



## MESSAGE FROM YOUR PRESIDENT

### ***Needed: Hospital liaisons!***

ONE OF THE MOST IMPORTANT GOALS I would like to accomplish during my presidency with the Chicago Medical Society is to rebuild the organization. Specifically, I want to align the activities of CMS with its stated mission, so that we may better serve the varied needs of our members. The first step in accomplishing this goal is to redefine the core objectives of CMS, so that we may build up the organization's infrastructure. By strengthening the foundation of CMS, we will lay the groundwork for a successful Society.

It is crucial to have continuity in an organization, especially one as diverse as ours. Since we have members throughout Chicago, it is important that everyone is represented and that CMS is attuned to and mindful of everyone's needs on an ongoing basis. As such, I have requested that each district trustee identify a liaison from every hospital in Cook County. Each liaison will be responsible for performing the following functions:

- Assisting with the recruitment and retention of members.
- Providing CMS/ISMS presence at the hospitals.
- Assisting CMS/ISMS with scheduling legislative meetings.
- Participating in hospital medical staff meetings.
- Informing CMS/ISMS of physicians joining and leaving the medical staffs.
- Collecting medical staff directories.



**CMS President Saroja Bharati, MD, (at head of table) leads the CMS Board of Trustees at the Aug. 15 meeting.**

In addition to these responsibilities, the liaisons will serve on the membership committees within each district.

While this may seem like a lot of work, in actuality, these responsibilities do not require a large time commitment. The liaisons will spend only a few hours per month providing information and helping with our objectives, thereby ensuring that all members have a voice and are represented. Obviously, this will go a long way towards fulfilling the CMS mission and serving our members.

*If you're interested in becoming a liaison or if you have recommendations or suggestions, please contact Ted Kanellakes (312) 670-2550.*

I am confident that with the active participation of our leadership, we can build a stronger CMS. Your assistance in this endeavor is a step in the right direction and is greatly appreciated.

Thank you and, as always, I look forward to working with you.

**Saroja Bharati, MD**

## MAKING ROUNDS



### ***Educating kids to make healthy choices***

CMS President Saroja Bharati, MD, met with Terry Mason, MD, CDPH Commissioner on July 10 to propose a program for educating schoolchildren about healthy lifestyle habits. Dr. Bharati's plan would engage students with doctors in educational games and incorporate books on healthy eating into the academic curriculum. Programs could be tailored to pre-school and elementary school-aged children. Dr. Mason came into office vowing to make Chicago one of the country's fittest cities after a national health magazine ranked it the "fattest."



### ***Unity is imperative***

Dr. Bharati addressed the medical staff of West Suburban Hospital in Oak Park on July 23. Her talk focused on the importance of CMS, ISMS and AMA membership.



The Chicago Medical Society  
*in conjunction with the*  
Hektoen Institute of Medicine, Chicago, IL



*Presents*

## **Surprise Attacks and Terror Threats: Psychological Consequences**

**Kenneth G. Busch, MD**

Chair, Disaster Response Committee of the Illinois Psychiatric Society &  
Area IV Representative, Disaster Network of the American Psychiatric Association.  
Dr. Busch has no significant financial relationships to disclose.



**Date:** Wednesday, Oct. 24, 2007

**Time:** Reception: 5:30 p.m. – 6:15 p.m.  
CME Presentation: 6:15 p.m. – 7:15 p.m.

**Location:** Hektoen Institute of Medicine (Auditorium, 1<sup>st</sup> Floor)  
2100 W. Harrison St.  
Chicago, IL 60612

*\*Free parking is available in the Hektoen parking lot (Entrance is located on Hoyne Street)*

**Audience:** Physicians and other Healthcare Professionals

**Learning Objectives:** At the conclusion of this learning activity, participants should be able to:

1. Demonstrate preparedness, readiness, and response to evolving terror threats.
2. Define psychological consequences of terrorism.

**Registration:** \$15.00 (*cash or check accepted*)

*\* Registration fee can be paid onsite or by mailing a check to: Hektoen Institute, c/o Rachel Baker,  
2100 W. Harrison St., Chicago, IL 60612*

**Questions? Contact Rachel C. Baker, Development Specialist at (312) 948-2522 or  
[Rachel.baker@hektoen.org](mailto:Rachel.baker@hektoen.org)**

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Chicago Medical Society and the Hektoen Institute of Medicine. The Chicago Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Chicago Medical Society designates this educational activity for a maximum of 1.00 category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

## Delivering for physicians and organized medicine

IT HAS BEEN LESS THAN FOUR YEARS AND only three full insurance renewal cycles since CMS started its own medical malpractice insurance agency to represent physicians. Nearly four years later, the results have been excellent and the physician leadership is enthusiastic about building upon a solid foundation.

