

GRASSROOTS INVOLVEMENT

CMS helps cancel physician participation in state executions

"Unethical, unprofessional, and dishonorable behavior"

ILLINOIS PHYSICIANS ARE NO LONGER required to be on hand to pronounce an inmate dead after the death penalty has been carried out. The measure was signed into law July 24.

Ever since the first publicized physician-assisted lethal injection in Illinois in September 1990, the CMS Council has stated its opposition to the practice. It brought these concerns to the ISMS, which, in turn, supported legislation in the General Assembly. The issue was a source of great controversy for several sessions.

Last spring, in a show of support for H.B. 1487 and S.B. 277, the CMS Council passed a resolution commending the following legislators for sponsoring legislation to remove physicians from the process: Reps. Barbara Flynn Currie (D-Chicago), Bill Brady, (R-Bloomington), Rich Brauer (R-Springfield) and Sara Feigenholtz (D-Chicago), and Sens. John Cullerton (D-Chicago) and Barack Obama (D-Chicago).

The CMS Bylaws oppose physician par-

ticipation in state executions as "unethical, unprofessional, and dishonorable behavior."

"Participating in executions is a violation of our professional ethics," stated ISMS President William E. Kobler, MD. "Banning physician participation has been a long-standing legislative initiative of ISMS. We are pleased that after years of hard work, we were finally able to accomplish this legislative change."

Fairness signed into law

LEGISLATION SIGNED INTO LAW IN LATE JULY will help physicians make more informed decisions about health-care resources by standardizing and simplifying contracts presented to them by health plans. The *Fairness in Contracting Act* (H.B. 1074), which has been a priority of ISMS for the past three years, will put physicians in a better position to advocate for patients.

"Passage of this bill injects a needed dose of trust into the physician-insurer relationship," said ISMS President William E. Kobler, MD. "By requiring health plans to be upfront in providing essential information, physicians can better manage patient care."

The *Fairness in Contracting Act* applies to the distribution of information only, and will not alter current payment methods. It will, however, provide vital first steps in restoring sensible business practices between physicians and other health-care providers, and insurers, including:

- **Contracting procedures**—with proposed contracts, physicians and other health-care providers will receive *all* attachments, exhibits, certain specialty-specific fee informa-

(continued on page 2)

tion and the network administration manual. Once this information is received, physicians will have 30 days to review the contract before signing.

● **Remittance advice and procedures**—a remittance advice *must* contain detailed information including the services billed, any patient payment responsibility, the actual payment and reasons for any reductions.

● **Recoupments**—if an insurance company must recoup payments, a detailed explanation containing the name of the patient, dates of service, service code or service description, the amount and the reason for recoupment *must* be included in the remittance advice.

“This is an important first step in bringing more equity to the business side of medicine,” said Dr. Kobler. “Patients should be encouraged to know that their health-care team is taking steps to better advocate on their behalf.”

In thanking supporters in the Illinois General Assembly, as well as other individuals, Dr. Kobler recognized one health plan in particular, Blue Cross Blue Shield of Illinois, for “breaking ranks with other Illinois health plans and negotiating in good faith with ISMS.”

The *Fairness in Contracting Act* will take effect on Jan. 1, 2004.

New GAO report confirms cause of medical liability crisis

The findings of a new General Accounting Office report only reconfirmed what the nation’s embattled physicians already knew.

“Today’s GAO report confirms what we have long held: Since 1999, medical liability premiums have skyrocketed in some states and specialties—and increasing awards are the main driver,” said AMA President Donald J. Palmisano, MD, in a statement released July 29.

The report “also puts to rest two other trial lawyer smokescreens: that insurance company gouging and/or stock market losses have caused the medical liability crisis.” Dr. Palmisano commented that the GAO report “states that insurer profits are not increasing, indicating that insurers are not charging and profiting from excessively high premium rates.” He said the report “also notes that insurance regulators in most states have the authority to deny excessive premium rates.”

The GAO report further “makes clear that bonds make up 80 percent of insurers’ investments and that no medical malpractice insurers experienced a net loss on their investment portfolios,” Dr. Palmisano said.

