

chicago CHICAGO MEDICAL SOCIETY THE MEDICAL SOCIETY OF COOK COUNTY **medicine**

Newsletter, June 2006, Vol. 109, No. 7



INAUGURAL FOR OUR 158th PRESIDENT

“Is there a doctor in the house, please?”



Scott Warner, CMS

“Physicians must not allow their fear of litigation to strip them of their humanitarian instincts,” Dr. Shastri Swaminathan (left) said in his keynote speech as CMS’ 158th president. With Dr. Swaminathan is Dr. Steven Malkin, outgoing president. Dr. Swaminathan is a clinical associate professor at the University of Illinois and is the medical director of inpatient psychiatric services at Advocate Illinois Masonic Medical Center.

Don’t let system strip you of your humanity

“WE WILL BE HEARD IN THE HALLS OF Congress,” declared incoming CMS Presi-

dent Shastri Swaminathan, MD, as he vowed to fight on behalf of patients who have no voice in the health policy debate.

Delivering his keynote speech, “Is there a doctor in the house, please,” Dr. Swaminathan made this pledge to more than 200 guests attending the Annual Dinner inauguration held at Chicago’s Union League Club on June 4.

“Physicians must not allow their fear of litigation to strip them of their humanitarian instincts,” he continued, describing how he had once let fear take control of him, following the suicide of his patient “Tom.” Tom had been under Dr. Swaminathan’s psychiatric care for eight years before he took his own life. Upon learning the tragic news, any sense of sorrow Dr. Swaminathan felt for Tom and his family was obliterated by self-blame and a terrible feeling of dread—that he would be sued by the family. For days his mind raced. When it came time for Tom’s funeral, Dr. Swaminathan even hesitated to go, worrying that his presence there might be considered an admission of guilt. However, at the urging of colleagues, he went and to his surprise, was warmly greeted by the patient’s family. Instead of blaming him, they thanked Dr. Swaminathan for “giving” Tom eight more years of life.

This experience made Dr. Swaminathan resolute that he not allow the system to strip him of the deep-set beliefs and values that make him a member of the noblest profession. “My corresponding concern is that we, as physicians, have become increasingly distant from our most powerful allies in our fight to ensure true health-care reform—our patients and their families....Physicians must

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Scott Warner, CMS

Joining in the Annual Dinner celebration are, from left: Drs. Saroja Bharati, CMS president elect; William E. Kobler, chairman, ISMS board of trustees; Shastri Swaminathan, CMS president, and Saul Weiner, CMS councilor.

continue building coalitions and finding common ground with their patients," he explained. Dr. Swaminathan cited as an example the election of Illinois Supreme Court Justice Karmeier, a victory made possible by physician and patient unity. Faced with diminishing access to care, patients, he said, are beginning to understand the economic hardships doctors confront daily.

The new CMS president expressed other concerns:

- Physicians at the grassroots level are absent from forums where the health-care debate is going on. To help remedy this, Dr. Swaminathan said CMS, along with hospital medical staff leadership, will be doubling efforts this year to host legislative breakfasts so "our physicians can dialogue with our legislators."
- Legislators do want to hear from physicians, as long as what they say to them is evidence-based, scientific and not just in their self-interest. It is for this reason that CMS sent ISMS a resolution calling for the establishment of a health policy research institute at the University of Illinois.
- There can be no conversation about liability reforms without discussing patient safety, Dr. Swaminathan said. He pointed out that CMS is working on the problem: Aided by the Chicago Patient Safety Forum, CMS has secured its first \$150,000 grant to work on a joint effort to reduce systems errors—a Regional Patient Safety Simulator Center.
- Organized medicine has failed to energize younger colleagues' (students, residents, and those in practice five years or less) participation in efforts to deal with major health-care issues. CMS is currently working on an initiative to attract younger physicians.
- Speaking on behalf of members is challenging, because of CMS' enormous diversity: we are in solo practices, group practices; we are in academia,

and we are salaried by health-care entities. But what binds us together is our sense of professionalism and our concern for our patients; our diversity can actually be an asset.

