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CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY



Newsletter, February 2006, Vol. 109, No. 2

COUNCIL HIGHLIGHTS

Membership blitz underway



CMS pays house call on Weiss

Physicians need to contact their representatives in Springfield and Washington about reimbursement concerns. That was the message CMS brought to Weiss Memorial Hospital's quarterly medical staff meeting on Jan. 24, as CMS President-elect Shastri Swaminathan, MD, (left) and CMS Executive Director James Tarrant addressed the audience. Weiss Medical Staff President Clement Rose, MD, (right) welcomed these officials. *Photo: Casey Becker, CMS*

MEMBERSHIP COMMITTEE CHAIRMAN ROBERT W. Panton, MD, reported the disheartening news that membership renewals are significantly down for regular dues-paying members; he said that first-, second- and third-year members simply are not renewing. CMS' main objective now is getting those doctors who have recently dropped to reinstate their membership. This must be done within a narrow time frame because physicians are far less likely to renew as time goes by. Dr. Panton described outreach efforts aimed at increasing CMS' profile within the physician community. He also urged councilors to contact six to ten dropped members, noting that CMS staff have begun the annual phone-a-thon to lapsed members. Physician efforts, he said, would have a greater impact than those of the staff. Everyone, stressed Dr. Panton, must join the membership drive. The Board has already discussed the potential for a dues increase in 2007 if this year's campaign isn't reasonably successful.

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"THE FIXER"

Agency dialogue helps get physician on board

The CMS Insurance Agency, Inc. continues to assist CMS members and Chicago-area physicians with their medical liability insurance needs. The following example tells how the Agency helped a medical group overcome obstacles to hiring a valuable physician.

A LOCAL 18-MEMBER PRIMARY CARE group was able to recruit a new physician,

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COUNCIL HIGHLIGHTS *(continued from page 1)*

- CMS President Steven M. Malkin, MD, has written to Walgreens, asking about the drugstore chain's plans to feature walk-in clinics (as reported by the *Chicago Tribune*). CMS is concerned about a lack of physician oversight in the clinics and the availability of tobacco products in the stores themselves (see related stories on pages 7 and 8).
- CMS-sponsored legislative breakfasts are in high gear; so far they've been held at Weiss Memorial Hospital; Rush University Medical Center; Advocate Illinois Masonic Medical Center; Evanston Hospital; Lincoln Park Hospital; and St. Alexius Medical Center.
- Thanks to a foundation grant, the CMS patient safety simulator project is moving forward. News about

the project will be announced at the next meeting.

- CMS is considering a proposal to allow physician office managers to join CMS as associate members. When the Council debated the issue, some argued that other health professionals, not just office managers, should be eligible. CMS President-elect Shastri Swaminathan, MD, stated the proposal specifically targets office managers in order to improve CMS' connections with physicians. He stressed that the associate member category would be much more limited than the regular physician category.
- The Council approved a recommendation to increase the dues for emeritus and retired members to \$50 for 2007.

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"THE FIXER" *(continued from page 1)*

not an easy task in Illinois when most residents are choosing to leave the state. The physician had worked outside the U.S. in a research setting, but she'd also had a clinic practice in the U.S. Because of her unique practice combination—research and clinical care—the group's insurance carrier focused on the research component and initially declined the physician coverage.

Enter the CMS Insurance Agency, which the group contacted for help. The Agency began a dialogue with insurance carrier representatives on behalf of the physician and the group. The process required the physician to appeal the carrier's decision and meet with the carrier to further explain

her experience and elaborate on the information contained in the application.

Through the knowledge and experience of the CMS Insurance Agency staff, the situation was resolved in a timely manner, and the physician was able to finalize privileges with area hospitals and join the practice. Without CMS intervention, the physician would not have been able to care for patients as scheduled within the group.

Now, area residents have greater access to quality care.

For help with your insurance questions or concerns, contact Dana Lucas at (312) 329-7337, or Phil Seroczynski at (312) 329-7346.

NEWS FOR CHICAGO PHYSICIANS

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CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY



Newsletter, February 2006, Vol. 109, No. 2

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CHICAGO MEDICAL SOCIETY

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COUNCIL HIGHLIGHTS *(continued from page 2)*

- The Council approved the election of 19 residents as regular members and approved five requests for retired status and seven requests for emeritus status.

