Sixty Years of Caring IAGP – IAFP since 1947

And to think it all began with the end of a war.

In the late 1930s, General Practitioners (GPs) accounted for 80 percent of all doctors--a number that soon began a rapid decline. Too few training programs, a lack of role models in medical schools, long hours coupled with low pay, and the lack of a specialty board prompted the December 1940 issue of Medical Economics to recommend the "formation, within the American Medical Association, of a new, independent organization dedicated exclusively to General Practitioners."

Although the war delayed action, the issue resurfaced when physicians returned to their practices. While in military service, GPs--even those with extensive surgical experience--had noticed they received a lower rank and pay than specialists. Upon returning home in 1945, many GPs found they had lost the surgical privileges they had before the war, and some hospitals denied them admitting privileges as well. The American College of Surgeons (ACS) and the surgical subspecialists were the driving forces behind these changes. According to Malcolm Phelps, American Academy of General Practice (AAGP) president in 1957, "The ACS probably had more to do with the founding of the AAGP than any other factor."

Future of GPs forged

Although a record of who was really the first person to begin the creation of the Academy does not exist, and many states have their own versions—including Illinois--the basic facts remain the same. On the issue, Doctor Nicholas Pisacano, the first executive director of the American Board of Family Practice (ABFP) reminisced, "One person's idea can't make it. Lots of people made major contributions and ideas came spontaneously. Lots of people have said that the Academy started in their living room, but it really started in everybody's living room. It is fascinating to think how all these ideas coalesced at the same time..."

GPs responded en masse, and by December 1945 the first planning meeting for the General Practitioners Association took place in Oakland, California. The group incorporated in June of 1946, one month before the first-ever meeting of the AMA Section on General Practice in San Francisco. This group elected officers that one year later would organize the American Academy of General Practice.

Other GP groups formed

In 1947, Illinois general practitioners, led by George Marchmont-Robinson, M.D., joined GPs from Iowa, Minnesota and Wisconsin in making the American College of Physicians and Surgeons(ACPS) a more "national" organization. The organization's general purpose was"to unite the men who practice medicine in its broadest interpretation in order to perpetuate an organization for the continuance and improvement of service to patients."

The ACPS objectives were:

1. Survival
2. Establish standards of practice
3. Appeal to medical students
4. Decrease costs resulting from over-specialization
5. Avoid state medicine
6. Develop regional chapters
7. Influence medical school teaching
8. Establish GP sections in medical societies and associations
9.Promote hospital facilities for GPs
10. Improve inter-professional relationships
11. Eliminate discrimination
12. Foster certification by a specialty board (this objective was later deleted as being too difficult to accomplish at the time)
13. Establish a national organization

At the AMA convention in Atlantic City in June 1947, ACPS leaders encountered 14 other state general practitioner organizations--all with the same purpose. In meeting with the various organizations, it became clear their voice would be carried the best as one, unified national organization. After much consultation, the American Academy of General Practice was born and Dr. Marchmont-Robinson of Illinois was appointed to the original board of directors. Although chartered in Illinois, AAGP soon relocated to Kansas City, Missouri, after favorable newspaper reports on the work of the group and overtures from that city's chamber of commerce.

Illinois chapter established

George Marchmont-Robinson, M.D. then organized the Illinois Chapter of the American Academy and appointed the original officers and directors who served a year before the Illinois Constitution and By-Laws were ratified at the first meeting in Springfield in 1948. Because of their good work, the original officers and board members were unanimously elected into office. Dr. Marchmont-Robinson was the first president of the Illinois Academy of General Practice and served a two-year term. He was committed to getting the Illinois Chapter off on the right foot, and set out to bring in members from across the state. He personally helped organize 37 Illinois regional chapters and traveled to present them their charter.

Upon leaving the presidency, Dr. Marchmont-Robinson was elected to the board of directors where he served two and one-half years as its chairman. His leadership and steadfast belief in

the abilities of the GP began what is now a 50-year history of organized family practitioners.