As he concluded his speech, Dr. Swaminathan struck a hopeful chord: "The next time there is a voice that comes from the halls of Congress, from the corridors of our state capitol in Springfield, from town hall meetings, or any other forum, and asks: 'Is there a doctor in the house?', let there be a multitude of voices that resonates through the air and says: 'Yes, we are here, and we WILL be heard!'"

* * *

Outgoing President Steven M. Malkin, MD, recounted the year's highlights, which included increased visibility and financial health for the CMS Insurance Agency and a record number of CMS hospital outreach visits.

"I don't remember having so many talks at quarterly staff meetings and tables set up in doctors' lounges," he said. "The CMS Insurance Agency helped open doors, allowing us to spread the message of advocacy to doctors."

Under the new district trustee structure, Dr. Malkin remarked, CMS trustees were able to carry messages directly from leadership out to the districts. The new emphasis on legislative breakfasts has helped physicians to become better political advocates.

"I think we learned a lot and can build on these lessons to have more successful conversations with our legislators," he said.

"I believe we must continue to be visionary and look at problems we see developing in the future," he concluded. "We have missed the boat if we wait until a crisis occurs."

Public Service Award

Board-certified allergist Joseph G. Leija, MD, was awarded the Henrietta Herbolzheimer, MD, Public Service Award. Probably best known for providing daily Chicago-area pollen counts, Dr. Leija has for years also given free health screenings and lectures on asthma and allergies at hospital health fairs, schools, churches, YMCAs, stores and community centers. A frequent contributor to health sections of Spanish-language newspapers, radio, and TV, Dr. Leija is especially concerned about the health burden on the fast-growing Latino population.

Complete coverage of the CMS Annual Dinner will appear in the summer issue of Chicago Medicine.

THE "FIXER"

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THE CMS INSURANCE AGENCY SERVICES physicians who are content with their current carrier, but want to fully understand their coverage options and maximize their credit potential. It's also there for doctors who need thorough assistance in finding a suitable carrier based on price and stability.

A recent example of advocacy in action: Two non-member physicians approached the CMS Insurance Agency during a staff hospital visit. They wanted assistance in finding a carrier with a favorable price and record of stability in the market. The doctors were insured but were looking for an A.M. Best-rated carrier.

The Agency reviewed the options available among carriers currently writing new policies in Illinois. The Agency identified the doctors as ideal candidates for an A.M. Best-rated carrier "A-" (Excellent). The carrier was able to expeditiously provide an appropriate quote and the CMS Insurance Agency was able to properly service the doctors.

For a review of your policy and/or to be represented by the CMS Insurance Agency, contact: Dana Lucas at (312) 329-7337; or Phil Seroczynski at (312) 329-7346.



Governor makes rounds

CMS member Virendra Bisla, MD, a founding member of the India Medical Association, and wife, Bala, hosted Governor Rod Blagojevich in their home this spring for a "town hall" style fundraiser. Approximately 80 guests asked the governor about issues ranging from the state's economy to health care, public aid payments and the new medical liability reform legislation. Shown from left are: Dr. Bisla; Mr. Nand Kapoor; Dr. Jaswinder Chhibber; Gov. Blagojevich; Dr. V. Kumar; and Dr. Chandra Anand.

SERVING YOU

Meet Casey Becker, CMS district coordinator



CMS IS PLEASED TO INTRODUCE staff member and meeting planner Casey Becker. Ms. Becker is responsible for coordinating district activities and setting up meetings, ranging from medical staff visits to legislative breakfasts.

Prior to joining CMS, Ms. Becker worked for the director of admissions at Ripon College, Wisconsin, her alma mater, and for the county administrator of Fond du Lac

County, Wisconsin. At Ripon, Ms. Becker updated and developed prospective new student mailings while training guides to give college tours. Working for the County administrator, Ms. Becker wrote resolutions, proclamations and administrative proposals.

