

Resolution of Condolence

To the All Member Assembly of the Illinois Academy of Family Physicians

LeBaron Paul Johnson, MD

Introduced by Farion Williams, MD

WHEREAS, The Illinois state of Illinois and the family medicine community suffered a great loss with the death of LeBaron Johnson, M.D., and

WHEREAS, Dr. Johnson, of Rockford, passed away July 19, 2014 at the age of 93, after a distinguished career of devotion to patients, family medicine education and service to the community, and

WHEREAS, Dr. Johnson enlisted in the U.S. Naval Reserve and served an internship at the U.S. Naval Hospital at Mare Island, CA;

WHEREAS, he joined the Lundholm and Green family practice group and later expanded in OB/GYN and added privileges in general surgery.

WHEREAS, He was a charter Fellow of the American Academy of Family Physicians, Illinois State Medical Society, Society of Teachers of Family Medicine, and numerous other medical associations and boards.

WHEREAS, He was Founder and Director of the Family Practice Residency and Emeritus Professor of Family Medicine at the University of Illinois College of Medicine at Rockford. In 1968-1971, he was instrumental in bringing a regional medical school to Rockford, founding the Residency in Family Practice on the Rockford Campus, and was head of the Department of Family and Community Medicine as Professor until retiring as Emeritus Professor of Family and Community Medicine.

WHEREAS, the L.P. Johnson Family Health Center, a comprehensive family medicine teaching facility associated with the University of Illinois College of Medicine was established in his honor.

WHEREAS, Dr. Johnson received the first ever Thomas W. Johnson Award for Career Contributions in Family Medicine award from AAFP, be it

RESOLVED, That the Illinois Academy of Family Physicians and the American Academy of Family Physicians offer our deepest condolences in recognizing Dr. Johnson's immeasurable dedication and service, and be it further

RESOLVED, That a copy of this resolution be forwarded to Dr. Johnson's family as an expression of condolence.

Resolution #1 ADEA Exemption

Submitted by: David Hagan, MD, Gibson City

Whereas, there are over 80,000 practicing physicians over 65 years of age which is 18% of all practicing physicians.

Whereas, dementia has an 8-11% prevalence among individuals over 65 years of age.

Whereas, routine peer review processes and quality assurance programs are not adequate to identify issues prior to patient harm occurring,

Whereas, the Age Discrimination Employment Act (ADEA) prohibits testing of individuals age forty years or older, therefore be it,

Resolved, that the IAFP bring resolution to the AAFP Congress of Delegates 2015 to ask AAFP to work with the appropriate federal policymaking authority to allow credentialing organizations to enact dementia screening programs, thereby creating an exemption to the Age Discrimination Employment Act.

**Resolution #2 – Evaluation of Illinois New Models of Care
Submitted by Margaret Kirkegaard, MD**

WHEREAS IL PA96-1501 (also known as "Medicaid Reform") requires that 50% of Medicaid clients be enrolled in care coordination programs by 2015.

WHEREAS, in Illinois, care coordination will be provided to most Medicaid clients by a variety of "managed care entities," including traditional Managed Care Organizations (MCOs) but also including non-traditional models of care such as Coordinated Care Entities (CCEs) and Accountable Care Entities (ACEs).

WHEREAS, the Medicare-Medicaid Alignment Initiative (MMAI) demonstration project will provide coordinated care to more than 135,000 Medicare-Medicaid enrollees in the Chicagoland area and throughout central Illinois beginning January 2014 by enrolling dual eligible clients into managed care entities.

WHEREAS, the potential benefit of these models of care is unknown and evidence-based research is lacking, be it

RESOLVED:

- 1) IAFP work with other organizations including other professional societies and patient advocacy groups to cause legislation to be introduced requiring an independent, research-quality evaluation of the new models of care being introduced in IL including ACEs, CCEs and MMAI and that sufficient funding is allocated to complete the evaluation.
- 2) The evaluation should be comprehensive and consider such outcomes as:
 - a. Continuity of care
 - b. Consumer satisfaction
 - c. Quality of care
 - d. Utilization of health services
 - e. Cost of care
 - f. Impact on social determinants of health
 - g. Provider participation
 - h. Non-clinical outcomes such as employment and educational attainment
 - i. Adequacy of IDHFS' internal quality assurance processes

