



## CALL FOR BAN

# City Council lights up smoking issue

*Alderman Smith holds first in a series of public hearings*

THE CHICAGO MEDICAL SOCIETY provided testimony July 12 in favor of proposed legislation to amend Chicago's existing Clean Indoor Air Ordinance. The legislation would ban smoking in all public places and places of employment in the City of Chicago.

The far-reaching ban would cover basically all of indoor Chicago, including restaurants, free-standing bars, theaters and shopping malls as well as outdoor sports stadiums and train platforms. Smokers would be prohibited from lighting up within 25 feet of an enclosed area where smoking is banned.

Support for action by the City Council is consistent with CMS' own policy, which "endorses the findings of the Surgeon General's Report on the effects of smoking and health, and recommends that the rights of



**CMS URGES PHYSICIANS WHO LIVE IN THE city to contact the Mayor's office promptly with the health and medical side of the smoking debate. If you live in the suburbs, write to the Mayor, letting him know why you might hesitate to dine in a Chicago restaurant:**

**Mayor Richard M. Daley**

**121 N. LaSalle St.**

**Chicago, IL 60602**

**(312) 744-3300**

***And call your local alderman to urge support!***

non-smokers be protected." Over the years, CMS has passed numerous resolutions reaffirming its commitment to clean air and healthy lungs, and has encouraged members to write to their elected officials in support of restrictions.

The proposed legislation is sponsored by Ed Smith (28th Ward) and Bernard Stone (50th Ward), and would be among the most stringent anywhere in the country. "It's time for Chicago to change its status as the largest city in the United States that does not protect the health of its citizens, particularly its workers, from secondhand smoke," Alderman Smith said. "We must do the greatest amount of good for the greatest amount of people."

Mayor Daley, who in the past has backed the tourism and hospitality industries, now appears to have relaxed his stance. "Let's have a hearing and look at it," he said recently.

Although the City Council has rejected previous attempts over the years to tighten the prohibitions, anti-smoking sentiment has been growing nationwide, with cities and some states around the country approving bans in

*continued on p. 2*

## BAN (continued)

public places. The move to make Chicago smoke-free echoes efforts already successful in Los Angeles, Dallas, Philadelphia, Boston, San Francisco, and San Diego, as well as 11 states including California, New York, Massachusetts and Florida. Locally, Evanston, Skokie, Wilmette and Highland Park, have enacted

restrictions of some type on public smoking.

*The American Cancer Society, Illinois Division, developed the proposed legislation, and is spearheading a "Smoke-Free Chicago" campaign to get it passed. "Smoke-Free Chicago" is an amalgam of 242 organizations, institutions, businesses, churches and schools, including CMS.*

### ALL SMOKED OUT

- About 69 percent of the 6,000 licensed restaurants in Chicago, including fast-food eateries and taverns that serve food, are smoke-free. —*Chicago Department of Public Health*
- Over the last five years, the number of non-smoking seats in Chicago restaurants has increased by 90 percent. —*Colleen McShane, president of the Illinois Restaurant Association*
- Since 1994, Chicago restaurants have been required to designate at least 30 percent of their tables for non-smokers.
- Fifteen percent of hospitals in the metropolitan Chicago region currently have smoke-free campuses. The Metropolitan Chicago Healthcare Council and The Smoke-Free Chicago coalition are working to make the campuses at all 96 hospitals serving this region smoke-free by November 2006. Smoke-free campuses would mean that smoking is not allowed anywhere on hospital property, including parking lots or outside building doors.

## Victory on the fax bill! Now CMS can keep you posted

LEGISLATION THAT PROTECTS CONSUMERS from unsolicited faxes while also preserving the ability of businesses to communicate with their customers was signed into law July 9.

Known as "The Junk Fax Prevention Act," the legislation maintains the "established business relationship" exception that allows associations and companies to send unsolicited faxes to members and clients.

The newly passed fax legislation also:

- Requires that all unsolicited commercial faxes include an opt-out provision on the first page of the fax, providing a cost-free, 24-hour means for

the recipient to request to be removed from the fax distribution list.

