Survival Guide: Emerging Issues in Healthcare
What to Expect & How to Prepare

Alcohol Misuse Prevention
Hand-offs: A Patient Care Challenge
The Newest Component of MIPS
When weighing the options for the best medical liability coverage, ISMIE is the clear winner.

ISMIE

Making the right decision for your practice’s medical liability coverage should not weigh you down. ISMIE’s policyholders expect a lot from their medical liability insurance company: flexible coverage, proactive claims strategies, excellent service, and hands-on risk management. They know that ISMIE is the right company to meet all of their expectations and needs.

Protecting the practice of medicine since 1976.

If you’re looking for the best medical liability insurance coverage, contact our professional underwriting staff at 800-782-4767, ext. 3350 or e-mail us at underwriting@ismie.com. Visit our website at www.ismie.com.
FEATURES

8 70th Annual Conference
The 2017 conference will provide physicians a survival guide as the healthcare delivery system undergoes change, with new and emerging issues. National experts will provide top-notch CME for all physicians in any practice setting and those simply entering the field of medicine.

10 Schedule at a Glance

12 Program Details Day 1

15 Program Details Day 2

18 Speaker Information

21 Conference Information

22 Registration Form

PRESIDENT’S MESSAGE
2 Education for a New Era
By Clarence W. Brown, Jr., MD

PRACTICE MANAGEMENT
4 MIPS: The Newest Component;
AMA Warns Against Newest AHCA;
Hand-offs: A Patient Care Challenge

PUBLIC HEALTH
6 Alcohol Misuse Prevention

MEMBER BENEFITS
24 Welcome to the Chicago Medical Society!

26 Calendar of Events

27 Classifieds

WHO’S WHO
28 On the Physician’s Side
C. Joyce Hall, Esq., the chair of the American Bar Association’s Health Law Section, loves practicing health law because she knows just how important healthcare, and the physicians who provide it, are to the country.
During the past year, I’ve heard from members and nonmembers of the Chicago Medical Society. A constant theme is the changing practice environment. It’s not enough to be an exceptional and dedicated physician. Today’s practitioner navigates legislative, administrative and regulatory issues, and an uncertain health insurance market. Not surprisingly, many of my colleagues say they want help.

As the educational needs of physicians evolve, your Chicago Medical Society has taken note. And we are proud to announce that on June 8-9, the Chicago Medical Society and the American Bar Association’s Health Law Section will co-host the 70th Annual Conference at the InterContinental Hotel in Chicago.

Unlike years past, the 2017 program merges our Midwest Clinical Conference with the ABA's Health Law Section event to focus on emerging issues in healthcare.

Instead of clinical sessions, classes and workshops will review the evolving professional and practice environment. Our goal is to help physicians thrive in a challenging and changing healthcare system, not just survive. We've all heard a lot about the coming era of value-based care that will replace fee-for-service medicine. But in the minds of many physicians, these terms remain abstract. The conference will make sense of “The Medicare Access and CHIP Reauthorization Act of 2015” (MACRA), as well as the alphabet soup of the Quality Payment Program, including MIPS and Advanced APMs, and the impact on physician reimbursement. You’ll also hear about healthcare legislative reform activity in Washington from two influential U.S. Senators.

This departure from traditional medical education reflects the changing times. Nonetheless, education remains a strong foundational pillar of the Chicago Medical Society. Our CMS-ABA partnership allows us to offer highly focused content from the physician perspective that most of us cannot easily access elsewhere. Physicians who attend the two full days may earn up to 15 CME credits.

Whatever your practice setting and career stage, you’ll benefit from interactive workshops on topics like employment contracting, contract renegotiation and optimizing compensation. Again, presented from the physician perspective, speakers will discuss how practitioners can respond to today’s aggressive hospital systems, lower reimbursement and consolidation in payer markets.

Sessions and panels are designed to guide you through the legal and regulatory maze, providing in-depth information and resources. Attorneys practicing in every aspect of medical practice will be there to answer your questions.

You’ll have opportunities to network with physician colleagues and health law attorneys. A golf competition on Saturday pitting doctors against lawyers concludes the conference.

And let me finish by saying that our success at navigating the healthcare system, not to mention sustaining a viable practice, is strongly linked to our professional satisfaction. The 70th Annual Conference is one more benefit of membership in the Chicago Medical Society.

Clarence W. Brown, Jr., MD
President, Chicago Medical Society
MORE
INSIGHT
helps you make the most of your practice’s revenue cycle.

KNOW YOU HAVE A DEDICATED BANKER WHO UNDERSTANDS YOUR INDUSTRY AND YOUR NEEDS.
As a healthcare professional, you want to spend more time helping patients and less time worrying about your finances. With dedicated Healthcare Business Bankers, PNC provides tools and guidance to help you get more from your practice. The PNC Advantage for Healthcare Professionals helps physicians handle a range of cash flow challenges including insurance payments, equipment purchases, and managing receivables and payables. In such a fast-moving business, PNC understands how important it is to have a trusted advisor with deep industry knowledge, dedication and a lasting commitment.

PNC CFO
Cash Flow Optimized
Call a Healthcare Business Banker at 877-566-1355 or go to pnc.com/hcprofessionals

PNC BANK
Cash Flow Optimized is a service mark of The PNC Financial Services Group, Inc. ("PNC"). Banking and lending products and services, bank deposit products, and treasury management services, including, but not limited to, services for healthcare providers and payers, are provided by PNC Bank, National Association, a wholly owned subsidiary of PNC and Member FDIC. Lending and leasing products and services, including card services and merchant services, as well as certain other banking products and services, may require credit approval. All loans and lines of credit are subject to credit approval and require automatic payment deduction from a PNC Bank business checking account. Origination and annual fees may apply. ©2015 The PNC Financial Services Group, Inc. All rights reserved. PNC Bank, National Association, Member FDIC.
THE MERIT Based Incentive Payment System (MIPS) is a new program that streamlines three previous independent programs to work as one and to ease clinician burden. MIPS is made up of four components: Quality (60%), Advancing Care Information (25%), Clinical Practice Improvement Activities (CPIA 15%) and Cost (0%). Quality is formally known as PQRS and Advancing Care Information is formally known as Meaningful Use. Cost is not included in 2017 reporting. CPIA is a new component to promote ongoing improvements and advancements to clinical activities.

CPIA counts for 15% of eligible clinicians’ MIPS score for 2017, the first year of reporting. The entire listing of CPIA consists of about 94 activities broken down into eight subcategories:

- Extended practice care
- Population management
- Care coordination
- Beneficiary engagement
- Patient safety and practice assessment
- Achieving health equity
- Emergency response and preparedness
- Integrated behavioral and mental health

Each activity is weighted as “High,” which is worth 20 points or “Medium,” which is worth 10 points. The maximum points for the CPIA category is 60 points and can be achieved by completing a combination of “High” or “Medium” weighted activities. Groups of 15 providers or fewer can complete any two activities to earn full credit for the CPIA category. In 2017, eligible clinicians can report for CPIA individually or as a group using EHR, QCDR, qualified registry or the CMS web interface. All activities just need a “yes” response; back up documentation is encouraged to show how the activities were achieved.

If your practice successfully reported in previous years for PQRS and Meaningful Use, then this new category should be easy to achieve. There are many measures that are generic and that most practices are currently performing. To avoid the -4% penalty, you must submit at least one measure from any category.

Christine O’Malley is healthcare consultant with PBC Advisors, LLC, in Oak Brook. Janet Bliss is partner with PBC Advisors. PBC provides business and management consulting and accounting services to physician practices and hospital systems. For more information, visit www.pbcgroup.com.

AMA Warns Against Newest AHCA

Despite amendments to bill, millions of Americans would still lose health insurance coverage

Merican Medical Association (AMA) President Andrew W. Gorman, MD, warned the public about the current proposed changes to the American Health Care Act (AHCA) in early May. In a press release he stated, “None of the legislative tweaks under consideration changes the serious harm to patients and the healthcare delivery system if AHCA passes. Proposed changes to the bill tinker at the edges without remedying the fundamental failing of the bill—that millions of Americans will lose their health insurance as a direct result of this proposal.

“High-risk pools are not a new idea. Prior to the enactment of the Affordable Care Act, 35 states operated high-risk pools, and they were not a panacea for Americans with pre-existing medical conditions. The history of high-risk pools demonstrates that Americans with pre-existing conditions will be stuck in second-class health care coverage – if they are able to obtain coverage at all.

“Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.”

“America should not go backward to the time when our fellow citizens with pre-existing health conditions faced high costs for limited coverage, if they were able to obtain coverage at all. The AMA urges congressional leaders and the administration to pursue a bipartisan dialogue on alternative policies that provide patients with access and coverage to high-quality care and preserve the safety net for vulnerable populations.

According to the Kaiser Family Foundation, state high-risk pools featured premiums above standard non-group market rates.
FOR MORE than a decade primary care physicians (PCPs) have increasingly used the services of hospitalists to take care of hospitalized patients. It makes sense to turn over inpatient care to physicians who are in the hospital 24/7. Using hospitalists also allows PCPs to spend their time more effectively in their offices. However, the hospitalist movement has brought new communication challenges, which can impact quality patient care. Some of the biggest challenges are the hand-offs when care is transferred between PCPs, emergency physicians, and hospitalists.

If the patient went directly to the emergency department, the PCP might not know that the patient is in the hospital. It can be embarrassing for the PCP if a family member asks how the patient is doing, and the PCP doesn’t know anything about the admission. Also, the emergency physician may not have all of the latest patient information when evaluating the patient. It is also possible that the patient may arrive back at the PCP’s office post-discharge, but the PCP has no information about the admission, hospital course, final diagnosis, or discharge medications. The transfer of key information both at admission and at discharge is necessary in order to deliver quality patient care.

