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ccpa news

FALL – WINTER 2017

Letter from CCPA/CCPAPP's Executive Director Kena Norris, MJ, FACHE

An evolution has no endpoint as the change is both constant and gradual. And much like an evolution, Children's Community Physicians Association (CCPA) continues to adjust, progress, readjust, and grow. CCPA members will now have an individual login and password, as opposed to sharing a practice login, for the Member's Portal of the CCPA website. This will allow all members to easily access CCPA's member benefits, including American Academy of Pediatrics' (AAP) Pediatric Care Online. Several members have expressed how useful *Red Book Online*, *Pediatric Patient Education*, and *AAP Textbook of Pediatric Care* are to their clinical practice so we wanted to make sure that everyone had access. We also added the recently published *Bright Futures—4th Edition* as the newest CCPA member benefit, which now can be accessed via our Member's Portal.

Moreover, as many of you are already aware, CCPA Purchasing Partners (CCPAPP) is the main revenue stream for CCPA and its activities. Subsequently, any growth with CCPAPP will benefit both organizations and its members. Therefore, I am thrilled to report that CCPAPP was able to successfully restructure from a limited partnership into a limited liability company! After eighteen months of planning and executing this organizational conversion, CCPAPP can now offer administrative awards (aka patronage dividends) to member practices in any state across the U.S. This will have an impact on CCPAPP's long-term viability by allowing us to more readily recruit new members outside of the Midwest and thereby compete with group purchasing organizations nationally. The above changes, as well as others to come, will be ongoing as we continuously evolve to meet the needs of our members.

Association Updates

Staff Update

We are pleased to announce the two newest additions to our staff, Joy Love and Melissa Romey!

Joy Love will be supporting both CCPA and CCPA Purchasing Partners as the Sr. Administrative Assistant. Prior to joining CCPA/PP, Joy served as an administrative assistant at Hatcher Station Health Center in Dallas so she has experience working in a clinical practice, which will be helpful in her new role. Joy can be reached at **312.227.7442** or jolove@luriechildrens.org.

Melissa Romey is the new Members Relations Specialist for CCPA Purchasing Partners. Melissa recently served in Lurie Children's Department of Urology as the Family Services Coordinator so she has experience working with pediatric providers, which will help her to better serve our members. Melissa can be reached at **312.227.7508** or mromey@luriechildrens.org.

New CCPA Member Benefit

Please be sure to check out the following resource: American Academy of Pediatrics' *Bright Futures—4th Edition*, which is now free to CCPA members and can be accessed via the CCPA website at www.ccpaipa.org in the Members' Portal section.

CCPA Purchasing Partners Annual Seminar

Register Today! *Time for a Checkup: Improving the Business Health of Your Practice* is set for Thursday, November 16, 2017. The seminar will be held at Café la Cave located at 2777 Mannheim Rd in Des Plaines, IL. This event has CME approval for **5.5 credits in Category 1**. For more information, please contact Priya Stemler, CCPAPP Director of Operations, at **312.227.7437** or pstemler@luriechildrens.org.

CCPA News

CCPA News has expanded its content to cover pertinent healthcare law, practice management, and other related issues using experts in these areas. If there is a legal, regulatory or practice management matter that you would like us to address in the newsletter, please contact Kena Norris, CCPA/CCPAPP Executive Director, at **312.227.7406** or knorris@luriechildrens.org.



In the Spotlight

Did you know that CCPA has several members who are pediatric specialists? This section will provide a rotating spotlight on CCPA's subspecialists.

Firuz Aliyeva, MD

Child and Family Psychiatric Center, LLC
1893 Sheridan Road, Suite 217
Highland Park, IL 60035
847.443.0006

Dr. Firuz Aliyeva graduated from Azerbaijan State Medical University in 1994. She then completed her residency in psychiatry at the Rosalind Franklin University of Medicine and Science, Chicago Medical School in 2011, followed by Ann & Robert H. Lurie Children's Hospital of Chicago to complete the child and adolescent psychiatry fellowship in 2013. She is certified by the American Board of Psychiatry and Neurology in General Psychiatry and Child and Adolescent Psychiatry. Dr. Aliyeva's special interests include working with children who suffer from ADHD, depression, anxiety, mood disorders, and autism spectrum disorders.

Anna Ivanenko, MD, PhD

Child Psychiatric Services, Ltd
495 Central Avenue, Suite 203
Northfield, IL 60093
847.251.1046

Dr. Anna Ivanenko specializes in child and adolescent psychiatry, as well as sleep medicine. Dr. Ivanenko graduated from St. Petersburg Medical University in 1983. She is certified by the American Board of Psychiatry and Neurology in General Psychiatry, Child and Adolescent Psychiatry and Sleep Medicine. Dr. Ivanenko is a professor of clinical psychiatry and behavioral sciences at the Feinberg School of Medicine, Northwestern University, Division of Child and Adolescent Psychiatry, Ann & Robert H. Lurie Children's Hospital of Chicago. Her special clinical interests include pediatric ADHD, mood and anxiety disorders, autism spectrum disorders, along with pediatric sleep disorders. Her academic interests concentrate on the interface between sleep disturbances and behavioral and emotional disorders in children and adolescents.