For a copy of the report, go to www.ama-assn.org/ama/pub/category/4015.html, click on “GAO Report Confirms Skyrocketing Premiums.”

Find us online at CMS Internet address **www.cmsdocs.org**

NEWS FOR CHICAGO PHYSICIANS

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CRUNCHES

AMA: Your help needed to stop Medicare cuts

The Centers for Medicare and Medicaid Services' (CMS) Aug. 8 announcement reiterating earlier estimates of a 4.2 percent cut for 2004 emphasizes the importance of including a positive physician payment update in the Medicare bill now in conference.

The time for Congress to act is now, says AMA President Donald J. Palmisano, MD. "Without prompt action by Congress," he said, "the repercussions of this payment cut will be felt by senior and disabled patients who rely on Medicare to provide health care."

Instead of the cuts, a positive payment update of at least 1.5 percent for the next two years is included in the House version of the Medicare prescription drug bill, H.R. 1, which passed in June. The Senate also passed a sense-of-the-Senate resolution expressing the need to address the physician payment cuts. Although Congress has adjourned for the August recess, a House-Senate committee is working to reconcile differences between the two bills. The AMA is working to keep the House physician payment provision intact.

For information on how to contact your senator or representative, please call the **AMA Grassroots Hotline** at (800) 833-6354 or go to capwiz.com/ama/dbq/officials.

MCHC looks at future impact of aging population on hospitals

UNLESS DRAMATIC MEASURES ARE TAKEN now to address the severe health-care workforce shortage and increase significantly the number of hospital beds in the region, Chicago's health-care crisis will continue through 2020, according to a recent study by the Metropolitan Chicago Health-care Council and the consulting firm HealthCare Futures, LLP.

The study, "The Chicago Regional Healthcare Market: Projected Demand for Health Care Services and Impact on Providers," is the first of its kind to assess demand for health-care services in the nine-county metropolitan Chicago region through 2020. Until now, studies have looked only at such demand through 2010.

"This report comes at a time when we are already seeing overcrowding in emergency departments and "spot" shortages in other specialties,

such as neurosurgery and gynecology," said Larry Haspel, DO, executive vice president of the MCHC. "Right now, there are no plans that would suggest we will be able to meet this increased demand over the next 20 years. We need to address these issues now if we are to be prepared for the future."

To obtain a copy of the report, contact Jeanine Collins in the MCHC Public Affairs Office at (312) 906-6014 or e-mail hdiedrich@mchc.org

Additional findings from MCHC

THE MCHC STUDY ALSO REPORTED THAT the region will need an additional 3,000 to 3,400 physicians by 2020, or a 20 percent increase from a 2001 estimate of 12,500 "full-time" physicians.

What is more, the study projects 11 medical specialties will experience significant growth in patient demand through 2020, with all but one experiencing double-digit growth.

Medical specialties expected to experience the greatest increase in demand for services over the next 17 years include:

- Rehabilitation (36 percent)
- Oncology (34 percent)
- Cardiology (33 percent)
- Orthopedics (32 percent)
- Neurosciences (29 percent)
- General medicine (28 percent)
- General surgery (27 percent)
- Pulmonology (23 percent)

Projected demand for other specialties during this time period is equally significant:

- Psychiatry/Chemical dependency (18 percent)
- Neonatology (13 percent)
- Ob/gyn (9 percent)

LOOKING AT LIABILITY

CMS staff member urges Senator Durbin to vote for liability reform

*Senator offers his rationale;
CMS offers counterpoint*

THE DEBATE OVER MALPRACTICE INSURANCE reform continues. A CMS staff member recently wrote to Senator Richard Durbin, urging the senator "to support a \$250,000 cap on jury awards for pain and suffering—before more physicians are driven out of practice." It appears, however, that the senator has different ideas on how to achieve "relief" for physicians. Following are excerpts from the letter Senator Durbin sent to the CMS staff member, countered by information CMS has gathered in support of its position.