Ms. Becker earned a bachelor's degree in politics and government, with minors in communication and philosophy.

Originally from Spring Valley, Minn., Ms. Becker grew up on a small farm, where she learned the value of hard work and the importance of a positive attitude.

NEWS FOR CHICAGO PHYSICIANS

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515 N. Dearborn St.
Chicago IL 60610
James R. Tarrant, CAE, *Executive Director*
Liz Sidney, *Co-Editor/Editorial*
Scott Warner, *Co-Editor/Production*

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AMA 2006 Annual Meeting Highlights



CMS members, part of the ISMS Third District delegation, listen as our organization's resolutions undergo debate at the AMA annual meeting.

THE AMA'S 544-MEMBER HOUSE OF DELEGATES met June 10-14 in Chicago to set a course for shaping and influencing the country's health-care agenda and the medical profession's stand on emerging health care issues.

- New AMA President William G. Plested III, MD, called on physicians to stand up and "seize the day" to overcome the nation's health woes. A thoracic and cardiovascular surgeon from Brentwood, Calif., Dr. Plested became the 161st president.
- Outgoing President J. Edward Hill, MD, told delegates why he is such a vocal activist on behalf of patients. By uniting with patients, he said, physicians are well-positioned to effect a revolution in all aspects of health care, including Medicare, disaster readiness, public health and today's system of health insurance.
- Former CMS member and Chicago native, Ronald M. Davis, MD, was elected president-elect of the AMA.
- EVP/CEO Michael D. Maves, MD, MBA, a CMS member, detailed increases in dues-paying members and key segments such as international medical graduates.

Our voice was heard:

CMS resolutions debated at AMA

In a testament to the power of individual physicians at the grassroots level, three resolutions sponsored by CMS members were considered this year by the AMA: **Balance Billing** was reaffirmed; **Internet Child Pornography** was referred with report back at the 2006 Interim Meeting; and **Timely Filing of Claims** was not adopted:

- **BALANCE BILLING**

Asks that AMA affirm as policy the right of physicians to balance bill Medicare patients; asks that AMA continue its efforts to eliminate the SGR methodology; asks that AMA cause to be introduced legislation allowing physicians to bill for the balance of their fee that is above the Medicare fee schedule.

- **INTERNET CHILD PORNOGRAPHY**

Asks the AMA to actively publicize the potential harmful effects of children having free access to the Internet and encourage parents to implement Internet parental controls for their children; asks the AMA to support a mandatory school curriculum on the advantages and dangers of the Internet with programs that educate children to the dangers of pornography.

- **TIMELY FILING OF CLAIMS**

Asks AMA to adopt policy to support a one-year time limit from the date of service for the filing of claims for services; asks that the time limit also apply when claims have been filed with a payer who is later determined to be not responsible for the claim within the one-year limit, followed by the filing of a claim to a second payer by the end of the second year.

Roundtables express physician concerns

"People see liability reform at the top of our advocacy agenda and think we're all about money."

"I'm concerned that physicians will have to prove our poverty before Congress will listen to us."

"How do we make it clear that physicians aren't rich anymore?"

AMA members voiced these comments and questions at AMA Member Connect Roundtables, five of which were held to serve as frank, informal

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discussions between AMA members and leadership. Topics ranged from student loan debt and Medicare payment to advocacy strategy and the public's perception of the AMA.

"A lot of us would like to be more involved, but don't know how," said Geoffrey Chow, a student at the University of Texas Southwestern Medical School, during one of two roundtables for the Medical Student Section. He suggested the AMA coordinate more activities in which students interact with physicians and learn from their experiences. "At times, there is a bit of a disconnect. Learning how a physician stayed involved throughout their career may help get students more involved in the AMA—and stay involved."