Collaboration is needed among the hospitalists, the emergency physicians, and the PCPs. At the time of admission, it is important that the emergency department notify the PCP that the patient is being admitted. At the time of discharge, not the next day, the hospitalist needs to, at a minimum, relay the date of admission, chief complaint, date of discharge, final diagnosis, and other discharge instructions including referral back to the PCP.

Some hospitalists say they are too busy to make the call or fill out a short form with this minimal information. But, without adequate communication, the patient may have a readmission within 30 days, for which the hospital will not be paid. To prevent such readmissions, the hospital may decide to invest in a support person to relay key information to the PCP. It does no good to provide top-notch patient care in the hospital if the discharge plan is not followed due to poor or no communication.

Susan Reynolds, MD, PhD, is President and CEO of The Institute for Medical Leadership.

“Some hospitalists say they are too busy to make the call or fill out a short form with this minimal information.”

Where Hope and Healing Meet

Shriners Hospitals for Children — Chicago, offers a broad pediatric plastic surgery service for patients with congenital, developmental and acquired deformities of the face, jaw, head and ears. In addition to surgical services, specialty clinics including our head shape and Ear Well™ programs bring hope to parents by providing non-invasive interventions that can offer dramatic results.

The hopes of families are met in our other areas of expertise as well. For over 90 years, parents and children with orthopaedic conditions, spinal cord injury, and rehabilitation needs have seen their hopes realized right under our roof — by physicians, nurses, and specialists using the latest technology, innovative research, and a collaborative, family-centered approach. It’s how the 22 Shriners Hospital locations provided care to over 121,000 children last year alone.

For a consultation, or to refer a patient, call:
Shriners Hospitals for Children — Chicago
773-385-KIDS (5437)
2211 N. Oak Park Ave., Chicago, IL 60707

Do You Know a Child Who Needs Expert Specialty Care?

facebook.com/shrinerschicago
twitter.com/shrinerschicago
shrinerschicago.org
Alcohol Misuse Prevention

An under-recognized risk factor for disability and death in the U.S.

By Jim Lando, MD, MPH, Jessica A. Clark, MPH, RN, and Lesley J. Craig, MPH

Alcohol misuse is the fourth leading preventable cause of death in the United States, after smoking, poor diet, and physical inactivity. Most of these deaths involve people who are in the prime of their lives. Alcohol misuse is responsible for nearly 1 in 10 deaths among adults aged 20-64.

Alcohol misuse—which includes binge drinking, heavy drinking, and any drinking by underage youth or pregnant women—can have immediate consequences, such as injuries and motor vehicle crashes. There are also many associated chronic health effects, such as alcohol use disorder, liver and pancreatic diseases, hypertension, stroke, reproductive system disorders, fetal alcohol spectrum disorders, certain cancers, and problems with mental functioning. Binge drinking is the most common, deadly, and costly form of alcohol misuse. Binge drinking is defined as females having four or more drinks per occasion and males having five or more drinks per occasion. An occasion is defined as 2-3 hours.

With over 66 million people reporting binge drinking in the past month, binge drinking is responsible for over half of the deaths and three-quarters of the economic costs resulting from alcohol misuse. Approximately one in six U.S. adults binge drink about four times a month, consuming approximately eight drinks per binge. This exceeds the number of drinks that defines binge drinking, which typically results in a blood alcohol level above 0.08, the legal driving limit.

Healthcare professionals play an important role in preventing alcohol misuse since they are positioned to screen, intervene, and refer patients to treatment. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen adults (18+) for alcohol misuse and provide those engaged in risky or hazardous drinking with brief behavioral counseling interventions. Aligned with the USPSTF, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) promote the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach. Three screening tools for adults are referenced by the USPSTF:

- Alcohol Use Disorders Identification Test (AUDIT) – 10 questions; 2-5 minutes
- Abbreviated AUDIT-Consumption (AUDIT-C) – 3 questions; 1-2 minutes
- Single-question screening (the NIAAA recommends asking, “How many times in the past year have you had 5 [for men] or 4 [for women and all adults 65+] or more drinks in a day?”) – less than 1 minute.

A growing body of evidence demonstrates that screening is also effective in preventing and reducing alcohol misuse by adolescents. Youth screening is recommended by the American Academy of Pediatrics, which has endorsed the NIAAA’s Alcohol Screening and Brief Intervention for Youth: A Practitioner’s Guide, a very brief two-question screener for youth ages 9-18.

Behavioral counseling interventions may include cognitive behavioral strategies, such as action plans or drinking diaries, and may be delivered a number of ways. With adults, multiple brief (6-15 minutes each) contacts seem to be the most effective model. Physician reimbursement for screening and brief intervention is available. SAMHSA lists the appropriate codes on the SBIRT website.

Healthcare professionals can also refer patients to the Dietary Guidelines for Americans (Dietary Guidelines) recommendation about alcohol, which states that adults who choose to drink do so in moderation—defined as up to one drink a day for women or up to two drinks a day for men. Some people should not drink at all, including those who: are under age 21, are or may be pregnant, and have certain medical conditions or take certain medications, among others. The Dietary Guidelines does not recommend that individuals who do not drink alcohol start drinking for any reason.

Many tools are available to address alcohol misuse. Here are a few:

- Rethinking Drinking Alcohol & your health—research-based information from NIAAA to help people assess and change drinking habits.
- USPSTF Recommendation on Alcohol Misuse—includes screening tools, interventions, and referral strategies.
- Alcohol Screening and Brief Intervention—includes Alcohol SBI Implementation Guide for primary care practices.

Jim Lando, MD, MPH, is an Assistant Surgeon General/Rear Admiral, U.S. Public Health Service and Regional Health Administrator for the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health—Region V (IL, IN, MI, MN, OH, WI). Contact him by emailing Lesley. Craig@hhs.gov.
ANNOUNCING THE 2017 DIVIDEND FOR ILLINOIS MEMBERS
The Doctors Company has returned nearly $400 million to our members through our dividend program—and that includes 5% to qualified Illinois members. We’ve always been guided by the belief that the practice of good medicine should be advanced, protected, and rewarded. So when our insured physicians keep patients safe and claims low, we all win. That’s malpractice without the mal.
Survival Guide: Emerging Issues in Healthcare
What to Expect & How to Prepare
As the educational needs of physicians evolve in a changing practice environment, the Chicago Medical Society has teamed up with the American Bar Association's Health Law Section to bring you the "Survival Guide: Emerging Issues in Healthcare, What to Expect & How to Prepare," on June 8-9 at the InterContinental Hotel in Chicago. This year's program addresses the survival needs of physicians in any practice setting or those who are simply entering the field of medicine. Interactive workshops on everything from negotiating contracts to optimizing your compensation will provide you with information and resources to master the challenging and changing healthcare delivery system.

Physicians, attorneys and their administrative partners will hear how issues such as aggressive hospital systems, lower reimbursement and consolidation in payer markets are being addressed by physicians and how physicians can succeed at maintaining viable medical practices that offer quality services at their core.

The conference provides access to national speakers and education on key issues affecting employer and hospital relationships, business and industry responses to payer consolidation and market control, and every-day “survival” techniques in hospital and private practice settings.

This CME and CLE conference is targeted towards all physicians and attorneys who specialize in healthcare-related matters. Physicians may earn up to 15.3 CME credits.

What You’ll Learn

The “Survival Guide” conference may only span two days but those two days are jam-packed with information that is critical for the success of your practice or organization. The conference's global learning objectives include:

• Examining recent payment models and initiatives in the insurance marketplace and discussing how the Affordable Care Act (ACA) has affected payor alignment and marketplace strategies.
• Discussing key policies for implementing clinical integration and the need for physician leadership.
• Identifying how high-performing networks play a vital role in the evolution of provider delivery payment from fee-for-service to value-based reimbursement.
• Examining the promise and limitations of federal healthcare reform and identify which risks need to be considered.
• Reviewing current trends in recent False Claims Act cases and provide practical, real-world ideas for physicians to address and prevent False Claims Act exposure.
• Providing an overview on how to minimize the risks in prescribing controlled substances.
• Implementing alternative concierge medicine practice models and strategies, which can be rewarding for physicians and very satisfying for patients.
• Providing insight and practical advice on how to treat the client or patient struggling in addiction while offering a front-row seat to the state of current and proposed public policy on addiction issues.
• Discussing the impact of the Quality Payment Program, including MIPS and Advanced APMs, on physicians as well as how physicians can act today to avoid a payment penalty in 2019.
• Equipping providers and legal counsel with the tools to analyze commercial reasonableness of physician compensation considering the evolving healthcare delivery system.
• Explaining potential changes resulting from healthcare reform legislation and other initiatives that will impact practicing physicians.
• Addressing key issues when facing an audit and successful strategies for appeals.
• Reviewing and discussing the practical implications of the revisions and clarifications to the Stark regulations in the 2016 Medicare Physician Fee Schedule.
• Providing an overview of employment contracting and guidance on hospital contract negotiations.
• Addressing ways to combat physician burn-out and promote physician health.
• Grasp the challenges presented by advances in technology that may result in professional responsibility concerns for both physicians and attorneys.