Resolution #3 Task Force to Study an Illinois Single-Payer Financed Health Care System Submitted by Alap Shah, MD

WHEREAS, under a government run single-payer health care financing system, all residents of the state are fully insured for all medically necessary services, including: outpatient, hospital, preventive, dental, vision, mental health, and long term care; medications; and durable medical goods; and

WHEREAS, the AAFP strategic objectives include the advancement of health care for all, and increased family physician leadership in health care, and

WHEREAS, current health care financing systems create barriers often making health care unaffordable, inequitable, and fragmented, and

WHEREAS, with the increasing complexity of health care financing, providers are increasingly spending resources on insurance companies' varying billing and documentation requirements, and

WHEREAS, current health care financing systems cause the US to spend 31% of all health care dollars for administrative overhead, compared to the 16.7% spent in Canada¹, and

WHEREAS, with the adoption of a single payer system, Illinois could potentially save \$16.9 billion dollars in health care costs annually², and

WHEREAS, physician dissatisfaction and burnout rates are partially driven by a fragmented health care system with a multitude of disparate payment systems and reimbursement schemes³, and

WHEREAS, multiple state AAFP chapters including Oregon, New York, and New Hampshire support single payer health care on a state and national level⁴, and

WHEREAS, Vermont passed legislation in 2011 to create a "pathway to single payer" starting in 2017, and many other states are considering similar legislation; therefore

BE IT RESOLVED, that the IAFP form an ad hoc task force, comprised of volunteer IAFP members and their colleagues, to study the financial and medical aspects of a state based single payer health care financing system for Illinois, **and survey IAFP members' outlooks on single payer health care**, and provide a report to the 2015 IAFP Annual Meeting, and

BE IT FURTHER RESOLVED, that at the 2015 IAFP Annual Meeting, the IAFP considers an official position to support or oppose an Illinois state based single payer health financing system.

References:

1. Woolhandler S, Campbell T, and Himmelstein DU. (2003) Costs of health care administration in the United States and Canada. *New England Journal of Medicine*, 349(8):768-75.
2. Skala, N. (2008) "Paying for Universal Health Care – and Not Getting It: Administrative Costs in Illinois' Health System and Potential Savings Under a Single-Payer Statewide Insurance Program." *Health Care for All Illinois*.
3. Shanafelt, TD, et al. (2012) Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Archives of Internal Medicine*, 172(18):1377-85.
4. Taken from <http://www.aafp.org/about/governance/congress-delegates/2014/resolutions.html>

**Resolution #4 Prohibiting Sale and Distribution of Raw or
Unpasteurized Milk and Milk Products
Submitted by Rashmi K. Chugh, MD, MPH**

WHEREAS, the American Academy of Family Physicians currently has no policy regarding the sale or distribution of raw milk or milk products, and

WHEREAS, the Centers for Disease Control and Prevention (CDC), the U.S. Food and Drug Administration, the American Medical Association, and the American Veterinary Medical Association all strongly advise against human consumption of raw milk since it may contain a wide variety of harmful bacteria – including *Salmonella*, *E. coli* O157:H7, *Listeria*, *Campylobacter* and *Brucella*--which may cause illness and possibly death,^{1,2,3,4} and

WHEREAS, because of the potential for serious illness, federal law prohibits dairies from distributing raw milk across state lines in final package form (i.e., packaged so that it can be consumed), meaning that raw milk can only be distributed across state lines if it is going to be pasteurized or used to make aged (over 60 days) cheese before being sold to consumers,⁵ and

WHEREAS, each state makes its own laws about selling raw milk within the borders of the state; in about half of states, sale of raw milk directly to consumers is illegal, and in the remaining states, raw milk may be sold directly to consumers,⁵ and

WHEREAS, reports received by CDC from 2007 to 2012 indicate 81% of outbreaks were reported from states where the sale of raw milk was legal in some form; only 19% occurred in states where the sale of raw milk was illegal,⁶ and

WHEREAS, the rate of outbreaks caused by raw or unpasteurized milk and products made from it was 150 times greater than outbreaks linked to pasteurized milk, according to a study reviewing dairy product outbreaks from 1993 to 2006 in all 50 states, published by CDC in February 2012,⁷ and