- The Midwest Clinical Conference will be held March 22-23 at the Holiday Inn-Chicago Mart Plaza. Attendees may earn up to 15 CME credits.

- CMS needs to establish hospital liaisons at every hospital in Cook County. It is the duty of councilors and district leaders to identify and involve members at all hospitals in their districts, specialty societies and medical schools.

RESOLUTION ADOPTED—

ENLISTING PATIENTS IN THE FIGHT FOR TIMELY MEDICAID PAYMENTS

(Sponsored by Thomas J. Chorba, MD, District 1)

This resolution directs CMS to compose letters for patients to sign, declaring their support and that of their families and friends for timely Medicaid payments to physicians. CMS will distribute these letters to physicians' offices, and once signed, the letters will be mailed to the appropriate legislators.

STATE LEVEL HAPPENINGS

ISMS Board Chairman Richard A. Geline, MD, reported.

- Organized medicine acts as an interface and sponsor of health care legislation.

- Medical liability reform legislation in Illinois is a major accomplishment, considering that the state has a Democratic governor and Democratic-controlled legislature.

- ISMS has sent letters to the congressional delegation supporting a positive update and permanent fix to the flawed Medicare formula.

- An ISMS taskforce is looking at doctors' needs in the area of electronic health records.

- The Medical Practice Act is up for renewal this year, and it will be a top ISMS priority.

- The new Capitol Medlog has debuted on the

ISMS Web site.

- The upcoming House of Delegates meeting needs a strong CMS contingent. *(See p. 8.)*

THE COUNCIL CERTIFIED THE ELECTIONS OF THE FOLLOWING:

CMS offices

President-elect: Saroja Bharati, MD

Secretary: William N. Werner, MD

The Council voted to add current Vice Chairman of the Council Julian J. Rimpila, MD, to the general election ballot for vice chairman of the Council in the 2006-2007 year. His name will appear with that of David A. Loiterman, MD, the nominee of the CMS Nominating Committee.

The next meeting of the Council will be Tuesday, May 9, 2006.



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INFORMATION SHARING

Update on Chicago Patient Safety Forum--Would you like to join?

CMS IS A MEMBER OF THE CHICAGO PATIENT Safety Forum (CPSF), a community-based network that facilitates systems approaches to understanding and improving patient safety. CPSF gathers and shares information from lessons learned about patient safety. Sources include: hospitals, ambulatory centers, physician offices, pharmacies and long-term care facilities. Membership is composed of local health care professionals, patient advocates, educators, students and insurers from the public and private sectors.

Four local doctors (Kevin Weiss, MD, Gordon Schiff, MD, Steve Small, MD, and Gary Noskin, MD) formed the CPSF following the release of the IOM report, *To Err Is Human*; they held the first meeting on Sept 12, 2001. As an independent program of the IOM of Chicago, the CPSF is

chaired by Dr. Kevin Weiss and administered by Leonard Lamkin; it has a steering committee composed of representatives from Chicago-based health organizations and individuals expert in patient safety.

CPSF convenes annual symposiums focused on the broad issues of patient safety. *This year's conference, "Culture of Safety," was held March 3, 2006, at Loyola University's St. Louis School of Medicine.*

CPSF is supported by the Otho S. A. Sprague Memorial Institute; the Michael Reese Health Trust; the Metropolitan Chicago Healthcare Council; the Reva and David Logan Foundation, and the Illinois Foundation for Quality Health Care.

For membership information, contact: www.ChicagoPatientSafety.org, or call Leonard Lamkin, CPSF, at (312) 431-9110; Lamkin_cpsf@iomc.org

PREPAREDNESS

Avian influenza and pandemic potential: CMS,CDPH offer 1-hour lecture

THE CHICAGO MEDICAL SOCIETY, IN CONJUNCTION with the Chicago Department of Public Health, is presenting "Avian Influenza and the Potential for a Pandemic."

This 1-hour lecture, worth 1 CME credit, is open to all Chicago-area health-care professionals. The program will place strong emphasis on the recognition and response to avian influenza and other strains of influenza that could cause a pandemic.

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

- Discuss the concept of antigenic variation among influenza strains.
- Explain the current state of avian flu in other parts of the world.
- Prepare for the identification and management of suspected avian flu cases.
- Recognize how an influenza pandemic differs from seasonal epidemics and the current state of avian influenza.
- Cite the fundamentals of pandemic flu planning.