One thing that rings clear in the history of family practice is the more things change, the more they remain the same. Issues echo generation after generation with the family physician's call to arms "the care of the patient" superseding all else. Whether it has been the fight for hospital privileges, educational requirements, legislating medicine, cancer detection programs or campaigns for immunizations family physicians have always been in the lead protecting the welfare of the patient before all others.

Issues faced over the years: 40s and 50s time of call to action and organization
The issues of the day, beyond setting up the Academy and moving ahead, were fee splitting, hospital privileges, compulsory health insurance, encouraging members to meet the educational requirements set up by the Academy, recruiting new members, heading up chapter activity and working with the AMA and Illinois State Medical Society (ISMS). The Academy also fought for special emergency parking privileges for physicians.
In 1951 the first central headquarters office was set-up under the direction of Harry Marchmont Robinson, M.D., with Miss June Rose as secretary at14 East Jackson Boulevard, Chicago. While the Academy would take on additional space in the building, they would not move to a new address until 1977.

In May of 1951, the first issue of "The Family Physician" was mailed. In 1957-58, family physicians joined together to protest the United Mine Workers Welfare and Retirement Fund Directive which completely left out general practitioners services for payment. In February 1958, Dr. A.I. Doktorsky, of Illinois, brought a resolution to the AAFP Congress to create a board for family physicians. The issue was vigorously debated, but not passed for many years down the road.

One of the first programs developed by IAGP was the "Medicine for Today" program held at medical school and hospital sites around the state. First held in 1949, this educational program has proved one of the most successful CME programs ever and ran until the year 2005. The Illinois MFT program was used as a prototype for programs across the country.
Another unique gathering was the “Deans Dinners” held every year, allowing medical school deans, MFT registrars and IAGP leadership an opportunity to get together and discuss issues. These dinners continued into the 1970s.

60s a decade of camaraderie and change
1960 sparked the beginning of the Academy's scientific exhibits, allowing family physicians to come to the annual meeting and witness first-hand new scientific medical breakthroughs. The 60s also brought forward issues such as keeping patients alive by using seat belts, a "Medical Self-help Training Program" designed to provide laymen rudimentary but effective knowledge of how to care for their health needs in the event of a nuclear attack, statewide preceptorships, and the importance of family physician involvement in writing letters and making phone calls on legislation. In order for the chapters to have more effective communications with the state organization the Illinois Academy Regional Chapter Officers Conference was established in June 1961. Medicare becomes the law of the land in 1966.

GP voices were heard loud and clear in support for and demanding undergraduate training for general practice. John C. Smith, M.D., IAGP immediate past president in 1960 wrote in The Family Physician,"...teaching by specialists in various departments of medical schools has bent the training toward specialization. No longer does a medical student graduate fully appreciate the unity of a person. He has been taught only each part independently. As a result, he fears being a family physician."

In December of 1961, during his keynote address to the 14th Assembly, Norman Frank, M.D., IAFP president, called attention to the fact "there are relatively fewer physicians entering general practice than at any time in this nation's history."He proposed the cure was to establish minimum, basic hospital privileges for the GP and call upon medical schools to fulfill their responsibility of training physicians to meet the nation's needs. This problem continued through the years, until legislation was called for in the 1990s to produce more family physicians and less sub-specialists.

On April 12, 1965 the national Academy approved the establishment of a certifying board, later to become the American Board of Family Practice.
Feb. 9, 1969—New specialty of family practice is officially recognized as the 20th primary specialty when the Advisory Board for Medical Specialties and Council on Medical Education of the AMA approved certifying board in family practice.

The first family practice residency program in Illinois was approved in December of 1969 at MacNeal Memorial Hospital in Berwyn, with Kenneth Kessel, M.D. as the residency director. Dr. Kessel later was honored as IAFP's first Family Practice Teacher of the Year.