Seven Things You Should Know About Adolescent Consent and Privacy Rights

By Julie E. Treumann, Esq,
de jure de facto, p.c.

Pediatricians know that adolescent patients present challenges of independence that just are not on the radar with younger patients and their parents. As tweens and teens mature physically and emotionally, they need to become their own selves, apart from their parents or guardians. In the doctor's office, this might mean coming for visits on their own, being responsible for their own health and safety, asking uncomfortable questions, or revealing quite personal information. In understanding your adolescent patients' consent and privacy rights under Illinois law, you have the opportunity to nurture your patients as they navigate the push-pull period between childhood and adulthood. Like, in adolescent vernacular, for *realz*.

1. Adolescents can consent to primary care services.

Generally, Illinois law requires that minors have the consent of a parent or guardian in order to seek medical treatment.

However, the law recognizes that there are some vulnerable adolescents who cannot count on parents or guardians to consent to medical treatment on their behalf. Under the Illinois Consent by Minors to Medical Procedures Act, a minor seeking care who is at least fourteen years old, who is living separate and apart from his or her parents or legal guardian, has the same powers and obligations as an adult when the health care professional reasonably believes that the minor seeking care understands the benefits and risks of any proposed primary care or services. There is a referral requirement of sorts — the minor seeking care must be identified in writing as a "minor seeking care" by an adult relative, a representative of a homeless service agency, an Illinois-

licensed attorney, a public school homeless liaison or school social worker, a social service agency providing services to at-risk, homeless or runaway youth, or a representative of a religious organization.

In addition, Illinois law provides several important exceptions to parental consent, and provides corresponding rights to privacy and confidentiality, in areas where an adolescent is most likely to feel vulnerable (and not necessarily want to include a parent or guardian in decision-making), such as mental health, substance abuse, birth control and reproduction, sexually transmitted disease, and sexual assault.

2. Adolescents twelve years old and older can consent to counseling and psychotherapy.

In Illinois, any minor twelve years of age or older may request and receive counseling services or psychotherapy on an outpatient basis, without the consent of a parent, guardian or person *in loco parentis*, and the minor's parent, guardian or person *in loco parentis* cannot be informed of such counseling or psychotherapy without the consent of the minor. The minor's parent, guardian or person *in loco parentis* is not liable for the costs of such outpatient counseling or psychotherapy.¹

Practice Scenario: In practice, this means that you should consider having some time with an adolescent patient in which a parent or guardian is not present, in order to evaluate whether there is any counseling you could provide that the patient does not want his or her parents to know about. You may need to be upfront with patients and parents that this is an important aspect of an adolescent's health and one that is subject to patient-physician confidentiality.

3. Adolescents twelve years old and older can consent to receive drug and alcohol counseling.

Under the Illinois Consent by Minors to Medical Procedures Act, a minor twelve years of age or older who

is determined to be an addict, an alcoholic or intoxicated, or who may have a family member who abuses drugs or alcohol, may give consent to the furnishing of medical care or counseling related to the diagnosis or treatment of the disease. The consent of the parent, parents, or legal guardian of a minor is not necessary to authorize medical care or counseling related to the diagnosis or treatment of drug use or alcohol consumption by the minor, or the effects on the minor of drug or alcohol abuse by a member of the minor's family.

Illinois law provides several important exceptions to parental consent, and provides corresponding rights to privacy and confidentiality, in areas where an adolescent is most likely to feel vulnerable.

Family involvement in the minor's treatment for drug or alcohol use, or the counseling of a minor for drug or alcohol use by the family member of a minor, requires the minor's consent. If such consent is given, the physician should make reasonable efforts to involve the family of the minor in his or her treatment, if the physician believes that the involvement of the family will not be detrimental to the progress and care of the minor. The law further requires that reasonable effort also be extended to assist the minor in accepting the involvement of his or her family in the care and treatment being given.

Practice Scenario: In your "alone time" with an adolescent patient, consider opening a conversation about drug and alcohol use, making the patient feel comfortable that he or she can trust you with confidential information.

4. Adolescents under eighteen years old can consent to receive birth control services and information.

¹ Illinois Mental Health and Developmental Disabilities Code 405 ILCS 5/3-501

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Doctors are permitted, under the Illinois Birth Control Services to Minors Act, to render birth control services and information to any minor who is married, pregnant or a parent; to whom the failure to provide such services would create a serious health hazard; or who is referred for such services by a physician, clergyman or a Planned Parenthood agency.²

Practice Scenario: You can provide confidential birth control services and information to patients who you consider to be at risk for unintended pregnancy.