The 2006 sessions are as follows:

Wed., April 26; 9:00-10:00 am, East Bank Club, 500 N. Kingsbury St., Chicago

Friday, May 19; 3:00-4:00 pm, Holiday Inn, 5300

W. Touhy Ave., Skokie

Friday, June 16; 9:00-10:00 am, Wyndham Drake, 2301 York Rd., Oak Brook

Wed., Sept. 20; 3:00-4:00 pm, East Bank Club, 500 N. Kingsbury St., Chicago

Wed., Oct. 18; 3:00-4:00 pm, Hilton, 9333 S. Cicero Ave., Oak Lawn

CMS may also be able to offer these seminars at your site. If you are interested in registering for any of these sessions or learning more, please contact Ellen Wuenenberg at ewuenenberg@cmsdoc.org or (312) 670-2550, ext. 326.

Hospital liaisons needed for legislative breakfasts and more

IF YOU WOULD LIKE TO SERVE AS A POINT of contact between CMS and your hospital or if you have suggestions for District activities and projects, please give us a call. You may want to serve as a Member Liaison. As such, you'll be responsible for planning programs, arranging for CMS hospital visits, and encouraging your colleagues to be more politically involved.

*For more information, contact
Ted Kanellakes (312) 670-2550, ext. 342.*

ISMS HOUSE OF DELEGATES

Let our voice be heard -- Representation is vital

ISMS WILL HOLD ITS ANNUAL HOD MEETING April 6-8 at the Oak Brook Hills Hotel. Registration will commence at 7 pm, Thursday evening, April 6. The House will be called to order at 8 am Friday, April 7, and will conclude late afternoon, April 8.

(Attention CMS Delegates and Alternates: CMS representation at the HOD meeting is absolutely vital. We need a full complement to make our voice heard. To confirm your attendance, contact Cathy Faedtke at (312) 329-7322.)

Resolutions deadline

Resolutions for the ISMS HOD must be received (not postmarked) at ISMS by the end of business (4:45 pm) on Tuesday, March 7, 2006. Any resolution received after the deadline will be considered as a late resolution, and will thus be reviewed by the Committee on Rules and Order of Business.

Submit resolutions by mail, e-mail, or fax: ISMS, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Fax: (312) 782-2023; e-mail: www.hod@isms.org

BEHOLD, THE QUICK CLINIC

“Low low prices everyday!”

The following article describes the rapid growth of retail-based clinics, a trend that has already reached Downstate Illinois and may be coming to the Chicago area.

By Robert Brockmann, MD

I'll bet this sign (*see headline*) is not hanging in your office window, but it is the sign hanging over the newest trend in health care, the Quick Clinic. Big Box stores like Wal-Mart and Target, big chain pharmacies and even chain grocery stores are getting into the health care business. They have discovered a lucrative niche and are gearing up rapidly to exploit it.

Quick clinics are small walk-in clinics set up inside big stores, and offer rapid, cheap diagnosis and treatment of more common medical conditions.

Some have x-ray machines and all have small labs. They offer physicals, diagnoses for a wide variety of common illnesses, and of course treatments are readily available on the shelves or at the pharmacy a few steps away. Most are staffed by PAs or NPs. The Big Boxes love the new enterprise. You can bring your sniffly 6-year-old to the clinic, pick up a prescription at the store-owned pharmacy, and drop off your photofinishing all in one stop!

The marketing is simple and direct—fast, cheap, and customer-driven. Most clinics have a billboard of services and prices hanging right over the front counter, a bit like McDonalds, and the customer/patient picks off the menu a la carte style. “I'd like a prescription for my bronchitis and a flu shot, and oh, could you remove this wart while you're at it?”

might be a typical request. The clinic promoters say they are not attempting to replace primary care docs. They say they will readily refer patients with chronic or serious illnesses to a local PCP.

Retail health care is run like a fast food business, and in fact many of the top execs were drafted from the fast food industry. MinuteClinic, one of the largest chains, is run by the former Arby's CEO. His company's motto is “you're sick, we're quick!” The business manager for the Wal-Mart clinics is a recruit from the Waffle House. He says keeping customers happy with syrupy breakfasts is not so different from satisfying them with speedy x-rays. Yum.