The first goal was to help Chicago-area physicians in a difficult medical malpractice insurance market. For the first time, Cook County doctors have a physician-first brokerage agency no matter how small the policy premium. Doctors who accept offers for help receive assistance from staff members who answer directly to a board of physicians.

The Agency is physician-run, is built on the same principles as CMS, and generously supports CMS and the causes of organized medicine. The successes achieved by organized medicine also enhance Cook County physicians' ability to serve the medical needs of the public.

"Our commitment to CMS members' well-being and the future of organized medicine has been a driving force behind the Agency's growth and development. This is an excellent example of a medical society that has been re-invigorated by its own progressive ideas for the future. With the Agency's good head start, we have cemented a solid foundation to build upon for years to come," said Steven Malkin, MD, CMS Insurance Agency chairman.

If you have recently become a member of CMS and have not signed up through the CMS Insurance Agency to renew your current coverage, to maximize your savings potential, or to seek out an alternative carrier via the Agency, we invite you to

call CMS headquarters and ask to speak with an Agency staff member. Agency staff can be reached at (312) 670-2550.

### No-smoking measure in Illinois signed into law

*CMS applauds efforts by anti-smoking advocates*

AFTER NEARLY TWO DECADES OF INTENSE lobbying and education, Illinois became the 19th state to institute a broad smoking ban, to the approval of medical professionals, cancer survivors and health advocates.

The comprehensive anti-smoking bill will prohibit smoking in all public buildings and in most businesses and government vehicles effective Jan. 1, 2008. The law makes smoking illegal in bars and restaurants, as well as places ranging from student dormitories to private homes in which businesses open to the public are operated.

The state law supersedes Chicago's indoor smoking ban, which would have allowed smoking in bars until July 2008. Local communities will still be free to pass even tougher no-smoking bans, with those local rules superseding the state law.

"The new law is a victory for all Illinois residents, workers and visitors, who will soon benefit from clean, smoke-free indoor environments that will protect them from the deadly dangers of secondhand smoke," said CMS President Saroja Bharati, MD.

Gov. Rod Blagojevich signed the Smoke-Free Illinois Act at Northwestern Memorial Hospital on July 23.

NEWS FOR CHICAGO PHYSICIANS

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



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515 N. Dearborn St.  
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## ***ISMS president gives overview on Medicare, Medicaid and Malpractice***

By Patrick Butler

ILLINOIS DOCTORS AND THEIR PATIENTS face a double threat from legislative lassitude in Springfield regarding Medicaid funding and the removal of caps on non-economic damage awards in malpractice cases. And it's time for individual physicians themselves to start having frank talks with both their patients and their lawmakers, said Illinois State Medical Society President Rodney Osborn, MD.



**Dr. Osborn**

Reimbursement from the state—which must fund the federally mandated Medicaid program—is already inadequate and slow, Dr. Osborn said.

Just how much depends on the specialty. But it's low enough that some doctors either aren't participating in Medicaid anymore, or are reducing their participation, he said.

"I know with cataracts, the reimbursements are considerably less (than the normal fees) for the risk and time," noted Dr. Osborn, adding that he's heard of instances where the payments were as low as 40 percent of the normal fees.

Worst off, of course, are the practices—mostly in low-income inner-city neighborhoods—that are 60 or 70 percent Medicaid, Dr. Osborn said. "If they deliver \$60 worth of care and get reimbursed \$16, they can't stay in business."

All this comes at the same time Gov. Rod Blagojevich has been trying to expand the state's *All Kids* program without offering much in the way of details on how he would pay for it, Dr. Osborn said.

Governor Blagojevich's initial proposal to fund the plan with a new Gross Receipt Tax was rejected by the House, so then it was back to Square One, Dr. Osborn said.

Now, the governor has used his amendatory veto powers on the long-delayed state budget, diverting \$500 million from programs, including pork barrel projects for lawmakers, and spending it instead on expanded health care coverage.