- Requires that fax numbers be obtained either directly from the recipient or from a public source to which the recipient gave the number for publication (i.e., a Web site, advertisement or directory).
- "Grandfathers" in fax numbers in the possession of the sender at the time of enactment.

**Early-Bird Deadline extended for Fall Midwest Clinical Conference Registration.**  
**See pages 12-13.**

### NEWS FOR CHICAGO PHYSICIANS

**chicago  
medicine**

CHICAGO MEDICAL SOCIETY  
THE MEDICAL SOCIETY  
OF COOK COUNTY



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Chicago IL 60610

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### CHICAGO MEDICAL SOCIETY

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## *What caps mean for Illinois*

THE 2004-2005 COUNCIL YEAR ENDED ON a positive note, with the Society increasing its financial strength and making real progress toward tort reform and access to care. The tort reform legislation awaiting Governor Blagojevich's signature is testament to the power of county medical societies working with the state to bring about dramatic change. Highlights of SB 475 include: firm cap not indexed for inflation, tightened affidavit of merit, higher standards for expert witnesses, provision for purchase of annuities, and allowing doctors to say "I'm sorry." SB 475 will do much to keep doctors in Illinois and preserve patients' access to care. Written by ISMS and ISMIE Mutual, the bill is well crafted to comply with the Illinois state constitution.

*This legislative victory is a good tool for membership recruitment—an excellent example of what organized medicine has done for physicians lately.*

### **COUNCILORS EARN TRIBUTE**

Thirteen physicians were recognized for their ser-

vice on the CMS Council. The awards were given for five, ten, and 20 years of service.

*Five years of service:* Drs. Hareth M. Raddawi, Michael J. Wasserman, Michael A. Wilczynski.

*Ten years of service:* Drs. Bapu P. Arekapudi, Saroja Bharati, Kenneth G. Busch, Susan B. Kern, Carol A. Meyers, Richard P. Moser, Ashwin S. Patel.

*Twenty years of service:* Drs. Roger L. Rodrigues, Herbert Sohn, Henry E. Tabe.

### **COUNCIL PASSES RESOLUTION ON LATE IDPA PAYMENTS**

In response to claims that IDPA isn't paying some physicians in a timely manner, the CMS Council passed **Medical Practice Jeopardized in Poor Neighborhoods of Chicago**. This resolution directs *Chicago Medicine* to run notices encouraging physicians whose IDPA payments have been delayed to contact the ISMS Division of Member Advocacy. It also requests leadership to directly petition the Illinois state legislature for timely payment of services.

## UPDATES

### ***Caps struck down in Wisconsin***

*Decision supercedes the will of the people*

UNTIL RECENTLY, WISCONSIN WAS REGARDED as one of the models for the rest of the country because of its reasonable cap on non-economic damages in medical liability cases. But that designation changed July 14 when a narrowly divided Wisconsin Supreme Court ruled that caps violated the state constitution's equal protection guarantees. Now a state that had been credited with attracting physicians to practice within its borders could begin to see huge verdicts against physicians and escalating costs for patients.

In 1995, the Wisconsin state legislature approved a \$350,000 limit on non-economic damages for medical practice awards. The law also included an annual adjustment on the cap for inflation. Wisconsin patients who are injured by medical liability have access to unlimited economic damages through the Injured Patients and Families Compensation Fund. The Fund ensures that all injured patients are fully compensated for past and future medical costs, lost

earnings, and other economic damages. The cap on non-economic damages, currently set at \$445,775, was a critical part of Wisconsin's public policy that ensured a stable medical liability environment, according to the Wisconsin Medical Society.

The Wisconsin Supreme Court, however, found that the cap is not rationally related to legislative goals that included reducing medical malpractice premiums, keeping physicians in Wisconsin and maintaining affordable health care. In its analysis, the Court concluded that the cap is "unreasonable and arbitrary." It stated further, "the statutory cap creates a class of fully compensated victims and partially compensated victims. Thus, the caps greatest impact falls on the most severely injured victim."