Health insurance providers are behind the clinics, too. The prices are much less than a doctor's office visit, and some insurers are offering to waive co-pays if the patient goes to the quick clinic instead of the doctor's office. Wal-Mart may have its employees use the quick clinic instead of the doctor's office to reduce sick leave time. The clinics can charge less, and still generate a better profit margin than a typical office, because they have reduced overhead and eliminated many non-revenue generating activities. There are few send-out labs to handle or results to relay to patients, no follow-up phone calls, no struggling with payors over preauthorizations or denials, no front desk staff to book appointments, no “no-shows,” minimal record keeping, no phone time with specialists, no call, no pagers or answering services, and no after-hours coverage. They can skim off the quick and easy illnesses, and leave the complex,

continued on p. 8

QUICK CLINIC *(continued from page 7)*

time-consuming problems to someone else. Unlike you, the clinics will spend no time providing pay-for-performance data to get paid. On the revenue side, it's cash, credit or insurance on the spot. Some do not accept Medicare or Medicaid.

These clinics are a great convenience and likely to be a huge success with the customer/patient. They will also be profitable for the stores who have them. The question is—what will the quality of care be like? Since it's a customer-driven system, patients make the first guess as to the diagnosis. They decide if their illness is a "quick clinic type of illness."

The practitioner, a paraprofessional with limited tools, practicing alone, no previous medical records, no medical history (other than what the customer remembers), no documentation of medical allergies (again, relying on that memory), and no current med list will do his best to diagnose and safely treat the patient in front of him. There will be time pressure, pressure to offer a definitive diagnosis, and pressure to meet the customer's

expectations (fast, cheap, syrupy). No customers will be happy if they pay their \$50 only to be told they need to go see their doctor, or that they don't need antibiotics for their cold. "The nurse at Target gave them to me last week!" will be the irate complaint. It is episodic, acute illness care, not continuous care with a foundation in prevention, like the kind a patient gets at their primary care doc. The missed diagnosis is the most common reason for lawsuits in primary care, and a fear primary care docs live with daily. I have no idea how they will avoid the malpractice issues that will arise, but I suspect the customer/patient will sign a waiver of some sort.

There is no specific legislation regarding this type of clinic, and none is being considered.

"Attention shoppers—blue light special! Half off on epigastric pain for the next 15 minutes!"

Dr. Brockmann is secretary of the Arapahoe Douglas Elbert Medical Society in Colorado. Reprinted from the February 2006 issue of The Advocate.

Walgreens looking at clinics in stores

FOR NEARLY A YEAR NOW, DEERFIELD-BASED WALGREENS HAS BEEN EXPLORING THE POSSIBILITY of opening medical care clinics in its stores, top officials here said.

Illinois has few such "Quick Clinics," although last year Louisville-based Little Clinic LLC opened one in a Kroger grocery store in Mt. Vernon, 50 miles north of Carbondale. Little Clinic has said it would consider the Chicago area in the future. MinuteClinic Inc., a Minneapolis-based clinic, has said it, too, eventually wants to target Chicago. Both operations are known for putting clinics in large retail stores.

While the industry is still young, the number of retail-based clinics is growing quickly. Little Clinic, for example, was founded in 2003 and has five clinics in Kentucky, with plans to expand into Indiana and add more clinics in Illinois.

According to officials, Walgreens is looking at several potential concepts and interviewing contractors to collaborate with the company. There is no time frame on when a first clinic would debut in one of its more than 5000 stores in the U.S., they say.

Following Walgreens' announcement, CMS President Steven M. Malkin, MD, wrote to the company's CEO, asking about plans to open clinics. Dr. Malkin expressed concern over a lack of physician oversight and the availability of tobacco products in the Walgreens stores.

Hospital liaisons needed for legislative breakfasts and more

IF YOU WOULD LIKE TO SERVE AS A POINT OF CONTACT BETWEEN CMS AND YOUR HOSPITAL, or if you have suggestions for District activities and projects, please give us a call. You may want to serve as a Member Liaison. As such, you'll be responsible for planning programs, arranging for CMS hospital visits, and encouraging your colleagues to be more politically involved.

For more information, contact Ted Kanellakes (312) 670-2550, ext. 342.

NO LONG-TERM SOLUTION

Congress halts Medicare's 4.4 percent payment cut for 2006

ON FEB. 1, THE U.S. HOUSE OF REPRESENTATIVES passed the Deficit Reduction Act of 2005, which contains language stopping the 4.4 percent Medicare payment cut that took effect Jan. 1. President Bush signed the bill on Feb. 8.