WHEREAS, among dairy product-associated outbreaks reported to CDC between 1998 and 2011 in which the investigators reported whether the product was pasteurized or raw, 79% were due to raw milk or cheese; from 1998 through 2011, 148 outbreaks due to consumption of raw milk or raw milk products were reported to CDC, which resulted in 2,384 illnesses, 284 hospitalizations, and 2 deaths,⁵ and

WHEREAS, it is important to note that a substantial proportion of the raw milk-associated disease burden falls on children; among the 104 outbreaks from 1998-2011 with information on the patients' ages available, 82% involved at least one person younger than 20 years old,⁵ and

WHEREAS, the American Academy of Pediatrics approves a ban on the sale of raw or unpasteurized milk and milk products throughout the United States,⁸ and

WHEREAS, the number of reported cases determined to be outbreak-related likely represents a small proportion of the actual number of illnesses associated with raw or unpasteurized milk consumption,⁹ and

WHEREAS, human consumption of raw, unpasteurized dairy products cannot be considered safe under any circumstances,⁷ therefore be it

RESOLVED, that the Illinois Academy of Family Physicians support prohibiting the sale and/or distribution of all raw or unpasteurized milk and milk products for end-user human consumption in the United States, by educating physicians, and by promoting implementation and enforcement of regulations by appropriate government agencies.

References

1. www.cdc.gov/features/rawmilk/
2. www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/ucm247991.htm
3. www.ama-assn.org/ad-com/polfind/Hlth-Ethics.pdf (page 144)
4. www.avma.org/KB/Policies/Pages/Raw-Milk.aspx
5. www.cdc.gov/foodsafety/rawmilk/raw-milk-questions-and-answers.html
6. www.cdc.gov/foodsafety/pdfs/raw-milk-letter-to-states-2014-508c.pdf
7. wwwnc.cdc.gov/eid/article/18/3/pdfs/11-1370.pdf
8. <http://pediatrics.aappublications.org/content/early/2013/12/10/peds.2013-3502.full.pdf>
9. wwwnc.cdc.gov/eid/article/20/1/pdfs/12-0920.pdf

Late Resolution of Condolence – Robert Heerens, M.D.
Introduced by: Illinois Delegates Kathleen J. Miller, MD and David J. Hagan, MD

WHEREAS – Robert Heerens, MD was president of the (then) Illinois Academy of General Practitioners in 1958-59 and

WHEREAS – Dr. Heerens was elected to the board of directors of the American Academy of Family Physicians in 1970 and as AAFP Vice President in 1973;

WHEREAS – Robert Heerens was born July 2, 1915, in Evanston, Ill, graduated from Evanston High School as an Eagle Scout, Kalamazoo College in 1938, then graduated from Northwestern Medical School in 1944;

WHEREAS - He served as a physician in the U.S. Navy assigned to the first Marine Division in the Pacific theater;

WHEREAS Robert was a family physician in private practice for 44 years in Rockford, during which time he delivered 3,000 babies;

WHEREAS Dr. Heerens received many awards for his service, and served on the board of directors of many organizations, including President and Board of Directors of the Winnebago County Public Health System, President of the Chamber of Commerce, President of the N.W. Area Agency on Aging, and he was on the initial committee that started the Center for Learning in Retirement 20 years ago;

WHEREAS, Dr. Bob captured his life story and philosophy in his autobiography, *Love and Synchronicity: A Family Physician's Reflections on Life*, 2003,

WHEREAS Dr. Heerens was teaching Tar Wars in local schools and visiting retirement communities with health care education even into his 90s;

WHEREAS Robert E. Heerens, M.D., 99, of Rockford, died Sunday, October 19, 2014, in his home, be it

RESOLVED that the Illinois Academy of Family Physicians offer this resolution of condolence to Dr. Heerens' family and

RESOLVED that the Illinois Chapter submit a Resolution of Condolence to the American Academy of Family Physicians 2015 Congress of Delegates and

RESOLVED that the IAFP contribute to the Robert E. Heerens, M.D. Endowment, University of Illinois College of Medicine at Rockford.