We have also planned a networking event for physicians and attorneys on Thursday evening. Read on for details about the program and information on the expert speakers we have lined up. We’ve even scheduled some relaxation time with a doctor/lawyer golf tournament at Ruffled Feathers Golf Club on Saturday. Be sure to come. You’ll come away with new knowledge and new resolve!
Schedule at a Glance: Day 1

Thursday, June 8, 2017

7:30 am–5:00 pm Registration and Information

7:30–8:30 am Continental Breakfast

8:00–8:15 am Opening Remarks
C. Joyce Hall, Chair, Health Law Section, Watkins & Eager, PLLC, Jackson, MS
Clarence Brown, MD, President, Chicago Medical Society, Chicago, IL

8:15–9:00 am Keynote Speaker > Paul H. Keckley, PhD, The Keckley Report, Chicago, IL
Health Reform: What to Expect and How to Prepare

9:00–10:00 am Payor Initiatives with Physicians and Payment Models in the Insurance Marketplace: A Changing Landscape

10:00–10:15 am Break

10:15–11:15 am Overcoming Common Barriers to Clinical Integration

11:15 am–12:15 pm Turning Networks into Assets—From Broad to High-Performing Networks

12:15–1:00 pm Lunch Speaker: Everything You Always Wanted to Ask a Lawyer (But Were Afraid to Ask)

1:00–2:00 pm Not Your Grandfather's False Claims Act: Trends in the Identification and Pursuit of Aberrant Physician Practices

2:00–3:00 pm Concurrent Sessions
1. Potential False Claims Act and Other Regulatory Exposure with Ineffective Peer Review
2. Minimizing the Risks in Prescribing Controlled Substances

3:00–4:00 pm Concurrent Sessions
1. Anti-Kickback and Beneficiary Inducement Statutes: Current Trends and New Regulations
2. Evolving Healthcare Delivery: Concierge Medicine

4:00–4:15 pm Break

4:15–5:00 pm The Addict's Perspective: Three Truths Every Doctor and Lawyer Should Know about Addiction

5:30–6:30 pm Networking Reception
Friday, June 9, 2017

7:30 am–5:00 pm Registration and Information

7:30–8:30 am Continental Breakfast

8:00–9:15 am The Quality Payment Program: What It Is and Why You Should Care

9:15–10:15 am Commercial Reasonableness of Physician Compensation: Analytical Update with MACRA

10:15–10:30 am Break

10:30–11:30 am An Update on the Future of Healthcare

11:30 am–12:30 pm Concurrent Sessions
1. Your Practice is Being Audited: Complying, Fighting and Winning

12:30–1:30 pm Lunch on Your Own

1:30–2:30 pm Concurrent Session
2. Contracting Workshop Part II: Five+ Years Later—Did I Get What I Bargained For? What Are My Options?

2:30–3:30 pm Concurrent Sessions
1. Healthcare Compliance and Enforcement Investigations: Leading Practices for Outside and In-house Counsel
2. MACRA Made Easy

3:30–3:45 pm Break

3:45–4:45 pm Concurrent Session
1. The Physician/Attorney/Consultant Relationship: Challenges Posed by the 60-Day Overpayment Disclosure Rule
2. Physician Wellness: Promoting a Culture of Physician Well-Being

4:45–5:45 pm My Attorney Said It Was OK: Legal Ethics and the Advice-of-Counsel Defense for Doctors

5:45 pm CME and CLE Programs Adjourn
Program Details: **Day 1**

**Agenda**

On this first action-packed day of the 70th Annual Conference, expert panelists will discuss payor initiatives, payment models, concierge medicine, and minimizing risks in prescribing controlled substances, and more. You'll find several slots during the day where you have a choice between two concurrent sessions. Even the lunch break is designed to be informative with a panel of healthcare lawyers who are prepared to answer your most pressing questions. The day concludes with a networking reception.

**Thursday, June 8**

7:30 – 8:30 a.m. **Continental Breakfast**

8:00 – 8:10 a.m. **Opening Remarks**
Clarence Brown, MD, a practicing dermatologist and president of the Chicago Medical Society and C. Joyce Hall, chair of the ABA Health Law Section and a member of Watkins & Eager PLLC in Jackson, MS.

8:15 – 9:00 a.m. **Keynote speech “Health Reform: What to Expect and How to Prepare”**
Paul H. Keckley, PhD, managing editor of The Keckley Report and a well-known healthcare researcher and analyst. While the Trump administration and the GOP-led Congress work to replace the Affordable Care Act, capital markets are shifting, demand for health services is increasing, and budget cuts are looming. Elements of the new, “new normal” are unclear. This session will provide an up-to-the-minute update with time for discussion.

9:00 – 10:00 a.m. **Payor Initiatives with Physicians and Payment Models in the Insurance Marketplace: A Changing Landscape**
Commercial health insurance payors are experimenting with value-based payment models, such as bundled payments, population health management, and capitated payments, that shift risk to healthcare delivery organizations in order to increase their accountability for the cost and quality of the care they provide. The Center for Medicare and Medicaid Innovation has created several bundled payment initiatives that are intended to better coordinate care by providing a bundled Medicare payment for an episode of care involving one or more providers. Other approaches by payors include using particular networks of providers and targeting certain coverage populations. This session offers an opportunity to hear from both commercial health insurers and CMMI representatives on products and other initiatives in the marketplace. Topics include:

- Recent payment models and initiatives in the insurance marketplace.
- How the ACA has affected payor alignment and marketplace strategies.
- Discussion of payment programs and initiatives with physicians.

Panelists are:

- Julian Harris, MD, MBA, President, CareAllies, Piscataway, NJ
- Tina R. Shah, MD, MPH, U.S. Department of Veterans Affairs, Veterans Health Administration, CMMI Representative, Washington, DC
- Moderator: Denise E. Hanna, JD, Locke Lord, Washington, DC

10:00 – 10:15 a.m. **Break**

10:15 – 11:15 a.m. **Overcoming Common Barriers to Clinical Integration**
This session will focus on the evolution of clinical integration networks, the key legal issues associated with their development, and the cultural changes necessary for both physicians and administrators to make such endeavors successful. The panelists will discuss:

- Common roadblocks, such as funding and governance, EHR interfacing, data downloads and physician “skin in the game.”
- The transition of existing payor contracts to different types of value-based contracts.
- The need for physician leadership.
- Key policies for implementing clinical integration.

Panelists are:

- George Mayzell, MD, MBA, Chief Clinical Officer, Vizient Southeast, Tampa, FL
- April E. Schweitzer, JD, Nixon Peabody LLP, Chicago, IL

11:15 a.m. – 12:15 p.m. **Turning Networks into Assets—From Broad to High-Performing Networks**
Market share is king as commercial payor volume is being replaced with government program growth, and acquisition of other providers isn’t the only answer. High-performing networks are critical and play a vital role in the evolution of provider delivery payment from fee-for-service to value-based reimbursement. In this session panelists will review various alternatives including real-world success stories including:
• MACRA (The Medicare Access and CHIP Reauthorization Act) APM (Alternative Payment Model) Options.
• Super Clinically Integrated Network (CIN) Formation and Risk-Based Venture Options.
• High-Performing Physician Hospital Organizations (PHOs)/Independent Physician Associations (IPAs)/Accountable Care Options (ACOs)/CIN Formation Risk-Based Reimbursement Options.

Panelists are:

• Ellen Brown, Orlando, FL
• Mark E. Rust, JD, Barnes & Thornburg LLP, Chicago, IL

12:15 – 1:00 p.m. Lunch with a presentation on “Everything You Always Wanted to Ask a Lawyer (But Were Afraid to Ask).
Join your colleagues for an interactive peer-learning session featuring a panel of attorneys on the hot seat to answer all of your burning questions.
Hosted by: William W. Horton, JD, Jones Walker LLP, Birmingham, AL

1:00 – 2:00 p.m. Not Your Grandfather’s False Claims Act: Trends in the Identification and Pursuit of Aberrant Physician Practices
In this timely discussion of current trends in False Claims Act cases involving physicians, an expert panel will:

• Analyze options available to the government for identifying “high-risk” physicians.
• Examine the government’s use of data analytics to scrutinize aberrant physician referral and prescribing patterns.
• Review recent False Claims Act cases involving potentially abusive physician practices.
• Provide practical, real-world ideas for physicians to address and prevent False Claims Act exposure.

Panelists are:

• A. G. (Alec) Alexander III, JD, Breazeale Sachse and Wilson LLP, Baton Rouge, LA
• Michael Granston, JD, United States Department of Justice, Civil Fraud Division, Washington, DC

2:00 – 3:00 p.m. CONCURRENT SESSION: Potential False Claims Act and Other Regulatory Exposure with Ineffective Peer Review
Compliance pitfalls can result if healthcare organizations fail to conduct effective physician peer review. This session will examine the key issues lawyers and physicians face when addressing and conducting physician peer review to reduce regulatory exposure. The discussion will include:

• Hospital and medical staff legal obligations to conduct effective peer review.
• Examples of False Claims Act, Stark Law, Anti-Kickback Statute, HIPAA, EMTALA, and federal research civil and criminal exposure associated with ineffective peer review.
• Effective physician peer review strategies, including coordination with compliance personnel where appropriate.
• Practical examples of lessons learned from ineffective physician peer review.

Panelists are:

• Kathleen L. DeBruhl, JD, DeBruhl Haynes – The Health Law Group, New Orleans, LA
• Terri D. Kevil, JD, Davis Wright Tremaine LLP, Los Angeles, CA

3:00 – 4:00 p.m. CONCURRENT SESSION: Anti-Kickback and Beneficiary Inducement Statutes: Current Trends and New Regulations
This panel will review the federal anti-kickback statute and the beneficiary inducement provisions of the civil monetary penalties law and examine recent developments and common compliance issues for physicians. This discussion will include:

• An overview of the statutes’ scope and requirements, particularly OIG’s new safe harbors and regulatory changes.
• Recent enforcement actions and settlements.
• OIG guidance and compliance resources.
• Best practices and tips to avoid or mitigate risk.