"It's very hard to advise physicians because, truthfully, the governor's plan keeps changing," Dr. Osborn said.

### ***Medicare problems***

And the average doctor isn't doing much better with federal Medicare payments, which are slated to

be cut 10 percent in 2008, he added. Currently the U.S. House incorporated a reversal of these payment cuts in legislation expanding and re-authorizing the state children's health insurance program (SCHIP). However, the U.S. Senate and president remain potential hurdles to the enactment of this new legislation.

Here again, doctors are going to have to decide how much time they can afford to spend on Medicare patients while trying to see enough other patients to keep their offices open, Dr. Osborn said.

As with Medicaid, "being able to see a (Medicare) patient three or four times a year versus seeing that patient only once a year, depending on the illness or needs of that patient, could in some cases amount to substandard care," he said.

"It's all tied to Congress' flawed SGR (Sustained Growth Rate) formula that doesn't take into account the costs of investment in staff and up-to-date technology to maintain quality medicine," he said.

### ***Adding insult to injury***

Turning to the recently enacted HB 1798, which expands damage awards in wrongful death and malpractice cases, Dr. Osborn said expanding the non-economic damages may be a windfall for the lawyers, but it's a disaster-in-waiting for doctors and their patients.

Before the 2005 Medical Liability Reform law capped non-economic damages at \$500,000 for doctors and \$1 million for hospitals, Illinois was losing scores of doctors—especially obstetricians, surgeons and neurosurgeons—and insurance companies were writing fewer and fewer malpractice policies here, said Dr. Osborn.

The 2005 liability reforms have had some impact in stopping the doctor drain and have actually brought some doctors back to Illinois and lowered insurance rates an average of 5.2 percent, "some more, some less, depending on the specialty and the region," he said.

Dr. Osborn emphasized that the cap only applied to "non-economic" damages, which are not measurable financial suffering such as loss of earning power or medical bills.

"However, HB 1798 expands the possible 'grief' categories in which non-economic damages can be awarded in wrongful death lawsuits," said Dr. Osborn.

"The key question is, what is the difference be-

tween 'pain and suffering' and 'grief'? We believe 'grief' is already covered by 'pain and suffering.'"

If HB 1798 isn't repealed or struck down by the courts, "it's going to be a very difficult climate. There could be another exodus of doctors from Downstate areas as well as inner-city Chicago neighborhoods," said Dr. Osborn, noting that the bill was supported by the Illinois Trial Lawyers Association and opposed by ISMS and the Illinois Hospital Association, as well as the city of Chicago and Cook County.

### ***Time to fight***

But while organized medicine, including the ISMS, has been fighting to keep the caps on non-economic damage awards and pushing for more timely and realistic Medicaid reimbursements, it's time for individual doctors themselves to get off the sidelines and start standing up for themselves and their patients, Dr. Osborn said.

"That really is the best thing: as a constituency, physicians must alert their member of Congress or state legislator to what's going to happen in their own district if they don't do something. I look at Peoria where you've got (a population of) 30-40 percent retirees. The legislators

and Congressmen need to know that these folks stand to lose access to adequate health care if the reimbursement rates aren't adjusted and the SGR formula Congress uses to calculate Medicare payments isn't fixed. Congress knows it, the budget office knows it, and the president knows it. It's just a question of when they're going to step up," he said.

And doctors shouldn't be afraid to play hardball if necessary, he said, noting that while lobbying for passage of the 2005 Medical Liability Reform, "it took patients going to the legislators and telling them that if the non-economic liability awards weren't capped, their districts were going to lose doctors, industry and jobs. And that if the lawmakers couldn't get it together, they'd have to be replaced," Dr. Osborn said.

"At that point they became receptive. I think prior to that, they didn't perceive it as affecting them personally. There are always things that affect the constituents, but this time they realized it wasn't just the doctors talking, it was the voters," Dr. Osborn said.

*Writer Patrick Butler is a Chicago journalist, columnist and a former political editor.*

## ***Medical Litigation Reform celebrates two-year anniversary***

*Many physicians think of summer as a typically quiet time at ISMS, but that is definitely not the case! Here are just a few recent developments and activities of which you should be aware.*

AUGUST 25TH MARKED THE SECOND anniversary of Illinois' hard-won medical litigation reform law. Two short years have already brought modest improvements in the Illinois litigation environment, with the promise of further gains ahead should the Illinois Supreme Court uphold the law. It took Illinois a long time to get into this mess, and it will take time to heal as well.