5. Adolescents twelve years old and older can consent to treatment for sexually transmitted disease.

The Illinois Consent by Minors to Medical Procedures Act also allows a minor twelve years of age or older, who may have come into contact with any sexually transmitted disease, to give consent to the furnishing of medical care or counseling related to the diagnosis or treatment of the disease. The consent of the parent, parents, or legal guardian of a minor shall not be necessary to authorize medical care or counseling related to the diagnosis or treatment of sexually transmitted disease.

If a minor has a positive HIV test result, the physician is required to make a reasonable effort to notify the minor's parent or guardian, but only if, in the physician's professional judgment, notification would be in the best interest of the minor and the physician has first sought unsuccessfully to persuade the minor to notify the parent or guardian, or the provider has reason to believe that the minor has not made the notification. However, the law specifically provides that there is no duty or obligation on the part of the physician to notify the minor's parent or guardian.

Practice Scenario: For sexually active adolescents, permission of a parent or guardian is not required for



information, testing and counseling about sexually transmitted disease. Consider making this topic one that the patient feels able to freely and confidentially discuss with you.

6. Adolescents under eighteen years old can consent to treatment for sexual assault.

If a minor is the victim of a predatory criminal sexual assault of a child, aggravated criminal sexual assault, criminal sexual assault, aggravated criminal sexual abuse or criminal sexual abuse, the consent of the minor's parent or legal guardian need not be obtained to authorize a physician, advanced practice nurse, physician assistant, or other medical personnel to furnish medical care or counseling related to the diagnosis or treatment of any disease or injury arising from such offense. The minor may consent to such counseling, diagnosis or treatment as if the minor has reached his or her age of majority (the legally fixed age of adulthood).³

Practice Scenario: If an adolescent patient requests treatment or counseling related to sexual assault, and asks that you keep it confidential, you are required to maintain that confidentiality, except for mandatory reporting requirements.

7. Knowing the law can help you treat and engage adolescent patients in their comfort zone.

² Illinois Birth Control Services to Minors Act 325 ILCS 10/1

³ Illinois Consent by Minors to Medical Procedures Act, 410 ILCS 210/3(b)

Knowing what rights your adolescent patients have can be a valuable tool in the doctor-patient relationship. By engaging adolescents in their own care and keeping their confidences, you can be one of the most influential people in an adolescent's life.

Practice Scenario: Adolescents navigate their world in ways that adult patients do not. Consider using technology and social media to engage patients rather than paper handouts or brochures. If you have a practice blog, consider a "teen portal" with links to articles that may specifically interest them on topics such as sports, nutrition, dating, dealing with school stress, alcohol and drug use, tattoo safety, or social media and internet safety. You can do the same general dissemination of information on Twitter or Facebook, where the teen "follows" you – not you "following" or "friending" the teen.

To communicate confidentially with adolescents, consider a HIPAA-compliant email system or other confidential platform such as through an EMR. This could be used for questions that an adolescent may be uncomfortable asking face-to-face, either to prepare for an office visit, or whenever something comes up.

Teach adolescent patients how to use their phones to set up medication reminders. Suggest YouTube videos addressing potentially embarrassing subjects so that they can watch on their own time.

In gaining the trust and confidence of an adolescent patient, you actually have the law on your side. Adding technology and other tools can only serve to make you, in their words, the *goat* (greatest of all time).

Links to Additional Information:

www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Aug-04-Confidential_Health_Care_for_Adolescents.pdf

www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Confidentiality_Laws.pdf

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REGISTRATION IS OPEN!

CCPA Purchasing Partners, LLC in Conjunction with
The Chicago Medical Society presents:

Time for a Check-Up:

Improving the Business Health of Your Practice



Thursday, November 16, 2017 (7:30 am to 4:00 pm CST)
Café la Cave
2777 Mannheim Road
Des Plaines, IL 60018

Please join us for our annual practice management seminar on November 16, 2017!

Who Should Attend:

Physicians with administrative and/or management responsibilities for their practice should attend to learn strategies for better managing the practice. Practice managers, administrators, and staff are also encouraged to attend so that they may work with their physician(s) to implement these changes.

Registration:

Register online today at ccpapp.org/2017-time-for-a-check-up for this year's check-up! All members of CCPA Purchasing Partners (CCPAPP) may register at the \$70 discounted rate. An additional discounted rate of \$50 per member is given for groups of 3 or more from the same practice. *Please contact CCPAPP for the promotional code prior to registering groups online.* For questions or to register by phone, please call 312.227.7437. For a schedule of the event, please visit our website.

Desired Learning Outcomes:

- Successfully engage and apply billing processes that include electronic statements and payment options
- Build patient satisfaction actions into each step of the encounter to achieve a positive experience for your patient
- Identify recent laws affecting the practice of medicine, and determine where to find answers to medical-legal questions
- Explain three core competencies in strategic thinking that will deliver value to you and your practice
- Implement scheduling and operational considerations to increase revenue and efficiency in your practice

Accreditation Statement:

This activity has been planned and implemented with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Chicago Medical Society and CCPA Purchasing Partners. The Chicago Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Chicago Medical Society designates this live activity for a maximum of **5.5 AMA PRA Category 1 Credits(s)**™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