Panelists are:

• U.S. Senator Dick Durbin, Chicago, IL (Invited)
• Natalia Mazina, JD, Klein, Hockel, Iezza & Patel PC, San Francisco, CA
• Dennis A. Wichern, Drug Enforcement Agency, Chicago Field Division, Chicago, IL
CONCURRENT SESSION: Evolving Healthcare Delivery: Concierge Medicine

Concierge medicine continues to develop as a promising practice alternative that can be professionally rewarding for physicians and satisfying for patients. This session addresses key issues for both lawyers and physicians concerning concierge practice, including:

- The flexibility that physicians have in setting up a concierge practice.
- The clinical and professional advantages for physicians practicing concierge medicine.
- Legal issues that should be considered when structuring and operating a concierge practice.

Panelists are:

- Angelo Costas, MD, Michigan Avenue Internists, Chicago, IL
- Matthew Zimmerman, JD, MDVIP, Inc., Boca Raton, FL

4:00 – 4:15 p.m. Break

4:15 – 5:00 p.m. The Addict’s Perspective: Three Truths Every Doctor and Lawyer Should Know about Addiction

Nearly everyone will face addiction in their practice this year. This session will provide insight and practical advice on how to treat the client or patient struggling with addiction while offering a front-row seat to the state of current and proposed public policy on addiction issues. Topics include:

- Promise and pitfalls of medically assisted treatment.
- State of current and proposed addiction law and policy.

Panelist is:

- Craig DeRoche, Former Speaker of the Michigan House, Novi, MI

5:30 – 6:30 p.m. Networking Reception

Come enjoy a chance to relax and network with colleagues over drinks and hors d'oeuvres. You will have the opportunity to meet our speakers, as well as members of the American Bar Association Health Law Section, the Chicago Medical Society, and the American Association for Physician Leadership.
Program Details: **Day 2**

**Agenda**

The second action-packed day of the 70th Annual Conference continues the pace of Day 1. Come hear national experts as they review Medicare’s new Quality Payment Program under the MACRA law, what to do when your practice is being audited, employment contracting and renegotiations. You also won’t want to miss the morning session on the direction of healthcare reform legislation with U.S. Senator Bill Cassidy, MD; it’s a rare opportunity to hear directly from an influential physician-lawmaker who is sponsor of “The Patient Freedom Act of 2017.”

**Friday, June 9**

**7:30 – 8:30 a.m. Continental Breakfast**

**8:10 – 9:15 a.m. The Quality Payment Program: What It Is and Why You Should Care**
The Quality Payment Program (QPP) will impact the way most health care practitioners are reimbursed by CMS. This session will discuss the alphabet soup of the QPP, including MIPS and Advanced APMs, as well as how physicians can take action today to avoid a payment penalty in 2019. Panelists will also address:

- The impact of the QPP on solo and small group practitioners, large medical groups and non-patient facing practitioners
- The status of bundled payment programs and CMS’ plans going forward
- The consequences of doing nothing

Panelists are:

- Kristin M. Bohl, JD, Baker Donelson, Baltimore, MD
- Centers for Medicare & Medicaid Services, Speaker TBD

**9:15 – 10:15 a.m. Commercial Reasonableness of Physician Compensation: Analytical Update with MACRA**

With recent healthcare reform initiatives, a major paradigm shift is taking place in the healthcare delivery system. This session will focus on the potential impact of MACRA and other reform initiatives on determining the commercial reasonableness of physician compensation arrangements, and equip providers and legal counsel with the tools to thrive in this paradigm shift.

Panelists include:

- Jessica Bailey-Wheaton, JD, Health Capital Consultants, St. Louis, MO
- John Barakat, MBA, Chief Financial Officer, Cardiac Surgery Associates, S.C., Chicago, IL
- Andrea M. Ferrari, JD, MPH, Health Care Appraisers, Boca Raton, FL

**10:15 – 10:30 a.m. Break**

**10:30 – 11:30 a.m. An Update on the Future of Healthcare**

Dr. Bill Cassidy is the United States Senator for Louisiana. He co-founded the Greater Baton Rouge Community Clinic, a clinic providing free dental and healthcare to the working uninsured. He also created a private-public partnership to vaccinate 36,000 greater Baton Rouge-area children against Hepatitis B at no cost to the schools or parents. Senator Cassidy is co-author of “The Patient Freedom Act of 2017” with Senator Susan Collins of Maine. He will speak on healthcare reform legislation and other initiatives being considered on Capitol Hill, including aspects affecting practicing physicians.

Panelist is:

- U.S. Senator Bill Cassidy, MD, for Louisiana

**11:30 a.m. – 12:30 p.m. CONCURRENT SESSION: Your Practice is Being Audited: Complying, Fighting and Winning**

Given the increasing audit landscape, most physician practices will be subject to a Medicare, Medicaid or other third-party payor audit at some point. Taking the audit seriously and understanding the process is critical to a successful outcome. Failure to handle the audit properly can lead to significant financial exposure and continued scrutiny. This session addresses key issues when facing an audit, including:

- Appeal processes and auditors’ concepts.
- Considerations affecting the decision to appeal.
- Successful strategies for appeals.
- Using the audit to enhance future compliance.

Panelists include:

- H. Rusty Comley, JD, Watkins & Eager, PLLC, Jackson, MS
- Abby Pendleton, JD, The Health Law Partners PC, Southfield, MI

**CONCURRENT SESSION: Contracting Workshop**
Part I: Negotiating Employment Agreements for Residents and New Physicians

Signing on the dotted line? Not so fast! Make sure you understand what you're being asked to sign, how your contract compares to industry norms, and how to negotiate changes with your future employer. This session will provide physicians, practice administrators and legal counsel with an overview of physician employment contracting, including:

- Contracting basics.
- How to analyze key terms (compensation, benefits, termination rights, non-compete restrictions).
- Common pitfalls.
- Successful negotiation strategies.

Panelists are:

- Amy J. McCullough, JD, Polsinelli PC, Atlanta, GA
- Wendi Campbell Rogaliner, JD, Rogaliner Law, Dallas, TX

12:30 – 1:30 p.m. Lunch on Your Own

1:30 – 2:30 p.m. CONCURRENT SESSION: The Stark Law: What Has Changed, What Remains the Same, and What Might Come Next

In this session, the expert panelists will review and discuss the practical implications of the revisions and clarifications to the Stark regulations in the 2016 Medicare Physician Fee Schedule. Topics covered will include:

- Overview of the revised self-referral disclosure protocol and past settlements.
- Review of recent government enforcement of False Claims Act cases and settlements based on Stark violations.
- The interplay between the Stark Law and the evolving CMS payment models.
- Analysis of what might be next for the Stark Law.

Panelists are:

- Sanford B. Teplitzky, JD, Baker Donelson, Baltimore, MD
- Lisa Ohrin Wilson, JD, Senior Technical Advisor, Centers for Medicare and Medicaid Services, Baltimore, MD

2:30 – 3:30 p.m. CONCURRENT SESSION: Healthcare Compliance & Enforcement Investigations: Leading Practices for Outside and In-House Counsel

Join this session to hear from two former healthcare fraud AUSAs now serving as in-house and outside counsel who will provide in-house, defense and compliance perspectives on representing and advising clinicians. The panelists will discuss:

- The current regulatory landscape for provider investigations by the government.
- Internal investigations from in-house and outside counsel perspectives.
- Leading practices in responding to compliance and enforcement investigations.

Panelists are:

- Michael J. McCarthy, JD, Cooper Health System, Camden, NJ
- Sean McKenna, JD, Greenberg Traurig LLP, Dallas, TX

CONCURRENT SESSION: MACRA Made Easy

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ushered in a whole new Medicare physician payment system and accompanying set of new acronyms, including QPP, MIPS, APM, and others. This session will demystify the choices presented by the Merit-Based Incentive Payment System and Alternative Payment Models. Attendees will learn:

- The MIPS performance categories for 2017—Quality, Advancing Care Information, and Improvement Activities
- How Alternative Payment Models fit in
- How physicians and other MIPS-eligible clinicians can maximize their payment adjustments

Panelists are:
3:30 – 3:45 p.m. Break

3:45 – 4:45 p.m. CONCURRENT SESSION: The Physician/Attorney/Consultant Relationship: Challenges Posed by the 60-Day Overpayment Disclosure Rule
The longstanding relationships among physicians, their counsel and compliance/coding consultants are facing significant challenges from the requirement to disclose identified Medicare and Medicaid overpayments within 60 days after identification. This session will explore:

• New challenges which can have significant impact on liability for the attorney, the consultant and the physician practice.
• When to conduct audits under attorney-client privilege.
• When and how to receive preliminary results.
• The importance of a well thought out audit process to help ensure a positive experience and minimize financial risks.

Panelists are:

• Jean Acevedo, Acevedo Consulting Incorporated, Delray Beach, FL
• Lester J. Perling, JD, Broad & Cassel, Fort Lauderdale, FL

CONCURRENT SESSION: Physician Wellness: Promoting a Culture of Physician Well-Being
The practice of medicine has always been a high-stress occupation. Given the increased burdens placed on physicians in today’s healthcare climate, physicians are under more stress than ever. This session will address ways to combat physician burnout and promote physician health. The panelists will also discuss:

• Identifying impairments that can affect a physician’s ability to practice medicine.
• Methods of intervention.
• Potential legal implications associated with impaired physicians.
• Innovative ways healthcare organizations can create an environment that contributes to physician well-being.