To date, plaintiffs' lawyers have filed three lawsuits challenging the constitutionality of the 2005 litigation reforms, and both sides submitted initial briefs last month. The first hearing is slated to occur Sept. 17th in the Circuit Court of Cook County's Law Division. ISMS and ISMIE Mutual have retained prominent constitutional scholar Ted Olson to represent members and policyholders in defense of reform. Attorney General Lisa Madigan, the state's chief legal advocate, is charged with heading up the entire defense effort. Watch for special on-line updates from ISMS as developments unfold.

Special coverage on the constitutional challenge and an in-depth look at the issues in play can be found in the August *Illinois Medicine Express*.

*Visit [www.isms.org](http://www.isms.org) to view these items online.*

## ***Medicare Déjà vu***

CONGRESS IS PAYING EARLIER-THAN-USUAL attention this year to the continuing debacle of the Medicare sustainable growth rate formula. Medicare's use of this complex measure has for several years resulted in automatic year-end decreases to physician reimbursement.

In a politically deft maneuver last month, the U.S. House incorporated a reversal of Medicare's impending physician reimbursement cuts (15% over two years) into legislation expanding and reauthorizing the State Children's Health Insurance Program (SCHIP). Across the Capitol rotunda, however, the Senate-approved SCHIP bill did not address Medicare. ISMS continues to work closely with the American Medical Association to assure the House-adopted Medicare provision is preserved when the two versions are reconciled in

conference committee. Yet another hurdle is a threatened presidential veto based on the SCHIP expansion. Without congressional action, a 10 percent Medicare physician reimbursement cut will take effect Jan. 1, 2008.

Long term, medicine's message and goal remain: Eliminate the SGR and replace it with a fair funding mechanism that reflects physician practice costs. *Visit the special Medicare section at [www.isms.org](http://www.isms.org) for more information.*

### ***Illinois Covered Reemerging?***

UPDATE—Illinois' budgetary odyssey partially ended when Governor Blagojevich approved the Illinois budget. His stated goal is to re-appropriate \$500 million in spending toward his proposed *Illinois Covered* state health insurance program. How the General Assembly will react to the governor's re-appropriation plan may be another epic in the making. ISMS will continue to voice its concerns over inadequate reimbursement schedules and coerced physician participation in the plan through a tying mechanism that would force doctors who contract with private plans to automatically accept *Illinois Covered*. Check the ISMS Web site for updates, and the end-of-session report.

*(ISMS update continues on p. 10)*

## ISMS UPDATE *(continued from p. 8)*

### **New Resources for ISMS/CMS Members**

ISMS HAS A NEW PATIENT RESOURCE AVAILABLE to members only, and it's "going like hotcakes!" *Your Personal Health Record* is a pocket-size resource to help your patients track everything from medications and lab results to insurance providers, emergency contacts and family medical histories.

Multiple copies are available by calling (800) 782-4767, extension 1678, [occonnor@isms.org](mailto:occonnor@isms.org). Download the Spanish version at [www.isms.org](http://www.isms.org)

### **Mark Your Calendars!**

WE NEED YOUR VOICE AT THE ISMS Membership, Education and Management Summit, **Sept. 23-24, 2007, at the Oak Brook Marriott Hotel**. This multi-tracked leadership conference offers special in-depth programming for physicians and medical office managers. *For more information, see page 11.*

ISMS has endorsed the 2007 Interstate Post-graduate Medical Association's fall conference, *Improving Patient Outcomes: Advances in Primary Care*. ISMS members can receive a 50% discount

off the \$555 conference registration fee. This excellent CME opportunity runs from **Nov. 4-7 in Savannah, GA**. IPMA is a not-for-profit educational association whose mission is to disseminate medical knowledge and elevate the standard of continuing medical education.

Visit [www.isms.org](http://www.isms.org) to receive the discounted registration rate.

## FOR PHYSICIANS AND PRACTICE MANAGERS

### ***Don't miss the ISMS Membership Education & Management Summit***

REGISTRATION IS NOW OPEN FOR THE FIRST Illinois State Medical Society Membership Education & Management Summit taking place on Sept. 23-24, 2007, in Oak Brook. This event, created for both physicians and their practice managers, begins on Sunday evening with dinner at Maggiano's in the Oak Brook Center and a keynote speaker on "How to Deal with Difficult Patients."