70s a decade of education and training

1970 marked the inauguration of general/family practice training programs at University of Illinois, Loyola, Chicago Medical School and soon Southern Illinois University. Plans were also underway for Family Practice residencies in Rockford, Peoria and Springfield. In 1974, IAFP presented a resolution urging AAFP to encourage Uniformed Services School of Health Care Sciences to establish free-standing department of family practice, which they later did. By 1975 there were 17 approved residency programs in Illinois with six more underdevelopment.

"One of the most difficult problems was recruiting and establishing a faculty to teach the neophytes," says Lawrence Hirsch, M.D., IAFP president 1976-77."Although there were many excellent family doctors throughout the state, the fiscal implications of leaving one's practice for an uncertain future was a formidable obstacle. In addition, teaching is truly an art and a science in itself. The board of directors authorized a luncheon at the Annual Meeting for those in the field of teaching family medicine, so as to coordinate efforts for the new specialty."

The Academy was also concerned about a fee-splitting bill that passed in mid-1971, non-emergent cases entering the emergency room, membership for osteopath physicians, supporting IMPAC (Illinois Medical Political Action Committee) and carefully considering options toward PSROs (Professional Standards Review Organizations).

1976 marked the beginning of Student Family Practice Forums to interest more students in the specialty. In the fall of 1978, two residents Chuck Colodny, M.D. and Paul Nord, M.D. got together to create an organized student and resident group. "We felt getting students and residents involved was important for the future of family practice," explains Dr. Colodny. "We sent delegates to the national conference every year, actively participated on committees and voiced concerns and ideas at the Congress. Much of the leadership we have now came out of that early organization. Keeping the younger people involved is imperative to keeping our organization growing and active."

The late 1970s brought about concern for the lack of progress at some medical schools for creating a department of family practice, gas rationing, students and residents represented on

committees, and the appropriate role of physician extenders. In 1979, a resolution from Illinois called for the AAFP to work to have the Department of Energy amend emergency fuel allocation plans so physicians could receive allotments during severe fuel shortages.

80s a decade of re-structuring organization

Entering the 1980s, the overall average of Illinois medical school graduates entering family practice was 10.6 percent, where their goal was 25 percent. Work slowly began to improve these numbers and continued well into the 1990s. The end of an era came about in 1983 with the retirements of June Rose Marchmont-Robinson, and Harry Marchmont-Robinson, M.D.

The mid-80s brought about wide-reaching organizational changes in the Academy, beginning with an Ad Hoc Committee created to suggest and help implement changes. The committee members were Lawrence L. Hirsch, M.D.(chairman), and Drs. Delbert Harris, Carolyn C. Lopez, William Tortoriello, and Eugene L. Vickery. Overall the committee submitted 41 recommendations (they can be found in Mar/Apr. 1984 issue of The Family Physician). A few things proposed included dramatically reducing committees and commissions by replacing them with three commissions: Public/Governmental Policy, Education, and Internal Affairs; study the Regional Chapter structure and function; MFT program cover not only what is new, but also help prepare members for ABFP recertification; pay attention to needs of younger members and their children when planning meetings, change timing of meetings and appointments.

The 1980s also brought about many "firsts" for the IAFP including: the creation of the office of Vice-Speaker; the first osteopathic physician, Lawrence Plummer, D.O., was sworn-in as IAFP president; followed a few years later by William Hulesch, M.D., the first residency-trained physician to become president of IAFP; 1984 marked the beginning of the Family Physician of the Year award with Norman Frank, M.D. as the first recipient; and for the first time, residents and students were allowed representation on the Board, but could not vote. By the early 1990s they had won the right to vote as well.

In 1985 the AAFP Congress decided residency training would be required for all new active members beginning in 1989. Much discussion ensued over the years--and continues--that this created a "double-humped" membership curve in the Academy between the GPs and the FPs.