Durbin: "To provide immediate relief to our nation's health-care providers, I introduced S. 1055, which would allow doctors and hospitals to claim a tax credit in 2003 and 2004 for a percentage of the malpractice premiums they pay. Doctors in high-risk specialties such as obstetrics, surgery, trauma care and neurology would be eligible for a tax credit equal to 20 percent of their total malpractice premium, while doctors in lower-risk specialties such as general medicine, dermatology and pathology would be eligible for a tax credit equal to 10 percent of their total malpractice premium."

CMS: Tax credits for malpractice premiums would be nothing more than a band-aid solution. According to 2001 Jury Verdict Research data, between 1999 and 2000, the median jury award increased 43 percent. Furthermore, median jury awards for medical liability claims grew at seven times the rate of inflation, while settlement payouts grew nearly three times the rate of inflation. Even more telling, however, is that the proportion of jury awards topping \$1 million has increased from 34 percent in 1996 to 52 percent in 2000. More than one half of all jury awards today top \$1 million; the average jury award has increased to about \$3.5 million.

Durbin: "According to Weiss Ratings, Inc., a leading independent provider of ratings and analyses of financial services companies, state-level caps on non-economic damages have failed to prevent sharp increases in medical malpractice insurance premiums. In 19 states that implemented caps between 1991 and 2002, physicians suffered a 48 percent increase in median premiums,

compared to a 36 percent increase in 31 states without caps."

CMS: Caps have certainly worked. Since 1975, in California, for example, the California law known as MICRA has limited pain and suffering damages to \$250,000, while allowing victims of genuine malpractice to be fully compensated for economic harm. This has resulted in a 167 percent rise in malpractice insurance premiums in California, compared to the 505 percent increase nationwide. In other words, premiums across the U.S. have risen three times more than in California. *Senator Durbin supported the recent undertaking by the Government Accounting Office (GAO) to study rising medical malpractice premiums. But when the study came out, it contradicted the Senator's stand by stating that increasing awards are the "main driver" for skyrocketing medical liability premiums. (See GAO story on page 2.)*

Next steps for liability reform

LOOK FOR MEDICAL LIABILITY TO RESURFACE in the fall under Majority Leader Bill Frist (R-TN). CMS anticipates lively debate in the coming year as the issue gains momentum, particularly in the 2004 presidential campaign.

For now, physicians must continue educating patients about the costs of medical liability insurance and keep sending an emphatic message to Senator Durbin. Write him or ask your patients to write him a personal note mentioning that a 2003 Gallup poll found that 72 percent of Americans favor capping non-economic damages in medical liability cases.

To contact Senator Durbin:

332 Dirksen Senate Office Building, Washington, DC 20510, Fax: (202) 228-0400

To thank Senator Peter Fitzgerald for his ongoing support of medical liability reform:

555 Dirksen Senate Office Building, Washington, DC 20510, Fax: (202) 228-1372

Volunteer MDs needed in Egypt

Medical and surgical specialists as well as ophthalmologists are invited to provide patient care for a one- to two-week period in a suburban Cairo hospital, affiliated with the Orthodox Church of Egypt. *For information, please contact Daniel N. Schmuda, MD, at (847) 934-5556.*

WE NEED YOUR INPUT

Help CMS help you protect your staff privileges

WITHOUT FAIR BYLAWS AND A FAIR PEER review process in place at a hospital, every physician there is at risk of encountering problems. Just a few of the dangers include: Wrongful loss of staff privileges, being reported to the National Practitioner Data Bank, loss of ability to provide patient care, and damage to one's medical practice and career.

The Chicago Medical Society is working to assure fairness through the Physician Advocacy Committee, which is composed of physicians, administrators, and a physician-attorney with extensive experience in staff privileges problems. The committee assists physicians in resolving individual staff privilege disputes and provides seminars to educate physicians and leadership about staff privileges, peer review, and bylaws.

Remember—We can't help you if we don't hear from you.

To address these issues, the committee needs

hospital bylaws and rules pertaining to staff privileges and the peer review process from as many Illinois hospitals as possible. These will be used to identify the most prevalent deficiencies so steps can be taken to educate physicians and hospitals about them and to assist in remedying them.