While this is good news for the nation's seniors who rely on Medicare, freezing Medicare's base payment at its 2005 rate is only a stopgap measure. Reimbursements still fall short of the cost of providing care to seniors. And there is no long-term solution in sight.

Unless Congress fixes or repeals the flawed sustainable growth rate formula (SGR) used to calculate the physician payment rate, future cuts will force more physicians to make difficult practice decisions about treating Medicare patients.

In fact, if left unchanged, by 2010, projected total cuts in physician Medicare reimbursements will bring reimbursement levels back to 1991 payment rates, according to an ISMS letter to all Illinois representatives in the U.S. House and Senate.

The Chicago Medical Society needs you to join us, ISMS and the AMA in continuing to advocate for a fair physician payment formula based on practice costs.

Payment Adjustment Info: The Centers for Medicare and Medicaid Services will retroactively adjust payments for claims that have already been processed. The organization has indicated that physicians should not resubmit claims that have already been processed.

Read the AMA summary of The Centers for Medicare and Medicaid Services' retroactive payment adjustment plans at <http://www.ama-assn.org/ama1/pub/upload/mm/1/medicare06qanda.pdf>

MEETING REQUIREMENTS

CMS offers OSHA training for clinicians and staff

OSHA REQUIRES ANNUAL TRAINING FOR all health-care workers with potential occupational exposure to bloodborne pathogens. Plan to attend the 2-hour training course to update your exposure control plan and to satisfy most of your yearly OSHA regulations.

NEW 1-Hour Refresher: If you have already attended the 2-Hour Initial Update, you now have the option of signing up for the new 1-Hour Refresher to review the latest topics and to ensure that you meet the annual requirements.

The refresher workshop will be a brief overview of the basics; it will cover the latest technology and meet most of your annual training requirements.

(Note: The 2-Hour Initial Update is a prerequisite for the new 1-Hour Refresher.)

DATES & LOCATIONS FOR

2-HOUR INITIAL UPDATE:

March 22--Holiday Inn-Chicago Mart Plaza; May 17--Holiday Inn-Skokie; September 15--Oak Lawn Hilton; October 4--Chicago Medical Society Bldg.; Oct. 26--Advocate Lutheran General Hospital.

DATES & LOCATIONS FOR

1-HOUR REFRESHER:

March 23--Holiday Inn-Chicago Mart Plaza; April 26--St. Francis Hospital; June 7--Chicago Medical Society Bldg.; Sept. 15--Oak Lawn Hilton; Nov. 17--Holiday Inn-Skokie.

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

Fees:

2-Hour Initial Update: \$59--CMS members & staff/\$99--non-members & staff.

1-Hour Refresher: \$39--CMS members & staff; \$79 non-members & staff.

To Register: *Visit the CMS Web site at www.cms-docs.org or call (312) 670-2550, ext. 338. Need on-site training? Call (312) 670-2550, ext. 339.*

CME: The Chicago Medical Society designates each continuing medical education activity for a maximum of 1.0-2.0 Category 1 credits toward the AMA Physician's Recognition Award. Physicians should claim only those hours that they actually spent in the activity.

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There is no added cost to your liability premium.

Please contact: Dana Lucas, CMS Insurance Agency, Inc., (312) 329-7337.

FILING CIVIL LAWSUITS

State GOP legislators target “venue shopping”

HOUSE AND SENATE REPUBLICANS RECENTLY endorsed legislation in Illinois that would limit where civil lawsuits could be filed.

Proponents liken the proposed legal reform to the medical liability reform legislation passed last year, saying that the legislation helped to keep doctors in the state. “Now we need to finish the job to ensure our jobs and factories stay in Illinois,” said Senate Minority Leader Frank Watson (R-Greenville).

House Minority Leader Tom Cross (R-Oswego) estimates the state lost 200,000 manufacturing jobs over the past five years because of the high costs associated with lawsuits.

Other proposed legal reforms include restrictions on class-action lawsuits; limitations on punitive damages; rules for the defense in asbestos cases, and new criteria for naming expert witnesses.