"There were a lot of tumultuous changes occurring simultaneously throughout the 1980s,"explains William Hulesch, M.D., IAFP president 1986-1987."The‘double humped camel’ was continually referred to as the Academy leadership began changing with new leadership coming in at a much more rapid pace. There was a very conscious decision to not have a few physicians retain power through the years, but rather to move aside and let others come up through the ranks. It was a new way for the Academy to work, but with all the other changes ensuing, it seemed like the right time."

Smoking became the health issue of the decade while federal funding of family practice graduate medical education and opposition to dual-residencies (FP/IM) were the issues of the day. In 1987 the Academy developed the Teacher of the Year Award and was saddened by the death of June Rose Marchmont-Robinson.

The late 80s brought about more change in Academy staff, and for awhile the IAFP past president William Hulesch, M.D. took over some staff supervisory duties. 1988 brought about the first logo for the IAFP (before the Academy simply used the AAFP logo) and a new look to *The Family Physician*, and in 1989 the Academy moved to its Schaumburg location on Woodfield Drive—later called Perimeter Drive. The logo, newspaper, move and new staff drove the Academy into a new decade of growth and ambition.

90s a decade of re-structuring medicine

The fifth decade of organized family practice began with a five-year decline(1988-92) in the number of Illinois medical students choosing the specialty. Like the challenge of building family practice residencies in the 1970s, building the presence of family practice at medical schools was a prime thrust in the 1990s. In 1990, only four of Illinois' eight medical schools had departments of family practice; by the year 2000, all eight did. In 1989, only four percent of Illinois medical students were student members of IAFP. By the end of the 90s, 33 percent of Illinois medical students belonged. The development of strong family medicine interest groups on each medical school campus and the Foundation's successful summer externship program are part of the story.

The summer externship program, started with two students in 1990, and peaked with a high of 84 students in 1996. The years following saw fewer placed the program, due to financial limitations of reduced state funding, not student interest. Medical students in the externship program spend four weeks between their first and second year of medical school with a family physician to learn what family physicians do each day, as well as what they do in their free time and within their communities. More than 300 students participated in the program during the 90s, with the number growing to well over 700 by 2007.

The externship continued to be popular with medical students and hosts about 45-50 students each year. Growth in student interest meant a growth in the number of residency training programs and a 50 percent increase in the number of family practice residents. However, the State of Illinois ended funding entirely, and the Summer Externship Program ended in 2010. Unfortunately, the numbers in the late 90s through the mid-2000s showed a decline in student interest and a loss of family medicine residencies, as well as fewer residency slots in the

programs that remained. IAFP's goal in the 2000s was to increase interest in family medicine again and educate the public on the importance of the specialty in caring for all of Illinois.

First woman elected president of IAFP

The final decade of the 20thcentury brought the first woman family physician elected president of the IAFP. Carolyn Lopez, M.D., of Chicago, was elected as the 1992-93 president. She said, "I am proud to be the first, but I am counting on not being the last. The number of women in medicine I had as role models could be counted on one hand and have fingers left over--but I never let that stop me. While there were times it wasn't easy, I must commend my male colleagues because although there wasn't precedent, and there certainly had been a "good ol' boys" network in the past, my male peers did nothing but support and encourage me.

"I never felt resentment or intimations from colleagues that I didn't belong there, which is very different from how women I knew in other fields felt--and still do. Yes, I have broken through many proverbial glass ceilings, but I have been blessed with the help of my male colleagues to do it. If I had one thing to leave you with--male or female--above all, celebrate the diversity that has become our Academy. Because in that diversity is tremendous strength and that will keep us going for another fifty years."

It seems Dr. Lopez will not be disappointed as the number of women in family practice has skyrocketed over the years, and women now make up nearly 50 percent of Illinois family practice residents. There have been eight more women family physician IAFP presidents since Dr. Lopez broke the gender barrier.

Government relations becomes key

The focus on the family physician shortage in Illinois spurred the development of an organized government relations effort by the Academy, which focused on patient advocacy.

IAFP began its government relations program in 1991 with the hiring of Cook-Witter, Inc., IAFP's contract lobbyists, as well as using staff time to work on state government issues. In 1997, the IAFP expanded its advocacy power by hiring a Vice President of Government Relations to promote the family physicians' philosophy among government agencies and the Illinois General Assembly.