Panelists are:

• Manuel Flores, JD, Arnstein & Lehr LLP, Chicago, IL
• Martin Guerrero, MD, JD, National Smart Health Services, El Paso, TX

4:45 – 5:45 p.m. My Attorney Said It Was OK: Legal Ethics and the Advice-of-Counsel Defense for Doctors (CLE Ethics Credit)
When can a doctor rely on a lawyer’s advice? Advances in technology and changes in law can present challenges for physicians and attorneys, including legal ethics challenges. This presentation will address:

• Situations that may raise professional responsibility concerns for attorneys.
• Cases in which the advice-of-counsel defense has been considered by courts.
• Cases involving new technology and changing law, such as the Teladoc case in Texas.
• Applicable model rules of professional conduct.

Panelist is:

• Jill Wright, JD, Foley & Lardner LLP, Washington, DC
THE CHICAGO Medical Society and the American Bar Association's Health Law Section are pleased to bring a group of national healthcare and legal professionals to you. Our line-up of speakers is well-prepared to answer your most pressing questions. Here’s some quick information about each speaker.

Jean Acevedo is the founder, president and senior consultant for Acevedo Consulting Incorporated in Delray Beach, FL. The firm specializes in coding, reimbursement and regulatory compliance issues.

A.G. (Alec) Alexander, III, JD, is a partner at Breazeale Sachse and Wilson, LLP, in Baton Rouge, LA, where he focuses on healthcare-related white collar civil and criminal defense, representing corporations and senior-level corporate officials in fraud matters.

Jessica Bailey-Wheaton, JD, is vice president and general counsel for Health Capital Consultants, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO. She specializes in the impact of both federal and state regulations on healthcare-exempt organization transactions.

John Barakat, MBA, is the chief financial officer for Cardiac Surgery Associates, SC, in Chicago. CSA is a group with over 30 hospital affiliations and 37 surgeons. CSA performs the second highest volume of heart surgeries in the United States.

Kristin M. Bohl, JD, is a shareholder in Baker Donelson’s Baltimore, MD, office. She advises healthcare systems, hospitals and providers in compliance and regulatory issues, with particular emphasis on fraud and abuse matters and Medicare and Medicaid law and policy.

Ellen Brown is consultant in Jupiter, FL.

Bill Cassidy, MD, (R-LA) is the U.S. Senator for Louisiana, and co-sponsor of “The Patient Freedom Act of 2017.”

H. Rusty Comley, JD, is a member of Watkins & Eager, PLLC, in Jackson, MS, where he represents healthcare providers in HIPAA breach cases and Medicare/Medicaid administrative proceedings and appeals.

Angelo Costas, MD, is a concierge physician with Michigan Avenue Internists in Chicago.

David A. Cranford, CPA, is a shareholder at Elliott Davis Decosimo in Chattanooga, TN. He has more than 25 years of experience as a senior executive and financial manager in the healthcare field and specializes in physician services and healthcare consulting.

Kathleen L. DeBruhl, JD, is a member at DeBruhl Haynes–The Health Law Group in New Orleans, LA, where she focuses on the representation of healthcare providers, and in particular, physicians and their legal issues.

Craig DeRoche is a former Speaker of the Michigan House of Representatives.

Senator Dick Durbin (D-IL) is a U.S. Senator for Illinois.

Layne S. Gakos, JD, is general counsel at the Connecticut State Medical Society in North Haven, CT.

Andrea M. Ferrari, JD, MPH, is a director at Health Care Appraisers in Boca Raton, FL. With more than 20 years of experience in the healthcare industry, she focuses on compensation valuation, litigation support and transaction advisory.

Manuel Flores, JD, is a partner in the Banks and Financial Institutions Practice Group at the Chicago office of Arnstein & Lehr, LLP. His practice concentrates on banking and consumer finance regulation and compliance on a state and national level.

Michael Granston, JD, is director of the United States Department of Justice, Civil Fraud Section, Commercial Litigation Branch in Washington, DC.

Martin Guerrero, MD, JD, is a forensic psychiatrist at National Smart Healthcare Services in El Paso, TX. The firm provides services to adults with a severe and persistent mental illness diagnosis and enrolled in a Managed Medicaid plan.

Denise E. Hanna, JD, is co-chair of Locke Lord’s healthcare group and a managing partner of the firm’s Washington, DC, office. She has been involved in healthcare legal and public policy matters for more than 20 years and focuses on representing health insurance companies and managed care organizations.

Catherine I. Hanson, JD, is chief strategic solutions and national networks officer of Quality
Value Health Systems Tulsa, OK.

**Julian Harris, MD, MBA,** is president of CareAllies in Piscataway, NJ, a population health management services company focused on helping physician groups and delivery systems navigate the transition to value-based care.

**William W. Horton, JD,** is a partner at Jones Walker, LLP, in the Birmingham, AL, office. His primary focus is on the representation of healthcare providers and other business enterprises in the areas of mergers, acquisitions and joint ventures, securities and corporate finance law, regulatory compliance, and corporate governance matters.

**Paul H. Keckley, PhD,** is the managing editor of The Keckley Report, a weekly report on health policy and industry trends. He is a well-known healthcare researcher and industry expert based in Chicago.

**Terri D. Keville, JD,** is a partner at Davis Wright Tremaine, LLP, in Los Angeles, CA. She advises healthcare clients on credentialing, peer review and other medical staff issues, consent, confidentiality, emergency care requirements, clinical research, and other operational matters.

**Tony R. Maida, JD,** is a partner at McDermott, Will & Emery, New York, NY. He previously served in the Office of Counsel to the Inspector General of the U.S. Department of Health and Human Services. Currently, he works closely with the firm’s health and white-collar teams on criminal, civil and administrative investigations.

**Jennifer D. Malinovsky, JD,** is a partner at Nelson Mullins Riley & Scarborough, LLP, in Atlanta, GA, where she practices in the areas of healthcare corporate and regulatory law and commercial lending and finance.

**George Mayzell, MD, MBA,** a board-certified internist and geriatrician is the chief clinical officer for Vizient Southeast in Tampa, FL, a group whose goal is to accelerate improvement in clinical and economic performance for hospitals and groups, and transformation in the healthcare industry.

**Natalia Mazina, JD,** is an attorney at Klein, Hockel, Iezza & Patel, PC, in San Francisco, CA. She represents various healthcare providers, with a focus on pharmacists and pharmacies (including retail, compounding, long-term care and hospital pharmacies), in business, regulatory, and administrative matters.

**Michael J. McCarthy, JD,** is associate general counsel at Cooper University Health, Cooper Health System in Camden, NJ.

**Amy J. McCullough, JD,** is a shareholder at Polsinelli, PC, in Atlanta, GA. Her practice centers on representation of a range of healthcare providers, including physician practices, healthcare technology clients, and other healthcare providers.

**Sean McKenna, JD,** is a shareholder at Greenberg Traurig, LLP, in Dallas, TX. He focuses on healthcare enforcement and regulatory issues, representing providers under civil or administrative investigation by the Department of Justice, Office of Inspectors General, and by the Attorneys General, Medicaid Fraud Control Units, as well as criminal investigations and matters involving the United States and State Attorneys General.

**Lisa Ohrin Wilson, JD,** is a senior technical advisor to the Centers for Medicare and Medicaid Services (CMS) at the U.S. Department of Health and Human Services, Baltimore, MD, where she provides policy and interpretive guidance on the Stark Law to the agency, its law enforcement partners, and stakeholders in the health care industry. She has more than 20 years of health law experience in a variety of settings and specialties.

**Abby Pendleton, JD,** is a founding partner at The Health Law Partners, PC, in Southfield, MI. She regularly provides counsel to healthcare providers and organizations in a number of areas, including compliance, Recovery Audit Contractors, Medicare and other payor audits, fraud and abuse, reimbursement matters, HIPAA privacy, and physician staff privilege and licensure matters. She also specializes in legal issues impacting billing and management companies, anesthesia and pain management providers, hospice providers and mental health agencies.

**Lester J. Perling, JD,** is a partner at Broad & Cassel, LLP, in Fort Lauderdale, FL. He is a member of the firm’s health law and white collar defense and compliance practice groups.

**Wendi Campbell Rogaliner, JD,** is the founder of Rogaliner Law, PC, a health law boutique firm based in Dallas, TX. She has more than 20 years of experience representing healthcare providers.

**Mark E. Rust, JD,** is the managing partner for the Chicago office of Barnes & Thornburg, LLP, vice chair of the firm’s management committee, and the immediate past chair of its national healthcare department. He focuses on transactional, regulatory and medical-legal issues affecting healthcare entities and provider organizations.

**April E. Schweitzer, JD,** is an associate at Nixon Peabody, LLP, in Chicago, where she focuses
Tina R. Shah, MD, MPH, is the CMMI representative for the U.S. Department of Veterans Affairs, Veterans Health Administration, in Washington, DC. Dr. Shah is a former trustee of the Chicago Medical Society.

Sanford B. Teplitzky, JD, is a shareholder at Baker Donelson in Baltimore, MD. He focuses primarily on fraud and abuse issues. His clients typically are large healthcare companies and delivery networks. He also advises medical professional and trade associations, negotiates with state and federal authorities, and provides counsel with respect to a broad range of regulatory and legislative issues facing healthcare clients.