Look for the Chicago Medical Society on-line at www.cmsdocs.org



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**2006 MIDWEST CLINICAL CONFERENCE (MCC)
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Up to 15 CME Credits**

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CME: Earn up to 15 CME credits

Location: Holiday Inn-Chicago Mart Plaza (at the Merchandise Mart):
350 N. Orleans, Chicago, IL www.holidayinnchicago.com

Regular Registration (Feb. 28 - Mar. 21):

CMS/ISMS Members: \$225

Non-members: \$250

Residents: 125

Half-Day Fee:

CMS/ISMS Members: \$120

Non-members: \$130

Full conference details on course content and speakers, including faculty and commercial support disclosures, are to follow and will also be posted on the CMS website at: www.cmsdocs.org

Confessions of a Chop Suey Man...

All CMS members are considered members of ChicaGourmets and will receive the ChicaGourmets discount for all events. Luncheon and dinner prices include tax, tip and wines.

CHICAGO GOURMETS, THE FINE-DINING ORGANIZATION endorsed by the Chicago Medical Society Service Bureau, Inc., announces upcoming dining events and programs:

● **Friendship Restaurant -- "Chinese Dinner,"**
SUNDAY, APRIL 23, RECEPTION, 5 P.M., DINNER, 5:30, 2830 N. MILWAUKEE, CHICAGO

According to Friendship's chef-owner, Alan "Chop Suey Man" Yuen, the many vibrant Chinese cooking styles exemplify the rich history and culture of China and are simply magnificent. Come enjoy Mr. Yuen's menu that he has specially created for us tonight, paired with wines at each course: Appetizers: crab

rangoon, crab meat wonton; Dinner: watercress salad with chili ginger vinaigrette; honey-glazed walnut shrimp with Szechwan aioli and sweet potato puree, Peking duck confit in prosciutto-wrap with Mandarain orange sauce; grilled and wok-tossed Hong Kong steak with garlic rice; Dessert: gingered flourless chocolate cake with espresso ice cream; tea and coffee. Member price: \$59, inclusive.

To reserve for ChicaGourmets events, please prepay by sending in your check, and identify yourself as a CMS member.

Send checks to: ChicaGourmets, UPS Store, PMB 347, 47 W. Division St., Chicago, IL 60610-2220.

To find out about other upcoming events, view the ChicaGourmets Website: www.chicagourmet.com/. Or, go to the Chicago Medical Society Web site: www.cmsdocs.org/ and click on "links," then go to the ChicaGourmets Web site.

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

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Personnel wanted

HOME PHYSICIANS, A MEDICAL GROUP located in Chicago/northwest Indiana and specializing in house calls, seeks physicians. Individuals trained in primary care/surgical debridement. Phone (773) 292-4800 or (219) 864-9900; fax (773) 486-3548; www.home-physicians.com.

PHYSICIAN NEEDED. PART-TIME BASIS. Provide consultation; perform denervating agents and dermal fillers. Spa on Chicago's Gold Coast. Opens May '06. Ideal candidate—looking to develop a presence in Chicago or build on practice by performing services at a spa location. Please contact chrislauer@comcast.net to discuss this opportunity.

PHYSICIANS NEEDED—FULL- OR PART-time available. Downtown Chicago and suburban Chicago locations, northwestern and western suburbs. Urology, GI, general surgery, family practice, plastic/cosmetic surgery and anesthesiology specialties wanted. Residents in Illinois program welcome. Malpractice insurance available. Hourly or salaried positions available. Mail CV to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email: tammy.s@covad.net.

BC/BE IM/FP PHYSICIAN—PART-TIME: Fee-for-service compensation for disability evaluation/consultation for the Social Security Disability Program. Challenging, rewarding and meaningful work. No malpractice required. No pager or other hassles. See pathology you've only read about in textbooks. Professional loop office with great supportive staff. Set your own schedule; 1-3 days/week ideal. Join our bright, fun group. Contact Medical Director at (312) 855-9166 and/or fax CV and cover letter to (312) 855-0216.

CHICAGO—PHYSICIANS NEEDED, OB-GYN, full- or part-time. Pregnancy terminations,

tubal sterilization, infertility, and other services. Downtown and suburban Chicago locations. Full- or part-time, hourly and salaried positions available. Residents welcome, will train. Malpractice insurance available. Mail CV to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email: tammy.s@covad.net.

Medical equipment for sale

FOR SALE: BROWN FIVE-DRAWER EXAM table. Never used. Retail \$3,000. Yours for \$700. Adjustable head height and length. Call (773) 585-0808 for details.

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