"I believe getting directly involved in the legislative process in Springfield opened more doors for us than any previous effort," says Steven Wilk, M.D., IAFP past president (1999-200)."I am a firm believer that much of the energy to keep the Academy moving forward and making bold changes are directly due to the staff IAFP has had for nearly two decades."

The combination of lobbyist representation and directed staff has been instrumental in many legislative, regulatory and advocacy successes.

The following is a brief review:
• IAFP has developed fact sheets, press releases, policy statements, and testimony for Illinois' legislators, leaders, and constitutional officers on healthcare issues.
• Our volunteer leaders and staff have met with these individuals to convey the concerns of family medicine in managed care, professional liability, public health, Medicaid and Medicare expansion and reimbursement, violence prevention, immunizations, and scope of practice.
• Our Academy endorsed an Office of Women's Health and its unveiling with then-First Lady of Illinois Brenda Edgar.
• As IAFP's presence in advocacy grew alongside our reputation for representing our members and patients alike, we were asked to join the healthcare transition teams for both Governors Ryan and Blagojevich.
Several key opportunities to serve on statewide coalitions furthered IAFP's prominence. Among them: The Safe Illinois Collaboration, targeting intimate partner violence; the Illinois Coalition Against Tobacco, whose ultimate goal was achieved with the passage of a smoke-free Illinois law; The Medicaid Leadership Group, advocating for continued federal funding of the Medicaid program and increased Illinois' financing mechanisms for provider reimbursement; and finally, the Health Care Justice Campaign, promoting a universal access platform for Illinois.

As more members became active in government relations, IAFP established its Spring into Action meeting in 2003, followed by an annual visit to Capitol Hill with IAFP volunteer leaders in 2004.
Since then, family physicians in Illinois have acquired statewide and national acumen on healthcare issues impacting their practices and patients. In turn, IAFP has captured their resolve and sponsored electronic health records legislation, supported KidCare and FamilyCare expansion, fought for Summer Externship and Family Practice Residency funds from the state, requested improved payment cycles and reimbursement, demanded relief with tort reform, and campaigned to end smoking in all public places in Illinois.

IAFP's accomplishments have been recognized by the American Academy of Family Physicians with their first annual Leadership in State Governmental Advocacy Award in 2006 for our Medicaid Initiative.
The overarching issue of the 1990s was the restructuring of medical care through the growth of managed care and attempts at federal and state healthcare reform.
The attempt by U.S. President Bill Clinton and Hillary Rodham Clinton in 1993 and 1994 to institute national health reform put family practice at the center of federal politics. The failure of federal attempts at reform was eclipsed by the speed at which the healthcare marketplace was being transformed by managed care. The effects of the transformation were mainly state-focused and were evident in every aspect of the Academy's programs and services.

The Academy board decided to be proactive, assisting members in dealing with the transformation through new conferences, CME offerings and feature articles in *Family Physician* , which showed how some family physicians were adapting to the changes. Managed care continued evolving and family practice worked to shape the future for the benefit of patients. Changes in the organization of practice saw a decline in the number of Illinois family physicians in solo practice and an increase in those in groups and those entering the corporate side of medicine. Layer in the technological advances and computerization of medical offices and the changes are dizzying at times.
The Academy set a course for family practice to be a leader in the primary care world through collaborative and cooperative relationships with those who wanted to shape the future of primary care. A typical Academy meeting of the late 1990s included not only family physicians, but all the players in the delivery of primary care.

Awaiting the Millennium: the year 2000 promises more change
The buzz of the late 1990s and early 2000s included Y2K, managed care, tort reform, evidenced-based CME, coalitions, electronic health records, Medicare Part D, flu vaccine shortages, quality initiatives, universal health care, and more. The constant barrage of change was difficult to stay in front of—and it seemed like more was always on the way.