Heather L. Westphal, JD, is senior counsel in the industry guidance branch of the Office of Counsel to the Inspector General, the U.S. Department of Health and Human Services, Washington, DC.

Dennis A. Wichern is a 30-year veteran of the Drug Enforcement Agency. He currently manages the Chicago field division and its 540 employees operating in Illinois, Indiana, Wisconsin, Minnesota and North Dakota.

Jill Wright, JD, is a special counsel and healthcare lawyer at Foley & Lardner, LLP, in Washington, DC. She focuses on healthcare fraud and abuse and compliance issues, including the federal Anti-Kickback and Physician Self-Referral/Stark Laws, civil monetary penalties law, False Claims Act and overpayments, government investigations, and exclusions from federal healthcare programs. Prior to joining Foley, she worked as senior counsel for the U.S. Department of Health and Human Services, Office of the Inspector General.

Matthew Zimmerman, JD, is associate general counsel, dispute resolution, at MDVIP, Inc., a national provider of concierge care headquartered in Boca Raton, FL.

on corporate and regulatory issues affecting hospitals, health systems and federally qualified health centers. She provides counsel regarding clinical integration networks and accountable care organizations.

Online CME Now Available 24/7

- Medical Cannabis in Illinois: Legal Impact on Physicians
- Dealing with Difficult Patients
- Vendor Relationships: What Physicians Need to Know
- And many others

Whatever your health care practice, or even if you are a young professional entering the field, you need ongoing education to gain valuable insight and strategies. These CME and CLE webinars are held in conjunction with the American Bar Association. So, they are also invaluable for health care attorneys, whether new to the legal field or longtime practitioners. Offered exclusively by The Chicago Medical Society. Your resource for high-quality education.

Bundle options available at a discount for a limited time

For more information or to register please visit: [http://cmsdocs.inreachce.com](http://cmsdocs.inreachce.com)

For registration questions and online assistance, call the customer support line 877-880-1335. For other questions, contact the Chicago Medical Society’s Education Department 312-670-2550 ext. 338, or email: rburns@cmsdocs.org or fax to: 312-670-3646.
Conference Information
The nitty-gritty details you need to know

To ensure your name is included on the distributed registration list, register by June 2, 2017, online or by mail. Registrations will be accepted only when accompanied by check, money order, VISA, American Express or MasterCard information. Registrations will not be held without payment. To register online, go to https://70th-annual-mcc.eventbrite.com. To register via mail, send the registration form found on page 22 to: Chicago Medical Society Foundation, 515 N. Dearborn St., Chicago, IL 60654.

On-site Registration
Please call 312-988-5146 by June 8 to ensure space availability. On-site registration will only be accepted when accompanied by check, money order, VISA, American Express, or MasterCard information.

Cancellation Policy
Tuition, less a $50 handling charge for each registration, will be refunded upon written cancellation received no later than May 23, 2017. Cancellations received after this date cannot be refunded but substitutions are encouraged. The ABA reserves the right to cancel any program and assumes no responsibility for personal expenses.

Registration Fee
The registration fee for (Thursday and Friday), your payment will include admission to the program, continental breakfasts, coffee breaks, one lunch, reception, the Physician Law Book, 4th Edition, and electronic course materials.

Conference Location
The Physician Legal Issues Conference will take place at the InterContinental Hotel in downtown Chicago on Thursday, June 8, from 8 a.m.–7 p.m., Friday, June 9, 8 a.m.–5 p.m.

Hotel Information
A block of rooms has been reserved at The InterContinental Chicago at the rate of $259 single/double with 17.4% tax. The InterContinental Chicago is located at 505 N. Michigan Ave., Chicago, IL. You can reserve your room by visiting the website at https://goo.gl/FmKHgo or you can call the Hotel directly at 1-800-628-2112 (312-944-4100 for international calls) and identify yourself as a participant of the ABA Physician Legal Issues Conference 2017 (or group code KFG). The room block expires on Tuesday, May 16, 2017.

Airline Information
The Hotel is approximately 18 miles (35–60 minutes) from O’Hare International Airport (ORD) and 12 miles (30–40 minutes) from Chicago Midway Airport (MDW). Discounted airfares are available from ABA Orbitz for Business, including ABA negotiated discounts on American, Virgin and United. For details, go to http://ambar.org/pli2017 and select travel.

ABA Negotiated Airfare Discounts—Available Online!
With ABA Egencia, you can automatically obtain ABA negotiated airfare discounts for travel to ABA meetings. ABA Egencia for business enables you to purchase the best airfare at the time of booking, by providing you with the ability to search for and compare fares from virtually every airline serving the destination. Reservations with ABA Egencia for business can be made online or offline. For offline reservations, call 877-833-6285. ABA Egencia is available online via ABA Travel Services. ABA airfare discounts on some carriers may also be obtained by purchasing your tickets under the ABA Discount Codes directly from the airline or through your travel agent. American Airlines ABA Discount is only available at ABA Egencia. Note that a travel profile is required when booking airline reservations with ABA Egencia. Visit www.americanbar.org/travel for more information.

United Airlines 800-426-1122
Agreement Code: 621691 / Z Code: ZXDR
Discount available at www.united.com
Online Discount Code: ZXDR621691
Not for Leisure Travel

Delta Airlines 800-328-1111
ABA File Global Meeting Code: NMP56

CME Information
Physicians who attend this conference may earn up to 15.3 CME credits. For additional information about this CME activity, including any updates regarding faculty members and/or commercial support disclosures, please visit the Chicago Medical Society's (CMS) website at www.cmsdocs.org. You can also contact the CMS Education Department via phone at 312-670-2550. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Chicago Medical Society, the American Bar Association's Health Law Section and the American Association for Physician Leadership. 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 15.3 AMA PRA Category 1 Credit(s). Physicians should claim only the amount of credit commensurate with the extent of their participation in the activity.

Tax Deduction for Educational Expenses
An income tax deduction may be allowed for educational expenses undertaken to maintain or improve professional skills. This includes registration fees, travel, meals, and lodging expenses.

Services for Persons with Disabilities
If special arrangements are required for an individual with a disability to attend this program, please submit your request in writing to Health Law Section, American Bar Association, 321 N. Clark St., Chicago, IL 60654.

Dress Code
Business and business casual attire are appropriate for the program.
2017 Conference Registration Form

Attendee (Please print)  CMS Member (circle): Yes  NO

MAILING ADDRESS

CITY        STATE  ZIP

DAYTIME PHONE NUMBER       E-MAIL (REQUIRED)

Registration Fees:

Member  $325
Non-Member  $525
Resident / Fellow  $30
Non-Member Resident / Fellow  $50
Medical Student  Free with ID
Non-Member Student  $30
Non-Physicians  $109

Method of Payment (if applicable):

Check enclosed in the total amount due:  $

Charge Total Due: $  to my (circle one):  Visa  MasterCard  AMEX

ACCOUNT #       EXPIRATION DATE   CCV

SIGNATURE

BILLING ADDRESS

Make Checks Payable to:

Chicago Medical Society Foundation
515 N. Dearborn St.
Chicago, IL 60654
312-670-2550
https://70th-annual-mcc.eventbrite.com
Experts & Advocates in Liability Protection

For Illinois practitioners, we’re experts and advocates in medical liability insurance. Our licensed staff provides answers and support, while our agency sponsors the legislative advocacy and educational programs of the Chicago Medical Society.

We’re run by physicians for physicians, and you’ll appreciate the difference true professionalism can make.

CMS Insurance
A SUBSIDIARY OF CHICAGO MEDICAL SOCIETY

FOR MORE INFORMATION, PLEASE CALL US AT 312.670.2550 OR VISIT US ONLINE AT www.cms-ins.com
Welcome to the Chicago Medical Society!

Representing over 17,000 physicians, the Chicago Medical Society is one of the largest and most active county medical societies in the country. And in today’s uncertain and changing healthcare environment, there has never been a more important time to be a member of the CMS and the Illinois State Medical Society. When you join our two organizations, you become part of a dedicated network of Illinois physicians who are working together to fight onerous laws and mandates, unfair reimbursement practices, and restrictions on physician autonomy. Your membership helps us to achieve a unified front as we also lead the good fight to enact valuable legislation on behalf of physicians and their practices. Whatever your mode of practice, CMS and ISMS membership can enhance your bottom line, and protect your autonomy as a physician.

As a member of CMS and ISMS you will have access to the wealth of resources both organizations offer as well as access to the extensive expertise of our staff. CMS and ISMS offer physicians the opportunity to learn about trends in the practice of medicine through committee participation, policy development, educational seminars, and publications. In addition, membership provides networking opportunities, membership services, and a strong, solid voice in state and national policy-making bodies on issues of concern to physicians. Read on to discover the many benefits of membership.

Legislative Advocacy
CMS and ISMS have strong legislative programs that build coalitions of engaged physicians and establish productive relationships with lawmakers and other decision-makers both locally and statewide. Through our Grassroots Advocacy Center, Legislative Mini-Internship Program, Key Contacts Program, Legislative Breakfasts, Governing Council, and House of Delegates, we work continuously to positively shape public policy on behalf of physicians and their patients. We also collaborate with the ISMS, and its influential Governmental Affairs Division, to prevent harmful legislation from becoming law, and to implement pro-medicine legislative proposals at the county, state, and federal level. Our scope is ambitious and comprehensive, benefiting physicians globally and on a day-to-day basis, with tangible results and savings.