The Summit will focus on building ISMS membership and its county medical society partners, and will equip physicians with the tools they need to strengthen organized medicine, piece by piece. During Monday's session, physicians will learn the ins and outs of their membership benefits. They will also brainstorm with colleagues and develop strategies to work more effectively with female physicians and those physicians in their first five years of practice. In addition, attendees will discuss how mentoring young physicians can positively af-

fect membership numbers. During the final session, physicians will learn recruitment strategies from a Dale Carnegie sales training specialist.

During the summit, medical practice managers will learn strategies for hiring and retaining great staff and how to run a more profitable and efficient practice. Managers will also learn how they benefit when their physician-employers are ISMS and CMS members.

In addition to these informative sessions, there will be a vendor fair and a chance to win great prizes. Come support your colleagues and network with other physicians from across the state.

**Registration is FREE but space is limited.** Visit the Summit's Web site, [www.isms.org/summit2007](http://www.isms.org/summit2007), for further details and registration information. If you have questions, please contact ISMS' Jim Jacobsohn at (312) 580-6493. Don't miss out on this exciting opportunity.

## EVENTS/PROGRAMS

● Sept. 18

**Chicago Pediatric Society  
General Membership Meeting  
"Multicultural Issues in Critical Care"**  
6:30 p.m.-8:30 p.m.  
Maggiano's Little Italy  
Chicago, IL  
Contact: Jennifer Cox, ext. 324

● Sept. 19

**Executive Committee**  
8 a.m.  
Chicago Medical Society  
Chicago, IL  
Contact: ext. 322

● Sept. 19

**CMS Insurance Agency Board Meeting**  
9 a.m.  
Chicago Medical Society  
Chicago, IL  
Contact: ext. 322

● Sept. 19

**AMA Sponsored Luncheon for  
Rush Medical Students**  
Morton Grove, IL  
Contact: Jennifer Cox, ext. 324

● Sept. 21

**OSHA Training Workshop**  
2 p.m.  
Chicago Medical Society  
Chicago, IL  
Contact: Annette Boksa, ext. 340

● Sept. 23

**ISMS Education & Management Summit**  
6 p.m.  
Maggiano's Restaurant  
Oak Brook, IL  
Contact: Jim Jacobsohn, (312) 782-1654

● Sept. 24

**ISMS Education & Management Summit**  
7:30 a.m.  
Oak Brook Hills Marriott Resort  
Oak Brook, IL  
Contact: Jim Jacobsohn, (312) 782-1654

● Sept. 25

**District 4-General Membership Meeting  
"Medical Media"**  
6:30 p.m.-9 p.m.  
Hoffman Estates, IL  
Contact: Jennifer Cox, ext. 324

● Sept. 26

**CMS Golf Outing**  
12 p.m.  
Ruffled Feathers Golf Course  
Lemont, IL  
Contact: Megan Whalen, ext. 332

● Sept. 26

**Chicago Society of Plastic Surgeons Financial Panel  
General Membership Meeting**  
6-9:30 p.m.  
University Club  
Chicago, IL  
Contact: Jennifer Cox, ext. 324

● Sept. 28

**Subcommittee on Joint Sponsorship**  
12 p.m.  
Chicago Medical Society  
Chicago, IL  
Contact: Annette Boksa, ext. 340

● Sept. 29

**Chicago Neurological Society-Complications of  
Operations on Brain and Spine**  
7 a.m.  
Stephens Convention Center  
Rosemont, IL  
Contact: Megan Whalen, ext. 332

**SAVE THE DATES:**

***CMS Holiday Reception,***

*Wednesday, Dec. 12*

For information, call (312) 670-2550, ext. 322

**Midwest Clinical Conference**

**March 27-29, 2008!**

For information, call Annette Boksa at (312) 670-2550  
ext. 340, or email [aboksa@cmsdocs.org](mailto:aboksa@cmsdocs.org)

*ChicaGourmets!*, Culinary Historians of Chicago (CHC) and the Chicago Medical Society (CMS)