In 1997, IAFP formed the Family Practice Education Network (FPEN©) as a mechanism to publish and distribute accredited CME products and services to clinical primary medical care providers across the United States. Challenges confronting the practice of clinical primary medical care led the federal government, industry, and providers of CME to enact numerous changes in the way CME is funded, produced, and distributed in this country. FPEN© answered those changes by designing CME products and services that:
• Describe and discuss clinical issues to improve or change knowledge;
• Teach the use of clinical tools to change practice behavior; and,
• Offer methods to evaluate practice changes that satisfy CME requirements, medical specialty board re-certifications, health plan audits, and coding.

A casualty of these new CME rules was IAFP's *Medicine for Today* program, which folded in 2005 after providing CME to members for over 50 years. Just the year before, IAFP earned ACCME accreditation and was approved for reaccreditation in 2006. IAFP's new CME programming was launched and enduring materials were created as IAFP education modules became a brand.

IAFP became involved in Tar Wars in 1998. This new program, aimed at keeping4thand 5thgraders from using tobacco products, was quite successful with over 240 volunteer presenters and 160 schools in its first year. By 2001, IAFP had teamed with the Illinois Department of Public Health and sixteen local health departments to present the program to schools. Each of these departments received funds from the state tobacco settlement fund to spend on tobacco prevention during fiscal year 2001. Unfortunately, the tobacco prevention programming lost most of its funding after 2001, leaving health departments struggling and the rest of the health care community completely cut out. As a result, the Tar Wars program has had to continually seek funding elsewhere. The Tar Wars program is ongoing reaching over 250 schools. In the past 10 years, IAFP has reached over 150,000 school children with this tobacco-free message.

In order to keep up with changing technology and provide members the outlets they need for participating in IAFP, the 1999 Illinois AFP Congress of Delegates voted to dissolve itself in favor of an All-Member Congress. Each year small changes were made to improve how the business of the Congress runs, culminating in the mid-2000s with a new All-Member Meeting. As part of the Congress changes, IAFP local chapters were also eliminated and replaced with a system where 10 members could get together form an interest group—whether around a certain area or a certain topic they all felt important. The goal of these changes was to make it easier for any member to participate and contribute their ideas—whether in person or via e-mail, voicemail or “snail mail” (through the post office). There was no stopping a person from participating—regardless of where they might be located or what they might be doing.

Year 2000+

The first challenge to transitioning from the 20th to the 21st century was the concern across the world that many computers would fail at 12:00 a.m. on Jan. 1, 2000. No one was sure what would happen to the entire electronic infrastructure dependent on computer operations when the year change was realized. Would computers recognize 2000 or would the change shut down operations around the globe? It could affect every aspect of life as people knew it. The world held its breath for Y2K, as the year 2000 was referred. Luckily, the world survived unscathed as Y2K arrived.

The years between 2000 and 2007 were up and down for family medicine. Carolyn Lopez, M.D. was elected to the position of AAFP Vice Speaker in 2000. Dr. Lopez was the first Illinois AFP member in 25 years to serve on the AAFP board of directors and was the first woman to hold the position of Vice Speaker on the national level. By 2002, Dr. Lopez had been elected Speaker of the AAFP Congress of Delegates. Unfortunately, in 2004 she lost her bid to become

president of the AAFP.

IAFP was honored in 2001 with the Award of Excellence by the American Society of Association Executives “Associations Advance America” program for involvement in the development of the Gilead Center, a non-profit referral center in the Chicago area which helps uninsured persons qualify for health insurance.

Reimbursement issues were on the front burner as payment cycles became longer and longer while more and more patients relied on state aid. While by no means is the issue solved, legislation passed in favor of physicians to receive more timely payments. Work continued on receiving higher payments for Medicaid patients. Increasing costs and declining reimbursements forced family physicians to work harder for the same amount of money or simply take home less pay. Meanwhile, malpractice insurance premiums were rising astronomically, crippling every physician’s budget. Many family physicians reduced their scope of practice in order to reduce their “risk” and hopefully their premiums. This reduction of scope was not only in certain procedures, but in hospital care. Many FPs relinquished their hospital privileges and counted on “hospitalists” to care for their hospitalized patients.