Illinois is all but certain to face a similar challenge on the same or similar grounds as this Wisconsin limitation, according to legal counsel for the Illinois State Medical Society. But, as a memo distributed to ISMS board members points out, Illinois clearly suffers from a crisis, and the limitation is rationally related to addressing that crisis.

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### ***Need help with your IDPA payments?***

THE ISMS DIVISION OF MEMBER ADVOCACY continues to aggressively respond to individual requests for assistance from physicians who are experiencing excessive delays with IDPA's pay cycle and unnecessary IDPA claim denials. If you are faced with this situation and need help, you can contact Ken Ryan, Vice President of Member Advocacy. Mr. Ryan can be reached at (312) 782-1654 or by e-mail [ryan@isms.org](mailto:ryan@isms.org). Correspondence can also be sent to Mr. Ryan at ISMS, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602; fax: (312) 782-2023.

and Human Services, Michael Leavitt. During a recent Chicago visit, Mr. Leavitt said the initiative is part of the Bush administration's "plan to do away with the medical clipboard."

The system, named Vista, may be available to physicians as early as August, and will only cost about \$50. It would allow instant access to patients' medical histories wherever they are treated.

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### ***Medicare to offer physicians medical records software***

MEDICARE WILL HELP PHASE OUT PAPER medical records nationwide by providing physicians with electronic-filing software at very little cost, according to U.S. Secretary of Health

## KEEPING ABREAST

# CMS offers OSHA training for clinicians and staff

OSHA REQUIRES ANNUAL TRAINING FOR ALL health care workers with potential occupational exposure to blood-borne pathogens. Attending the Chicago Medical Society's two-hour training course and updating your exposure control plan satisfies most of your yearly OSHA regulations.

### DATES & LOCATIONS:

- Fri. Aug. 12, St. Francis Hospital, Evanston, 10 a.m.
- Wed., Sept. 21, Oak Lawn Hilton, 10 a.m.
- Wed., Oct. 5, Advocate Lutheran General Hospital, Park Ridge, 5 p.m.
- Fri., Nov. 18, Holiday Inn-Skokie, 10 a.m.

### LEARNING OBJECTIVES:

All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff. At the conclusion of this activity, participants should be able to:

- Identify the requirements of OSHA standards including blood-borne pathogens.
- Explain how the standards apply to them.
- Discuss and select safer needle devices.
- Identify safety and health hazards at their facility.

### SPEAKER/TRAINER:

Sheila M. Hall, Compliance Program Manager and Industrial Hygienist, OSHA--Chicago North Office. Ms. Hall has no significant financial relationships to disclose.

### FEES:

\$49 each CMS member or staff person.  
\$99 each non-member or staff person.

### TO REGISTER;

Call: (312) 670-2550, ext. 338.

Need on-site training? Please call (312) 670-2550, ext. 339.



## EMERGENCY PREPAREDNESS PLANNING FOR THE COMMUNITY PHYSICIAN

*Presented by*

Chicago Medical Society

in conjunction with the

Chicago Department of Public Health

### Who Should Attend?

All Chicago-area health care professionals

### Why?

This new 2005 program provides critical information on protecting your patients, your staff, and yourself in the event of an emergency and earn one hour of free CME

### Course Objectives:

*At the end of this activity, participants should be able to:*

- Explain the rationale for emergency preparedness in the community physician practice;
- Describe the basic components of acute infectious respiratory illness and febrile rash illness protocols;
- List the critical actions that should be taken in response to a communicable disease of concern;
- Describe appropriate use of personal protective equipment when dealing with a potentially infectious patient;
- Discuss the health department's role in responding to an infectious disease emergency.

### Can't find a convenient date?

CMS may be able to offer this seminar at your site

To register and for more information call 312-670-2550 x324 or visit [www.cmsdocs.org](http://www.cmsdocs.org)

### When?

- Monday, September 19th, 4-5 pm  
American Medical Association
- Tuesday, October 25th, 9:30-10:30 pm  
Wyndham Drake, Oak Brook
- Saturday, November 5th, 9-10 am  
University of Chicago, Hyde Park

## ***Chicago Neurological Society hosts national conference***



**George Dohrmann, MD**



**Stephen Ondra, MD**

NEARLY 70 PHYSICIANS PARTICIPATED IN "Complications of Neurosurgical Operations," the first nationwide course organized and hosted by the Chicago Neurological Society.