We ask physicians to forward copies of hospital bylaws and rules to James R. Tarrant, CMS Executive Director, at 515 N. Dearborn St., Chicago, IL 60610. Anonymous submissions will be accepted.

Leadership and physicians who are interested in learning more about or participating in the Committee's staff privileges/peer review educational program, and individual physicians or leadership who are involved in a staff privileges dispute and would like assistance or guidance, should contact Mr. Tarrant at (877) CMS-DOCS or by e-mail at askcms@cmsdocs.org.

CMS COUNCIL HIGHLIGHTS

Report of May 7, June 3 meetings

AS THE POLICY-MAKING BODY OF THE Medical Society of Cook County, the CMS Council provides a local voice for Chicago physicians. Following are the combined highlights of the most recent Council meetings:

Surveying the legislative scene:

Organized medicine in Illinois

Outgoing CMS President Richard A. Geline, MD, updated the Council on the April ISMS House of Delegates meeting. He said physicians in Illinois should take pride in the fact that many resolutions crafted by local county medical societies go on for debate in the ISMS and AMA. (To read the outcome of the CMS resolutions at the ISMS HOD, please see the spring issue of *Chicago Medicine*.)

The Council passed the following resolutions at its May and June meetings:

- **ISMIE Mutual**

Charges CMS with requesting ISMIE Mutual to

cease writing medical malpractice insurance as of July 1, 2003. The amended resolution refers the matter to the Executive Committee.

- **Time to Voice Our Opposition and Demand Revision**

Pledges CMS support for tort reform at the national level with caps on non-economic damages.

- **Support for Illinois Legislation Excluding Physicians from Participating in State Executions**

Commends state Representatives Currie, Brady, Brauer, and Feigenholtz and Senators Cullerton and Obama for protecting the ethical integrity of the medical profession in Illinois. Encourages other state county medical societies to contact their senators and representatives regarding support for this legislation. Reaffirms CMS policy opposing the participation of physicians in state executions. (This legislation passed and was signed into law in July.)

- **Creation of a New Illinois (Chicago) Liability Insurance Company.**

CMS COUNCIL HIGHLIGHTS *(continued)*

Directs the CMS Professional Liability Insurance Committee to investigate the possibility of creating a new medical malpractice insurance company for CMS members and report back to the Council by its November meeting.

- **Hold the Legal Profession Accountable: Let's Enact a No Contingency Fee Law**

Directs CMS in conjunction with ISMS and AMA to work toward establishing caps of \$250,000 on non-economic jury award damages.

- **Information Needed on Medical Liability**

Directs the CMS Professional Liability Insurance Committee to review medical liability judgments in Cook County and report back to the Council and/or publish its findings in *Chicago Medicine* for educational purposes.

Rally takes city by storm

Dr. Geline recapped the successful CMS-sponsored medical liability reform rally held May 13 in Chicago's Daley Plaza. He said that now is the time—with the rally still fresh in everyone's memory—to recruit new members. He said the event

had accomplished two goals: Prompting newspapers to print editorials in favor of the CMS position and in getting Senator Richard Durbin's attention. Physicians, however, "Must continue to pressure Senator Durbin for real reform and support AMA in its efforts to influence other Senate Democrats," said Dr. Geline. The real emphasis, he stressed, should be on encouraging patients to contact legislators themselves.

CMS meets with ISMIE

In response to a question about CMS operating its own brokerage, President-elect Neil E. Winston, MD, said that a joint CMS Board/Council committee would explore the question and report back. He explained that the joint committee had already met with Dr. Jensen and ISMIE leaders and begun discussion on this issue as well as the need for affordable insurance for members. Dr. Winston said that both CMS and ISMIE would perform due diligence on the feasibility of the two organizations working together.

The next meeting of the Council will be Tuesday, Sept. 9, 2003, at 7:00 p.m.

More kids and families eligible for health insurance

GOVERNOR BLAGOJEVICH RECENTLY SIGNED legislation expanding the KidCare and FamilyCare health insurance programs, providing comprehensive health-care coverage for 20,000 additional children and 65,000 working parents in the first year and a total of 300,000 parents over three years.