At the roundtable for the Young Physicians

Section, several questions centered on physician advocacy. New York plastic surgeon Scot Bradley Glasberg, MD, expressed keen interest in the AMA expanding opportunities for young physicians to lobby on Capitol Hill.

Julius Hobson, the AMA's director of congressional affairs, said one of the most effective tactics physicians have is the "hometown grassroots" approach of meeting personally with lawmakers in their home districts. "Watch for those town hall meetings," Mr. Hobson said. "If you show up in a white coat and ask a ton of questions and show you're an engaged voter, that really gets their attention."

Provided courtesy of the AMA

(AMA coverage continues on p. 8)

Spread the word

AMA members placed 339 calls and sent 445 e-mails to Congress during the AMA's "Share Your Voice" campaign to stop Medicare physician payment cuts. Physicians also sent more than 1,000 postcards to colleagues urging them to do the same. But the campaign doesn't end there. Physicians everywhere are urged to contact their legislators. In the upcoming months, federal lawmakers will be "closer to home" due to the summer recess and an election around the corner. Contact your elected officials and voice your concerns about Medicare's flawed payment system.

Remind them that Medicare-eligible patients are their constituents and that congressional inaction will be remembered on Election Day!

Time to turn up the heat

"If we don't let our voices be heard, things are not going to work out for our patients," said CMS member Michael J. Wasserman, MD, a neurologist from Niles, who participated in the "Share Your Voice" campaign. He is one of a growing number of doctors who has forged a relationship with his members of Congress. Doing so is an important part of the AMA's three-pronged advocacy approach, which also includes direct lobbying by AMA leadership and staff, as well as coordinated grassroots communication on the part of physicians, medical students and patients from around the country.

"Several members of Congress let us know that they took action last year to stop the cut in Medicare payments to doctors, in part, because they heard from so many physicians in their states and districts about that issue," said Richard Deem, AMA's senior vice president of advocacy. Dr. Wasserman is proud to add his voice to the endeavor—and routinely encourages his physician colleagues to follow suit. "Too many physicians are hesitant to contact their senators and representatives," said Dr. Wasserman, "but they really do listen to us."

IMGs seek equality

State licensure equality, work visas and medical liability reform were among the hot topics at the AMA Member Connect Roundtable for IMGs. CMS member Mitra B. Kalelkar, MD, a pathologist in Chicago, said she wondered if there indeed is a shortage in the physician workforce, or if it is all a matter of perception. "There is an impending physician work force shortage, but the AMA hasn't put a number on it yet," responded AMA Trustee Edward L. Langston, MD, who moderated the session with AMA Board Chair Duane M. Cady, MD. Several participants said they feel physician work force issues go hand in hand with other challenges for IMGs, such as inequitable licensure requirements and the decreasing availability of slots in U.S. residency programs.

Provided courtesy of the AMA

Residents speak their minds

FROM EASING THE BURDEN OF HIGH-INTEREST student loans to finding ways to get more residents involved in the AMA, members of the Resident and Fellow Section sounded off at an AMA Member Connect Roundtable.

Lloyd D. Fisher, MD, a pediatric resident from Worcester, Mass., said the AMA should focus on eliminating student loan interest collection during residency and urging Congress to allow interest on loans to be tax-deductible. He stressed that the AMA should focus on such nuts-and-bolts issues to attract more resident and student members.

Recruiting new members became a recurring theme during the discussion. Plastic surgery resident Laura Bennett, MD, challenged her colleagues

to speak with new residents about the AMA and tell them why it's important for them to join. "I speak on orientation day to ask them to get involved," she said. "Others should do that, too."

AMA Trustee Robert M. Wah, MD, who moderated the session, reminded members that many of their interactions with other residents tend to be informal, "so be sure to have your AMA Health Care Advocacy Agenda Card with you to share with colleagues."

