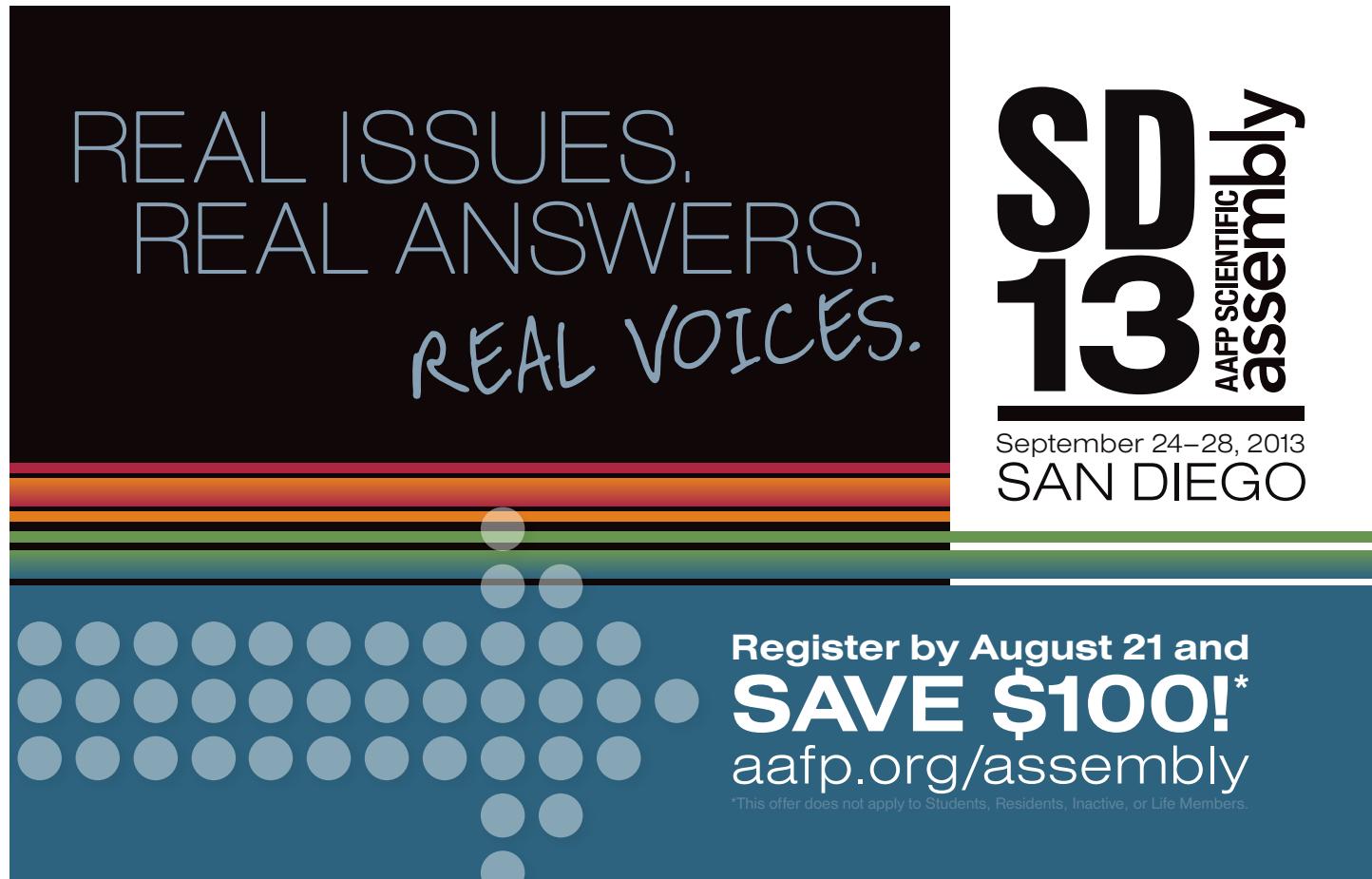
In this stage of life, retirement is rapidly approaching. Late-Career FPs should make every effort to save as much as possible as income-earning years are declining. Late-Career FPs should make catch-up contributions into all of their retirement accounts. Currently, 403(b)s and 401(k)s allow for the investment of an extra \$5,500 per year for someone over age 50 and traditional and Roth IRAs allow for the investment of an extra \$1,000 per year for someone over 50.

Social Security could also represent a significant portion of replacement income during retirement. The Social Security Administration employs a basic formula to determine the size of your annual benefit which considers the highest 35 years of income. If the highest 35 years of income include some low earning years or years without income, Late-Career FPs should consider working as many years as needed to replace those low-income years with high-income years.

The challenges of work, family and life can overwhelm any energy that could be dedicated to planning for the future. Due to the extended professional training of FPs relative to other careers, it is important for FPs to develop financial planning strategies at each stage of their careers. To avoid future austerity measures and build some peace of mind, start planning now.

Author: Drew Coleman, CFA. Drew Coleman is a financial planner and is a registered representative of Lincoln Financial Advisors Corp., a broker/dealer (member SIPC) and registered investment advisor (8755 West Higgins Rd, 2nd Floor Chicago, IL 60631 and 773-693-6100) offering insurance through Lincoln affiliates and other fine companies. This information should not be construed as legal or tax advice. You may want to consult a legal or tax advisor regarding this material as it relates to your personal circumstances. CRN201306-2082232

If you have any questions for the author, he can be contacted at drew.coleman@lfg.com or 773-380-8522.



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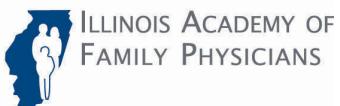
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