The governor appeared at Children's Memorial Hospital in July along with Director of Public Aid Barry S. Maram to highlight the new legislation sponsored by state Rep. Sandra Pihos (R-Glen Ellyn) and state Sen. Barack Obama (D-Chicago).

The legislation immediately raises the eligibility level for the department's KidCare program from 185 percent of the Federal Poverty Level (FPL) to 200 percent of FPL for the KidCare program. Currently, a family of three earning more than \$28,236 cannot qualify for the KidCare program. The bill will raise the eligibility to families

earning up to \$30,516. As a result, the state will be able to cover 20,000 more children.

The bill also expands the FamilyCare program—targeted at pregnant mothers and parents of KidCare eligible children—by raising the eligibility level from 49 percent of the FPL. Right now, to qualify for FamilyCare, a family of four can earn no more than \$750 per month. With this expansion, the income eligibility level will be increased to \$1,380 per month. Over three years, 300,000 more working parents will receive health-care coverage.

In the new fiscal year, the expansion of KidCare will cost \$3.8 million and FamilyCare will cost \$22 million in state funds. The state will receive 65 cents for every dollar invested in this program from the federal government. The FamilyCare expansion will cost \$63 million a year and will also receive a federal match of 65 percent.

New prescription drug club for seniors and disabled

WITHIN THE NEXT SIX MONTHS, THE NATION'S first prescription drug club for seniors and disabled will be in place in Illinois, offering savings of 20 to 30 percent.

Under terms of the program announced by Governor Blagojevich, senior citizens and the disabled not covered by Medicare will be able to enroll in the club for \$25 a year and become eligible to receive state-negotiated discounts beginning in January 2004.

According to the Illinois plan, savings will be realized in two main ways: by the state leveraging the buying power of the estimated 1.5 million senior citizens eligible for the program; and the \$1.8 billion a year the state spends buying drugs for various programs to negotiate lower prices from pharmaceutical companies. The Department of Central Management Services will establish and administer the program.

CDC offers free tool kit for mild traumatic brain injury

MORE THAN 1.1 MILLION PEOPLE SUSTAIN mild traumatic brain injuries (MTBIs) each year. Health-care providers can play a key role in helping to prevent MTBI and in improving patient outcomes when it does occur.

The Centers for Disease Control and Prevention (CDC), working with a number of partners, has developed a new tool kit to improve clinical diagnosis and management of MTBI. "Heads Up: Brain Injury in Your Practice" is now available free of charge. The kit contains practical, easy-to-use clinical information, patient information in English and Spanish, scientific literature, and a CD-ROM.

To order your free tool kit, please visit www.cdc.gov/ncipc/pub-res/tbi_toolkit/toolkit.htm. You also can fax your request to (770) 488-4338, Attn: TBI tool kit.

CMS MEMBER BENEFIT

Sign up for a taste of Asia, and try Italy, too

CHICAGOURMETS, the fine-dining organization that has been endorsed by the Chicago Medical Society Service Bureau, Inc., announces upcoming dining events and programs. (All CMS members are considered members of ChicaGourmets, and will receive the ChicaGourmets discount for all events. All luncheon and dinner prices include tax, tip and wines.)



The ChicaGourmets luncheon at Monsoon on Sept. 5, will feature several hors d'oeuvres, house salad with chat masala dressing, an entree choice of steamed Asian spice-marinated red snapper wrapped in banana leaf and served with rice, or Darjeeling tea-smoked Cornish hen served with Kashmiri pulao and jaggery tea sauce, and for dessert, a trio of sorbets. Wine is also included.

● Monsoon: "East Meets West Luncheon"

FRIDAY, SEPT. 5, NOON, 2813 N. BROADWAY, CHICAGO.

Chef Sumanth Das will discuss Indian and Asian spices, and serve a signature luncheon that expands the boundaries of traditional Asian and Indian cooking. Member's price, \$49.

● Strega Nona: "Bewitching Dinner"

MONDAY, SEPT. 8, 6:30 P.M., 3747 N. SOUTHPORT, CHICAGO.