Christine P. Bishof, MD, of Forest Park, IL, said she'd like to know more about how the AMA can prevent hassles with health insurance companies. Dr. Wah pointed to recent progress made by the AMA Private Sector Advocacy unit, which advo-

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cates for members on issues involving insurers. Leah E. Doret, MD, a family medicine resident in Worcester, Mass., expressed concerns about the way many insurers pay for her services. “I spend a lot of time counseling patients on diabetes, hypertension and weight loss,” she said. “But I get paid more removing a wart. Something has to change there.”

Provided Courtesy of the AMA

Patient safety effort thrives

Members heard about the Institute of Health-care’s 100k Lives Campaign, which has worked to implement proven interventions in the hospital setting to improve patient safety. Donald M. Berwick, MD, MPP, president and CEO of IHI, noted that with the active involvement of physicians, more than 3,000 hospitals are participating in the campaign, far surpassing the original goal of 2,000. That means 80 percent of the hospital beds in the United States are represented.

These hospitals are making strong headway in creating rapid response teams, delivering reliable care for acute myocardial infarction, preventing adverse drug events, and preventing surgical site and central line infections. The AMA’s leadership in getting physicians involved was pivotal to the

campaign’s success, said Dr. Berwick.

During an educational program, “Breaking Patient Safety Sound Barriers: Learning Together,” a panel of experts, many of whom are both physicians and pilots, shared lessons in error prevention from the aviation community.

AMA Resolution Highlights

Here is a sample of the issues on which the AMA took action:

- **PHYSICIAN ROLE IN INTERROGATIONS**

Adopted recommendations to allow physicians to assess detainees to determine the need for and to provide medical care. However, physicians must neither conduct nor directly participate in an interrogation, nor should they monitor interrogations with the intention of intervening. They may participate in developing interrogation strategies for general training purposes, but these strategies must not be coercive and must be humane and respect the rights of individuals.

- **HEALTH-CARE COST REPORTING**

Supported the development and adoption of a consistent format for estimating and publicly reporting health-care administrative costs, in order

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to facilitate unbiased comparisons across insurers, and from different sources. The AMA also voted to support efforts to educate the medical profession and the public about health-care costs, including administrative costs and the costs of defensive medicine.

● **MANDATORY INSURANCE**

Voted to support a requirement that individuals and families earning greater than 500 percent of the federal poverty level obtain, at a minimum, coverage for catastrophic health care and evidence-based preventive health care, using the tax structure to achieve compliance. Upon implementation of a system of refundable tax credits or other subsidies to obtain health-care coverage, this requirement would apply to individuals and families earning less than 500 percent of the federal poverty level.

● **SUGAR SWEETENED SOFT DRINKS**

Referred a report that supported federal taxes on “sugar-sweetened” soft drinks, and earmarking revenues from these taxes for the prevention and treatment of obesity, as well as public health and medical programs that serve vulnerable populations.

● **INFLUENZA VACCINE DISTRIBUTION**

Approved various recommendations on influenza vaccine distribution, including a resolution to work with the Centers for Disease Control and Prevention and appropriate medical specialty societies and influenza immunization partners to ensure adequate vaccine distribution to high-priority populations. The AMA also resolved to advocate for the sale of every manufacturer’s vaccine supply directly to health-care providers. The also will urge vaccine manufacturers and distributors to provide an ordering system that gives priority to small- and medium-sized medical practices.

● **RETAIL-BASED CLINICS**

Adopted policy that any individual, company or other entity that establishes or operates store-based health clinics should adhere to a series of principles, including ensuring that the clinic has a well-defined and limited scope of services, and that health-care practitioners staffing the clinics have direct access to and supervision from physicians.

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AMA *(continued)*

● **ADOPTION OF ELECTRONIC MEDICAL RECORDS**

Resolved to advocate for and support initiatives that minimize physicians' financial burden of adopting and maintaining electronic medical records. The AMA also will continue efforts to define and promote standards that will facilitate the interoperability of health information technology systems. The AMA also approved policy that public and private insurers should not require the use of electronic medical records.

Provided courtesy of the AMA

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