Practice no longer

Another name change occurred in the mid-2000s when “Family Practice” became “Family Medicine” and its doctors are physicians, not practitioners. This was one of the first changes to come about through the Future of Family Medicine (FFM) project, sponsored by AAFP along with six other organizations. FFM was a two-year study, begun in 2002, to produce recommendations which would transform and renew family medicine. The project was released in 2004 after much research and study. It presented a new vision for patient-centered care, based on the concept of a Personal Medical Home.

The FFM Project included 10 recommendations to provide a framework to guide innovation in three key areas: clinical practice, medical education and the U.S. health care system. They included:

- New Model of family medicine
- Electronic health records
- Family medicine education
- Lifelong learning
- Enhancing the science of family medicine
- Quality of care
- Role of family medicine in academic health centers
- Promoting a sufficient family medicine workforce

• Communications
• Leadership and advocacy

The mid-2000s also saw a flu vaccine shortage and distribution problem, which overwhelmed the state—and the country. Communication between physicians, pharmaceutical companies, legislators and the media helped to get the message across that physicians must have enough flu vaccine for their most at-risk patients before the general public started getting flu shots at the big box store.

Medicare Part D became a reality in 2005, adding another layer of work for already overtaxed family physicians. Assisting senior patients with every detail, from how to sign up, which plan to choose, and answering questions took precious time during appointments as well as many phone calls to their offices.

Possibly the biggest news of the decade was that tort reform was signed into Illinois law in August of 2005. Southern Illinois family physicians can take significant credit for organizing the successful lobbying effort, getting their Democrat legislators to cross party lines on the issue. A near immediate effect of the law's enactment was improved recruiting of family physicians to Metro East (the Illinois suburbs of St. Louis). One critical provision in the law was the non-economic damages cap of $500,000 for physicians.
"The IAFP has made huge strides over the past several years in making Illinois a better place to practice family medicine—as well as a safe, friendly and cost-effective environment for patients," says Steven Knight, M.D., 2007 IAFP president. "Our Academy has kept its principles from when we started 60 years ago and has improved upon them as the marketplace has changed. While many things have changed in medicine over the years, the basic covenant of caring for our patients is the credo we continue to live by."
The liability law was struck down by the Illinois Supreme Court.

Another legislative breakthrough came in 2007, when Smoke-Free Illinois was passed in Springfield after a 20-year battle. Smoking would no longer be allowed in public buildings including offices, restaurants and bars throughout Illinois.

Your Academy in Lisle
IAFP transitioned from tenant to building owner in 2003, as the Academy purchased the building

it had been renting for seven years on Main Street in downtown Lisle. IAFP encountered their first “ownership hassle” in 2004 when mold was found in the office building. Staff continued the Academy’s work from their homes, functioning through e-mail and instant messaging, and kept the Academy on target.
In 2007, IAFP remodeled the front of its building and reconfigured some of the interior space to keep the Academy fresh and staff able to work comfortably and efficiently for members.

The Illinois Academy of Family Physicians would like to thank the 50th Anniversary Committee comprised of Drs. William Hulesch, chair; Robert Heerens; Boyd McCracken; Lawrence Hirsch; Lawrence Plummer; and Christi Holz Emerson, IAFP communications consultant. A special thank-you is extended to the Minnesota Academy of Family Physicians for sharing their commemorative history with the IAFP.
The update of material to IAFP’s 60th Anniversary was written by Christi Holz Emerson, IAFP vice president of communications, and Ginnie Flynn, IAFP director of public relations. It was reviewed by IAFP past presidents Carolyn Lopez, M.D., Christine Petty, M.D. and Steven Wilk, M.D.

**You can continue the story with IAFP's last ten years, 2007-2017 here **