Our policy and legislative components include:

Shaping Legislation
CMS provides a launching pad for physician and patient initiatives; your active participation is key to our success in Cook County, Springfield, and Washington, DC. Against a rapidly changing healthcare landscape, lawmakers are making rapid-fire decisions about funding, reimbursement, medical liability and public health, among other areas. Physicians have the unique perspective and insight to advise elected officials, explaining how specific legislation will positively or adversely affect the medical profession, our patients and day-to-day practice. Working together, our organizations introduce and influence legislation at the county, state, and federal level. Who better than our team of experts to guide elected officials and key decision-makers?

Relationships with Legislators
CMS leaders engage lawmakers on a regular basis. Each year we travel to Washington, DC, where we meet with members of the Illinois Congressional Delegation. We also relay your concerns in Chicago and Springfield, proposing solutions on healthcare delivery, Medicaid payment, medical liability, and workforce issues. This past year we personally engaged the following legislators: U.S. Sens. Richard Durbin and Tammy Duckworth of Illinois, Dr. Bill Cassidy of Louisiana, and U.S. Reps. Bill Foster; Peter Roskam; Luis Gutierrez; Adam Kinzinger; Danny K. Davis; Jan Schakowsky.

Mentorships for Lawmakers
The CMS Mini-Internship program matches you for a day with an elected official while you make daily rounds, perform surgery, or care for patients in the clinic or hospital. The goal is to show legislators firsthand the complexities and hassles you encounter each day as a practicing physician. Many legislators have said they come away with a new appreciation and respect for the practice of medicine. Not only do they witness the impact of legislation on physicians and healthcare delivery, but our members also acquaint themselves with the responsibilities of legislators, and learn how to communicate their needs to them. The Mini-Internship program also informs lawmakers and civic leaders that CMS is a valuable source of information and guidance on health policy issues, which they should use in their deliberations. For details on the CMS Legislative Mini-Internship Program, please contact Ruby 312-670-2550, ext. 344, or rbahena@cmsdocs.org.

Breakfast Talks with Legislators
CMS Legislative Breakfasts bring you face-to-face with your elected representatives and civic leaders, in hospitals or other locations of your choice. One example is a breakfast that took place at Swedish Covenant Hospital. Members gave a North Side Chicago Democrat their perspectives on defensive medicine, insurance reform, Medicaid reimbursement, medical education, and loan forgiveness. They used this time to discuss a study that found more than half of Illinois medical residents leave the state due to medical liability costs and loan repayment issues.

The Legislative Breakfast program complements the Mini-Internship program. At your request, CMS staff works with District leaders and hospital medical staff to arrange these breakfasts—all you do is choose the representative. For details or to schedule a breakfast, please contact Ruby 312-670-2550, ext. 344, or rbahena@cmsdocs.org.

Grassroots Advocacy Center
The CMS website informs members of new and pending legislation, encouraging them to engage with their congressional representatives. The site provides contact information, links, sample letters, and guidance on communicating effectively with legislators.

Governing Council
We recognize the necessity of a strong representative Chicago Medical Society that engages all Cook County physicians. CMS’ expanded grassroots Governing Council, offer seats to specialty societies and hospital medical staff organizations. This gives our “affiliated” groups a voice and creates a platform for all 17,000 physicians in the county region. We encourage them to actively shape CMS policies and objectives, through resolutions, and to communicate with our leaders in this democratic forum. Together we stand united, fighting for core principles and goals.

CMS also will collaborate on issues
MEMBER BENEFITS

Important to our affiliated constituents and CMS members. We offer valuable resources and services, such as studying specific issues they bring to us.

Authoring Resolutions
As the legislative body for both our organizations, the ISMS House of Delegates meets once a year to set objectives on key issues, ranging from scope-of-practice and reimbursement reform, to public health and graduate medical education. The resolutions Chicago Medical Society members submit to the CMS Governing Council directly shape these objectives. ISMS also works directly with the Illinois General Assembly to introduce and influence legislation that promotes and protects medical practices and individual physicians.

Member Discounts
CMS and ISMS membership offers you exclusive, time-and money-saving benefits. By taking advantage of these discounts and services, you can earn back more than the investment of your dues dollars. Our members have access to billing and collection services, medical products and supplies, health, life, disability insurance, group practice insurance, banking and investment services, and more. The money you save through your membership will help keep your practice more profitable.

Access to Events and Educational Programs
CMS regularly host seminars, CME programs, webinars, conferences, meetings, and educational workshops on a variety of topics essential to running the business side of your practice. You'll find programs on topics such as:

- Employment contracting and renegotiation
- Social media and online reputation management
- Coding, billing and collection
- Understanding MACRA
- Physician burnout and wellness
- Healthcare compliance and enforcement
- Practice management techniques
- Understanding and implementing legislative and policy regulations
- And much, much more

Events are held throughout the Chicago area. Please view the calendar at www.cmsdocs.org or check the Calendar of Events section of this magazine for details.

Reimbursement Assistance
The ISMS Division of Member Advocacy supports physicians—especially those in solo practice, partnership, or small group settings—who face increasing financial pressure due to ongoing changes in the healthcare delivery system. We recognize that physicians like you are under constant pressure to streamline your business operations while continuing to provide access and quality care to patients. It is often a struggle to implement changes required by stringent federal and state laws and to grapple with different health plans' confusing and inconsistent payment practices.

Through ISMS members have access to hands-on support in a variety of areas to ensure a healthy practice. Services include:

- Reimbursement assistance, which can help you recoup thousands of dollars by showing you how to appropriately respond to health plans through efficient appeals processes and claims reconsideration.
- Direct assistance with resolving reimbursement issues.
- Numerous workshops and seminars that teach physicians and their staff how to maximize reimbursements.
- Various toolkits to help you better manage your finances.
- Assistance with federal and state payment audits and compliance.
- Information on healthcare mandates and policies to keep members informed about day-to-day reimbursement issues.
- Pro-active work with public and private payors to prevent onerous provisions from getting into contracts in the first place.

For more information, please contact the ISMS Division of Member Advocacy at www.isms.org.

New Initiatives
As always, CMS strives to create new programs of value to its members as medicine's landscape changes. Some of our initiatives include:

- Women Physicians Forum—The forum looks at the unique needs and interests of women physicians in Cook County. As the local counterpart of the ISMS Women Physicians Forum, the group is structured to focus on three key areas: (1) representing and advocating on behalf of women physicians; (2) networking; and (3) offering services specific to women physicians. The Women Physicians Forums provide the means for a strong representative voice on behalf of the growing number of women in medicine.
- Committee for Academic physicians—Formed to improve CMS’ representation of physicians involved in academic medicine, this committee addresses the unique regulatory and financial issues that affect academic physicians, and provides a forum to discuss them. The committee is responsible for researching the feasibility of policies, activities and services that ultimately enable CMS to better serve the needs of academic physicians.
- Young Physicians Section—This group focuses on the concerns of physicians under 40 years of age or within the first eight years of professional practice. The YPS’ major goal is to strengthen the value of CMS membership for young physicians by: (1) enhancing the practice of medicine for young physicians, including the transition to practice; (2) facilitating the participation of young physicians in policy development and other CMS activities; and (3) promoting young physician leadership throughout organized medicine.
- Council on Hospital Medical Staff Leadership—In response to the growing demands on medical staff leadership, CMS formed a Council on Medical Staff Leadership, which is designed to be a valuable resource to you and your hospital. The Council is composed of medical staff presidents, presidents-elects, secretaries, and representatives of the AMA's Organized Medical Staff Section and focuses on issues affecting hospital medical staffs.

Contact Us
Through our advocacy efforts, our physician leaders and staff strive toward a common goal—that you spend more time treating patients and less time navigating the obstacles that threaten your autonomy and undermine your practice of medicine. Recognizing the diverse needs of our prospective members, we offer specialized memberships for physicians, practicing residents, medical students, and practice managers. For additional information on the benefits of membership or to apply, call us 312-670-2550 or visit www.cmsdocs.org.
Calendar of Events

MAY

17 CMS Executive Committee Meeting
Meets once a month to plan Council meeting agendas; conduct business between quarterly Council meetings; and coordinate Council and Board functions.
9:00-10:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. For information, contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

17 CMS Board of Trustees Meeting
Meets every other month to make financial decisions on behalf of the Society. 10:00-11:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. For information, contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

JUNE

7-8 The 70th Annual Midwest Clinical Conference in Conjunction with the Physician Legal Issues Conference
Hosted annually by the American Bar Association’s Health Law Section and the Chicago Medical Society, this unique educational event offers attorneys, physicians, and their administrative partners access to national speakers. Speakers will provide critical information on issues affecting employer and hospital relationships, business and industry responses to payer consolidation and market control. Experts will share everyday “survival” techniques for hospital and private practice settings. InterContinental Chicago, 505 N. Michigan Ave., Chicago. To register or for more information, contact Candace 312-670-2550, or visit www.cmsdocs.org.

10-14 AMA House of Delegates and Annual Meeting
CMS actively participates in the American Medical Association’s policymaking meetings, advocating for members and patients. Resolutions adopted at CMS frequently advance to the Illinois State Medical Society, where they are implemented, before ultimately reaching the AMA. CMS delegates to the AMA may submit a resolution directly to the AMA House for consideration and support. Physicians are encouraged to exercise this outstanding membership privilege, ensuring that their voice is heard at the highest levels of organized medicine and well beyond.
Location: Hyatt Regency Hotel, Chicago. For more information; www.ama-assn.org.