Located next to the Mercury and Music Box Theaters, Strega Nona offers an interesting slant on traditional Italian food by introducing seasonal menus, prepared by chef Anthony Keenan. Wine buyer/sommelier Patti Talbot will be visiting each table during dinner to discuss the wine and food pairings. Member's price \$59.

To reserve for ChicaGourmets events, please prepay by sending in your check, and identify yourself as a CMS member. (Memberships will be verified.)

Send checks to: ChicaGourmets, Mail Boxes, Etc. PMB 347, 47 W. Division St., Chicago, IL 60610-2220.

For more details, view the ChicaGourmets web site: www.chicagourmets.com.

For further information, contact: Don Newcomb, president, ChicaGourmets, (708) 383-7543; e-mail donaldnewcomb@comcast.net.

Our neighbors at Spago extend special 25 percent discount to all CMS members

SPAGO'S EXECUTIVE CHEF, FRANCOIS Kwaku-Dongo, and general manager, Amanda Puck, are offering all CMS members and their guests a 25 percent discount at Spago, good anytime for lunch or dinner. Spago is open Monday through Saturday, and is located at 520 N. Dearborn St., directly across from the CMS Building. When making your reservation, simply state that you are a CMS member and are requesting the special discount. Call Spago at (312) 527-3700.

* * *

HAVING A BALL

CMS hits stride with golf outing

SUNSHINE AND RELAXATION WERE A WINNING combination at the fifth Annual Golf Outing held July 16 at Ruffled Feathers Golf Club in Lemont, Ill. Attendees at this CMS-sponsored event spent the morning golfing, enjoying lunch and an awards reception in the afternoon.



Best team

Kanti Chandarana, MD; Vikram Gandhi, MD; R. Jobanputra, MD; Tom Manion.

\$50 Gift Certificates to Galyan's
Free foursome at Ruffled Feathers Golf Club

Longest drive

R. Jobanputra, MD
Gift Certificate to Ruffled Feathers Pro Shop

Longest putt

Jim Hinds
Swing Magic Training Aid

Closest to pin

Tom Manion
Callaway Golf Bag

CMS would like to thank the following organizations for helping make the golf outing a success:

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MIDWEST PHYSICIAN PAIN CENTER HAS office space available for primary care physician in P.M. at 3522 E. 95th St. and in A.M. and P.M. at 47th and Pulaski in Chicago. Minimum rent. Call (773) 933-0791.

FULLY FURNISHED AND EQUIPPED 5800 sq.-ft. office building in Calumet City for sale or lease. Ideal for group practice. Call Evan at (708) 868-9458.

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FOR SALE-FULLY-EQUIPPED FAMILY practice center. Emergency room, x-ray, large waiting room, four exam rooms and two con-

sult rooms. Near LaGrange, Hinsdale, and Elmhurst Hospitals. Please reply to Box #2104, c/o Chicago Medicine, 515 N. Dearborn St., Chicago, IL 60610.

LONG-ESTABLISHED FAMILY PRACTICE for sale/lease option. Location near Cook County, Rush, UIC Hospitals. May include R/E. Call (630) 420-1944, cell (630) 747-3131.

Personnel available

EXPERIENCED CHIROPRACTIC PHYSICIAN seeks employment/association with physiatrist, orthoped, general practitioner, etc., in salaried position possibly leading to partnership. Please reply to Box #2077, c/o Chicago Medicine, 515 N. Dearborn St., Chicago, IL 60610.

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HOME PHYSICIANS, A CHICAGO MEDICAL group specializing in house calls, seeks physicians. Individuals trained in primary care/surgical debridement. Full-time/part-time. Fax C.V. to Scott Schneider at (773) 486-3548 or mail to Home Physicians, 1735 N. Ashland Ave., Chicago, IL 60622; phone (773) 292-4800; www.homephysicians.com.

SPANISH-SPEAKING INTERNAL MEDICINE or family practice physician for large group practice. Call (773) 895-9695. Terms negotiable.

INTERNAL MEDICINE / FAMILY PRACTICE physician needed in Arlington Heights. Must be board-certified or less than two years after residence. Fax C.V. to (847) 392-0036.

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