The event was held at the Rosemont Convention Center near O'Hare Airport, June 11-12.

The program's first half was devoted to complications, both general and those involving the brain. The second half focused on neurosurgical complications of the spine, spinal cord and pe-

ripheral nerves. Speakers included Amin Kassar, MD, of the University of Pittsburgh, who presented a talk on complications of endoscopic intracranial operations. David Kline, MD, of the LSU Health Sciences Center, discussed complications of peripheral nerve surgery. Other nationally known speakers included: Drs. Stephen Ondra, Northwestern University; George Dohrmann, University of Chicago; and Fady Charbel, University of Illinois at Chicago. Many of the Chicago-area speakers came from such institutions as Rush University, the Chicago Institute of Neurosurgery and Neuroresearch, Loyola University, Northwestern University, the University of Chicago, and UIC.

Drs. John Flaherty and Joseph Baron of Northwestern University, and the University of Chicago, respectively, analyzed and discussed general complications such as infections and bleeding problems.

### **CMS INSURANCE AGENCY, INC.**

*The CMS Insurance Agency, Inc. can now serve as your agent and use the commissions for grants, providing support to the Chicago Medical Society.*

#### ***YOUR BENEFITS OF REPRESENTATION BY THE CMS INSURANCE AGENCY:***

- Use grants to support CMS grassroots legislative advocacy, educational programs and seminars, and social events (annual dinner, golf outing, etc.). **There is no added cost to your liability premium.**
- Support CMS efforts to advocate on your behalf with state and federal representatives.
- The Agency will work with carriers to provide risk management seminars and office assessments so that physicians can meet eligibility requirements for discounts.

#### ***Please contact:***

Phil Seroczynski  
Vice-President/Broker  
CMS Insurance Agency, Inc.  
(312) 329-7346

# AMA unveils new look, focus at annual meeting

*National dialogue sets course for future*

THE AMA IS STICKING TO A MORE FOCUSED advocacy agenda and launching a national advertising campaign complete with new logo and stories of everyday accomplishments by AMA members—all aimed at uniting physicians and solidifying the AMA's role as the country's most influential advocate for health care.

These and other announcements were made during the 154th House of Delegates held at the Chicago Hilton and Towers, June 18-22.

The streamlined agenda features seven priority issues identified by member surveys. They include:

- Medical liability reform.
- Medicare physician payment reform.
- Expanding coverage for the uninsured and increasing access to care.
- Improving public health, particularly through the promotion of healthy lifestyles and eliminating health disparities.
- Regulatory reform.
- Managed care reform.
- Clinical quality improvement and patient safety.

Family physician J. Edward Hill, MD, of Tupelo, Miss., was inaugurated as 2005-2006 president of the AMA; William G. Plested III, MD, a thoracic and cardiovascular surgeon from Brentwood, Calif., was elected to the office of AMA president-elect.

## AMA policymaking highlights

THE HOUSE OF DELEGATES REPRESENTS THE perspectives of more than 170 state and medical specialty societies. Here are some of the actions taken by the 543-member body during the recent meeting in Chicago.

- Voted to further study the issue of direct-to-consumer prescription drug advertising. Several state and national medical groups within the AMA support moratoriums that would delay the start of advertising after a drug is approved. Others, such as psychiatry, feel that ads get patients in to the doctor's office when they would otherwise not be

seen. Observers believe that AMA support for more restrictions would likely convince the FDA and Congress to take action.

- Voted to lobby Congress for more funding for vaccines and anti-viral medications. The AMA also will work to increase the number of people vaccinated annually against the flu by educating the public and providers about those at high risk.