17 West Adams, Chicago

Reduced Rate Parking with Validation, 17 E Adams Garage

**Saturday, October 27, 2007**

**10:00 A.M.** Registration & Welcome Refreshments

**10:15 A.M.** Bruce Kraig, PhD, President of CHC,  
Introductory Remarks

Jan & Carlyn Berghoff on Berghoff Family History

Nancy Ross Ryan on *The Berghoff Family Cookbook*

Ulrich Danckers, MD, Past President, CMS,

Gift Presentation to the Berghoff Family

**11:00 A.M. Q&A**

Followed by Hors d'oeuvres Reception & Book Signing

**NOON LUNCHEON**



Jan and Carlyn Berghoff



Nancy Ross Ryan

**THE BERGHOFF FAMILY COOKBOOK:  
FROM OUR TABLE TO YOURS, CELEBRATING A  
CENTURY OF ENTERTAINING**

Even people who have never enjoyed the schnitzel or the strudel at the Berghoff will love reading the history of the Berghoff family, a fixture in Chicago for more than 100 years. With the book's simple recipes adapted to the home kitchen, anyone can now cook and serve all the famous Berghoff dishes.

*ChicaGourmets!* Hosts Jim Price & Don Newcomb

Join *ChicaGourmets!* Membership is \$40 per year per household.

**ALL CMS MEMBERS AND THEIR GUESTS RECEIVE THE DISCOUNTED CHICAGO GOURMETS MEMBER PRICE!**

*Reservations are secured with receipt of payment on a first-come basis. Events often sell out early!*

E-mail: DonaldNewcomb@comcast.net Tel: 708-383-7543 Fax: 708-383-4964

**For non-internet reservations, mail to: ChicaGourmets! Premier Bank, 1210 Central Ave, Wilmette, IL 60091**

RECEPTION & LECTURE ONLY Reserve \_\_\_\_\_ at \$5 per Member, \_\_\_\_\_ at \$15 per Nonmember=\$ \_\_\_\_\_ enclosed.

BERGHOFF TOTAL PROGRAM, Reserve \_\_\_\_\_ at \$49 per Member, \_\_\_\_\_ at \$59 per Nonmember, inclusive = \$ \_\_\_\_\_ enclosed.

10/27/07 \_\_\_\_\_ ChicaGourmets Membership/Renewal payment (\$40) enclosed. See expiration (exp) date on mailing label.

Name(s) \_\_\_\_\_

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City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**a r t i s t i c e v e n t s**

BY CARLYN BERGHOFF CATERING, INC.

**WHEN GUESTS ARRIVE...**

Herb Cheesecake with crackers and assorted fruits

**BOOK SIGNING RECEPTION FOLLOWING LECTURE**

Mini Reubens: —Corned beef on rye with Swiss cheese and Thousand Island dressing, toasted in a panini press until crispy

*Berghoff Beer and Rootbeer Served During  
Reception and Luncheon*

**LUNCHEON MENU**

Butternut Squash Soup and Duck Pot Stickers  
Petit Salad of Baby Greens

Served family style—Chicken Schnitzel  
Herb breaded chicken schnitzel served with  
grilled lemons and chilled asparagus salad

Sauerbraten—Marinated sauerbraten platter  
with sweet and sour gravy

Salmon—Herb crusted filet of salmon on a bed of  
wilted spinach with whole grain mustard sauce

Herbed Spaetzle, Braised Cabbage, and  
German Fried Potatoes

Mini Dessert Platters—Mini Apple Strudel,  
Black Forest Cake Bites, White Chocolate Mousse Spoons,  
and Crème Brûlée Strawberries

Parting Gift of Rootbeer Cheesecake Lollipops

# What's New with the 2007 OSHA Training Workshops?

OSHA requires annual training for **all** healthcare workers with potential occupational exposure to bloodborne pathogens. Attend the two-hour training course, update your exposure control plan and satisfy most of your yearly OSHA regulations.



All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff, including **dentists** and **dental medical staff**. At the conclusion of this activity, participants should be able to: 1) Identify the requirements of OSHA standards including blood borne pathogens; 2) Explain how the standards apply to them; 3) Discuss and select safer needle devices; and 4) Identify safety and health hazards at their facility.

OSHA requires that all healthcare employers maintain a written **Exposure Control Plan**. The plan must include a risk analysis, Hepatitis B vaccinations, follow-up procedures, an evaluation of safer sharps and training. The two-hour update will provide you with tools, including a sample program, to ensure that you meet all the requirements. OSHA requires that your plan be reviewed annually, that the newest technology be reviewed annually, and that training is repeated annually.