17 CMS Executive Committee Meeting
Meets once a month to plan Council meeting agendas; conduct business between quarterly Council meetings; and coordinate Council and Board functions.
8:00-9:00 p.m. CMS Building, 33 W. Grand Ave., Chicago. Contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

JULY

13-16 Headache Update (Presented by the Diamond Headache Clinic Research & Educational Foundation and the Diamond Inpatient Headache Unit at Presence Saint Joseph Hospital) Disney’s Grand Floridian Resort & Spa; Walt Disney World Resort; 4401 Floridian Way; Lake Buena Vista, Fla. Call 312-867-9104 or visit: www.dhc-fdn.org/events.

AUGUST

19 CMS Executive Committee Meeting
Meets once a month to plan Council meeting agendas; conduct business between quarterly Council meetings; and coordinate Council and Board functions.
8:30-9:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. Contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

19 CMS Board of Trustees Meeting
Meets every other month to make financial decisions on behalf of the Society. 8:30 – 11:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. Contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

SEPTEMBER

12 CMS Council Meeting
The Society’s governing body meets four times a year to conduct business on behalf of the Society. The policymaking Council considers all matters brought by officers, trustees, committees, councilors, or other CMS members. 7:00-9:00 p.m., Maggiano’s Banquets Chicago, 111 W. Grand Ave. To RSVP, please contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

16 The Polish-American Medical Society Annual Physician Ball The Ritz-Carlton Chicago. Time TBD.

OCTOBER

21 CMS Executive Committee Meeting
Meets once a month to plan Council meeting agendas; conduct business between quarterly Council meetings; and coordinate Council and Board functions.
8:30-9:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. For information, contact Ruby 312-670-2550, ext. 344; or rbahena@ cmsdocs.org.

21 CMS Board of Trustees Meeting
Meets every other month to make financial decisions on behalf of the Society. 8:30 – 11:00 a.m. CMS Building, 33 W. Grand Ave., Chicago. For information, contact Ruby 312-670-2550, ext. 344; or rbahena@ cmsdocs.org.

NOVEMBER

7 CMS Council Meeting
The Society’s governing body meets four times a year to conduct business on behalf of the Society. The policymaking Council considers all matters brought by officers, trustees, committees, councilors, or other CMS members. 7:00-9:00 p.m., Maggiano’s Banquets Chicago, 111 W. Grand Ave. To RSVP, please contact Ruby 312-670-2550, ext. 344; or rbahena@cmsdocs.org.

11-14 AMA Interim House of Delegates Meeting
The American Medical Association House of Delegates is the principal policy-making body of the AMA. This democratic forum represents the views and interests of a diverse group of member physicians from more than 170 societies. These delegates meet twice per year to establish policy on health, medical, professional and governance matters, as well as the principles within which the AMA’s business activities are conducted. The HOD includes well over 500 voting delegates who are members of the AMA and have been selected by the organization they represent, such as CMS.
Location: Hawaii Convention Center, Hilton Hawaiian Village Waikiki Beach Resort Honolulu, Hawaii.
Personnel Wanted

- Anesthesiologist for D & C
- Ob-Gyn for D & C and Tubal Sterilization
- Urology primarily for Vasectomy
- Family Medicine Physician for D & C and Birth Control

Family Planning and Birth Control Centers, 1-3 days per week in Wood Dale, Downers Grove, Glen Ellyn and Chicago (Motor Row District). Please send CV and salary requirements by fax to 847-398-4585 or send CV via email to administration@officegci.com and vino878@aol.com.

Family Medicine/Pediatric Practice for Sale

Founded 25 years and situated on Chicago's South Side in a rapidly-growing family community. Be the boss as you experience immediate gratifying returns on your very reasonable investment—far beyond that of other employment options. This thriving, well-established and rapidly growing practice features:

- 1,500 square feet; four exam rooms, equipment; and custom built office supported by dedicated, experienced staff committed to working with and welcoming a new pediatrician or family medicine owner to the community and practice.
- Most office functions computerized since 2004, including the EMR with more than 4,000 established patients
- Well-managed broad-based; accepts both public aid and private insurance, 100% outpatient, 100% fee-for-service, with ample referral specialists.

Financial Details: Annual Collections ~$1,500,000, with only 16 hours per week by physician.

Asking Price: $100,000 for practice, flexible depending on terms. Make offer. Property: $100,000 with parking facilities, 4,000 square feet, price negotiable. Timing: Available immediately.

Contact: M.P. Selvam, MD (owner); 946 W. 79th St.; Chicago, Ill.; Phone: 773-339-9375; Email: selvamtd2@hotmail.com.

Equipment for Sale/Rent

New or refurbished medical equipment for all specialties—AEDs, exam tables, power exam tables, vital sign monitoring, EKGs, patient monitors, defibrillators, stretchers, anesthesia machines, EtCO2 monitors and more. We buy used equipment. Financing available. MESA Medical, Inc. Call 800-989-4909 or email: james@mesasales.com.

Business Services

APEX Design Build—Contact our team for design, architecture, and construction of medical practices. We are the turn-key resource that creates a seamless build-out process. Let us conduct a complimentary analysis of your real estate before buying or leasing, to avoid future challenges. Contact: www.apexdesignbuild.net or 847-737-7573.

Physicians' Attorney—experienced and affordable physicians’ legal services including practice purchases; sales and formations; partnership and associate contracts; collections; licensing problems; credentialing; estate planning; and real estate. Initial consultation without charge. Representing practitioners since 1980. Steven H. Jesser 847-424-0200; 800-424-0060; or 847-212-5620 (mobile); 2700 Patriot Blvd., Suite 250, Glenview, IL 60026-8021; shj@sjesser.com; www.sjesser.com.
JOYCE HALL, Esq., a member with Watkins & Eager in Jackson, MS, not only spends her professional hours specializing in healthcare and commercial and public finance law but she also currently serves as the chair of the American Bar Association's Health Law Section. “I love health law,” she says. “It spans a lot of different areas of the law including contract, HIPAA, compliance, and white collar crime. But, more importantly,” she continues, “the health of the country is critical and I’m proud to serve alongside physicians, who are the guardians of that health, helping them with their legal issues.”

Hall didn’t start out in health law, however. She began in commercial litigation with Daniel Coker Horton and Bell in Mississippi in 1987, then moved to Watkins & Eager in 1990 to concentrate her practice on banking and finance. When her husband, Daniel, needed to move to New Orleans to earn his PhD, she went along, landing a position at Stone Pigman Walther Wittmann & Hutchinson in 1994. “It was at Stone Pigman that I really got into healthcare law,” she says. “The partner I worked with had a strong physician practice so I ended up with a majority of my cases being related to healthcare regulations and financial transactions.”

It was also at Stone Pigman that Hall got her first introduction to the ABA when partners there suggested that she join the group. “They told me that it was a very collegial group where you could build relationships with other healthcare attorneys across the country,” she says. “I’ve found that to be very true. Given all the quick changes in healthcare law these days, it’s been a huge help to be able to call another attorney who may have experience in a certain matter and have them happy to pick up the phone and give advice.”

Since joining the ABA’s Health Law Section, Hall has served in a wide range of leadership positions including secretary, vice-chair and chair-elect. “I’m very honored to have been chosen to be Chair of the Section this year,” she says. “It’s a great opportunity that gives me a chance to serve on a national stage.”

When her husband finished his PhD, the couple returned to Jackson and Hall has picked up her practice with Watkins & Eager, this time focusing on healthcare law, as well as commercial and public finance. She comes armed with more experience working with physicians and has some words of wisdom for them. “I don’t expect physicians to have in-depth knowledge of healthcare law,” she says, “but they need to stay abreast of the latest changes in reimbursement and compliance so that they can ask questions of their legal counsel or administrator. Otherwise, they may make decisions that point them in the wrong direction.” She also notes that physicians need good local, state and national societies to keep them informed of current legal issues.

She also stresses the urgency of lawyers helping young physicians as they begin their careers. But she also recognizes that new physicians may be the ones least able to afford legal help. “I encourage lawyers to help young physicians all they can,” she says. “By, for example, giving them a discount or delaying payment for the legal fees. I consider it an investment in our country’s health.”

WHO’S WHO
On the Physician’s Side
The chair of the Health Law Section helps keep physicians pointed in the right direction
By Cheryl England

JOYCE HALL, Esq., loves practicing health law because she knows just how important health care, and the doctors who provide it, are to the country.
Keeping the game fair...

...so you’re not fair game.

Your Illinois medicine is getting hit from all angles.

You need to stay focused and on point—confident in your coverage.

Get help protecting your practice, with resources that make important decisions easier.

CMS Insurance Agency, Inc.
For more information, please call our staff at 312.670.2550.

ProAssurance
Healthcare Liability Insurance & Risk Resource Services
ProAssurance Group is rated A+ (Superior) by A.M. Best.

Want to reduce risk? >> ProAssurance.com/Seminars
HEADACHE UPDATE
July 13-16, 2017

DISNEY’S GRAND FLORIDIAN RESORT & SPA
Walt Disney World Resort
4401 Floridian Way
Lake Buena Vista, Florida 32830

Approved 28.00 AMA PRA Category 1 Credits™

COURSE DIRECTOR
Merle L. Diamond, M.D.

REGISTER ONLINE
View the complete agenda, register for the course and book your room reservation at www.dhc-fdn.org or call (312) 867-9104

Registration Fees:
$500 MD/DO/PhD/PsyD/DDS
$400 PA/NP/RN/R Ph/Pharm D/Pharma Rep or other Allied Health Professionals

Presented by
DIAMOND HEADACHE CLINIC
RESEARCH & EDUCATIONAL FOUNDATION

Presence
Saint Joseph Hospital