- Issued new directives to help fight childhood obesity. The AMA will develop school-based initiatives that promote nutrition and exercise, including a school health advocacy agenda that includes funding for school-based health programs, physical education and exercise (with stricter limits on declining participation), alternative policies for vending machines to promote healthy diets, and standards for healthier school lunches.

- Voted to ask the FDA to evaluate the impact of recent changes to antidepressant labels on treatment patterns, patient compliance and patient access to the drugs. The FDA will also be asked to track the results of its decision to add stiff warnings on the drugs' use for non-adults. As part of the new policy, the AMA recognized that the warnings on antidepressant labels are precautionary statements and urged that they not be interpreted in a way that reduces access to these drugs for patients who might benefit from them.

- Updated its principles and guidelines for the formation and implementation of pay-for-performance programs. The updates include the need for pilot testing prior to implementation of pay-for-performance programs and a call for programs not to penalize physicians based on factors outside of the physician's control. "Pay-for-performance programs may serve as a positive force in the health care industry if the programs are designed primarily to improve the effectiveness and safety of patient care," said AMA Secretary James H. Armstrong, MD.

- Agreed to continue its work to eliminate racial and ethnic disparities. The new policy urges Congress to establish an FDA Minority Health Committee to address effective strategies to recruit more minority patients

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and physicians in medical research and clinical trials. The new policy also calls on all physicians to reduce disparities in care in their practices by taking into account such issues as language barriers, culture and ethnic characteristics and biased behavior.

- Passed policy urging the Department of Justice to seek other remedies in its lawsuit against the tobacco industry, including full disclosure of all ingredients and additives in cigarettes and other tobacco products and to impose severe restrictions on the tobacco industry marketing practices.

- Adopted policy calling on physicians to encourage and support pilot studies that investigate the effectiveness of presumed consent and mandated choice for organ donation. The AMA also adopted new ethical policy to guide physicians involved in transplanting organs from

living donors. The guidelines include assigning living donors an advocate team that is primarily concerned with the well-being of the donor, and physician support for the development and maintenance of a national database of living donor outcomes.

- Voted to support additional measures to improve drug information and patient safety. The new policy urges the FDA to issue a final rule on making prescription drug package inserts more user-friendly for physicians. It also calls on the FDA to collaborate with physician organizations to develop better risk communications. Last, the policy encourages the FDA to implement new data-gathering tools to monitor approved drugs on the market, including broader use of targeted post-approval studies.

## **AMA survey finds next generation of physicians plagued by sleep deprivation**

IN A STUDY RELEASED DURING THE AMA national meeting, an AMA member survey showed that 44 percent of residents and 39 percent of medical students reported that they experienced periods of prolonged sleep deprivation about once a week or more often during their most recently completed rotation. The study also found that 11 percent of residents and 12 percent of students worked more than 80 hours per week on their most recently completed rotation.

The survey was conducted to determine what effect resident duty hour requirements, implemented by the Accreditation Council for Graduate Medical Education in July 2003, are having on medical students and resident physicians. According to the ACGME, resident physicians may not work more than 80 hours per week and on-site duty cannot exceed 24 consecutive hours (there are no national specific hour restriction guidelines for medical students).

### **Key findings include:**

- 50 percent of residents and 45 percent of medical students believe that sleep deprivation or fatigue may have had a negative effect on the quality of patient care they delivered.

- 69 percent of residents and 66 percent of medical

students also believe that sleep deprivation or fatigue may have had a negative effect on the quality of their learning.

- Half of residents and three-fourths of medical students said that they would be uncomfortable reporting working excessive duty-hours.

The survey was conducted as part of the AMA's Member Connect program and included responses from 1,126 medical students and 4,010 resident physicians.

*Source: American Medical Association*

### **Correction re AP Capital**

THE PAID ADVERTISEMENT IN THE MAY issue of *Chicago Medicine* had a form indicating that the CMS Insurance Agency could assist our members with AP Capital medical liability insurance. The insurance wholesaler working with the CMS Insurance Agency, AVRECO, does not have a contract with AP Capital. We apologize to our members for any confusion resulting from this information.