Also, have you ever attended a workshop only to realize that after the completion of the workshop you still had questions that were unanswered? As a result, the Chicago Medical Society and the Chicago North office of OSHA have obtained a list of **Frequently Asked Questions** from former OSHA attendees. It can be found on CMS's Web site:

[www.cmsdocs.org](http://www.cmsdocs.org).

## Save the Date!



- **Wednesday, Oct. 10:** Oak Lawn Hilton at 10 a.m. to 12 p.m.
- **Friday, Oct. 26:** Advocate Lutheran General Hospital at 2 p.m. to 4 p.m.
- **Wednesday, Nov. 7:** Chicago Medical Society Building (Downtown) at 10 a.m. to 12 p.m.



### Registration Fee:

- ❖ **\$59** each CMS member or staff person - two hour initial update
- ❖ **\$99** each non-member or staff person – two hour initial update
- ❖ **\$69** each CDS member or staff person – two hour initial update



**Questions? Call Elvia Rubio at (312) 670-2550, ext. 338**

# OSHA Trivia!

Think you know everything there is to know about OSHA? Well, test your knowledge with the newsletter's latest addition of OSHA TRIVIA!



1. How are blood-soaked bed linens sufficiently cleaned?

**Answer:** A document titled *Guidelines for Environmental Infection Control in Health-Care Facilities*, recommendations of the CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC) is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>.

Laundering cycles consist of flush, main wash, bleaching, rinsing and scouring. In general, hot water is deemed to be an effective means of destroying microorganisms. A temperature of at least 160° F (71° C) for a minimum of 25 minutes is commonly recommended for hot water washing. The use of chlorine bleach assures an extra margin of safety. It is believed by most experts in biosafety that regular laundering with hot water and detergents is sufficient to clean blood-soaked linens.

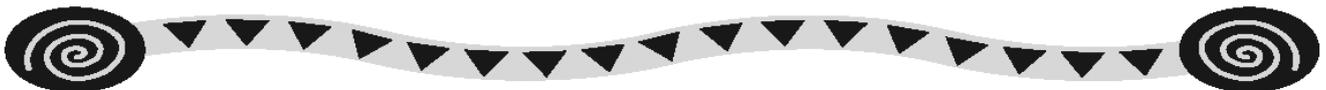
Many healthcare facilities put blood-contaminated linens in water-soluble bags that can go directly into the washing machine without the staff having to touch the contamination.

2. How long does HIV survive?

**Answer:** Scientists and medical authorities agree that HIV does not survive well outside the body, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast milk, saliva, and tears. To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed--essentially zero. Incorrect interpretations of conclusions drawn from laboratory studies have in some instances caused unnecessary alarm.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature; and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions; therefore, it does not spread or maintain infectiousness outside its host. For more information, visit <http://www.cdc.gov/hiv/resources/qa/qa35.htm>

Watch for next month's new OSHA Trivia Questions!



## Medicare bill passes house; senate passes SCHIP

IN EARLY AUGUST, THE U.S. HOUSE OF Representatives passed the CHAMP Act (HR 3162), a proposal to increase funding for the State Children's Health Insurance Program (SCHIP) that would also replace two years of scheduled Medicare physician payment cuts totaling 15 percent with modest increases. The bill would also eliminate overpayments to the private insurance companies that administer Medicare Advantage plans.

One day later, the U.S. Senate passed its SCHIP funding proposal, the Children's Health Insurance Program Reauthorization Act. Both houses of Congress must agree on final provisions before SCHIP expires on Sept. 30.

ISMS and CMS would like to thank Illinois lawmakers on both sides of the aisle who voted "yes" on the CHAMP Act. Now, the conference committee must include the Medicare physician payment in any SCHIP funding proposal headed for the president's desk.

"The CHAMP Act will ensure that two of our most vulnerable populations can get the care they need. We strongly urge the conference committee to include in the final legislation the House provisions that stop steep Medicare cuts to physicians," said CMS President Saroja Bharati, MD.

Both bills are funded by an increase in federal tobacco taxes.

**Please call your federal legislators today and urge them to include Medicare language in the final version of the bill.**

### Health alert

#### *A fatal lung disease*

THE OCCUPATIONAL SAFETY AND HEALTH Administration (OSHA) is alerting health care professionals to the occurrence of occupational lung disease among employees who are exposed to butter-flavoring ingredients in the microwave popcorn manufacturing industry. In 2000, the National Institute for Occupational Safety and Health (NIOSH) investigated a microwave popcorn manufacturing facility where nine employees developed bronchiolitis obliterans, a severe, potentially fatal pulmonary disease. The disease is rare and may be misdiagnosed as asthma, chronic bronchitis, emphysema or other lung diseases. Diacetyl, a

butter-flavoring chemical has been detected by NIOSH in these cases.

Symptoms of the disease may include cough (usually non-productive) and dyspnea (particularly with exertion), eye, nose, throat and skin irritation, fever, night sweats and weight loss. Medical evaluation is characterized by fixed airways obstruction on spirometry after challenge with bronchodilators. Spirometry findings may also include evidence of restriction. Additional studies such as diffusing capacity are usually normal, but lung volumes may show hyperinflation. Chest radiographs are usually normal. If fixed airways obstruction is present and bronchiolitis obliterans is suspected, referral to pulmonary and radiographic specialty care is optimal to ensure correct diagnosis and follow-up. Bronchiolitis obliterans is usually diagnosed by findings on paired inspiratory and expiratory high-resolution computerized tomography scans.

*For more information about occupational lung disease related to flavoring exposures visit:*  
<http://www.osha.gov/SLTC/flavoringlung/index.html>  
<http://www.cdc.gov/niosh/docs/2004-110/>

### Chicago to welcome Doctors Without Borders

THE HUMANITARIAN GROUP DOCTORS Without Borders/Médecins Sans Frontières will be in Chicago this fall, with an exhibit to educate the general public about the refugee experience.

A refugee camp exhibit will show the current day-to-day living conditions and circumstances of refugees and internally displaced people in places like Chechnya, Columbia, and Sudan. Experienced Doctors Without Borders aid workers will guide visitors through the camp, explaining the challenges of building shelter, finding food and clean water, and handling waste disposal. Tours of the nutrition tent, vaccination tent, health clinic, and cholera treatment center will demonstrate how the organization approaches basic health care and epidemic control in refugee settings.

The free exhibit runs in Grant Park, Wed., Sept. 19, through Sun., Sept. 23.

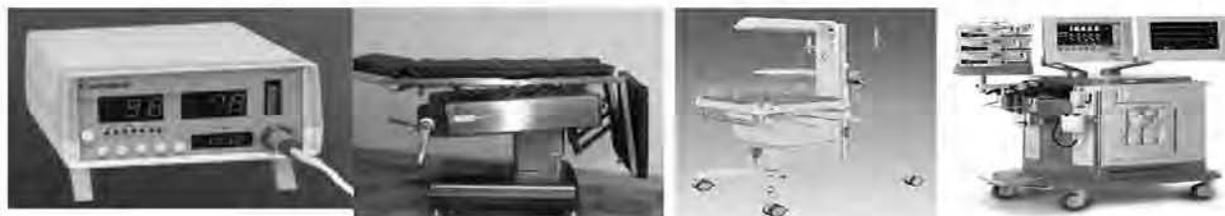
*For an exhibit map, go to:* [www.doctorswithoutborders.org/education/refugeecamp/tour/html](http://www.doctorswithoutborders.org/education/refugeecamp/tour/html).



# WANTED

## Surplus Medical Equipment

**Do you have any surplus medical equipment that may be donated to the Chicago Medical Society**



### **Regional Patient Simulation Center**

The CMS Foundation is developing a multiple room simulation center in 8,000 sq. ft. of space in our downtown headquarters. We are seeking donations of all items that would be found in an OR, ER, ICU and patient room.

The center will serve as a training facility where healthcare professionals can learn and maintain clinical skills. It will serve all area hospitals and healthcare professionals, i.e., physicians, nurses, therapists and EMTs, for training and emergency preparedness.

We are also urging our members to please contact their hospitals and inquire about donations— anything and everything will be appreciated.

*For a complete list of items to donate please contact:  
Michael Boros at 312-329-7326 or [mboros@cmsdocs.org](mailto:mboros@cmsdocs.org)*



Photo courtesy of Arrivet Medical