CMS INSURANCE AGENCY CAN ASSIST

Openings for new policyholders

ISMIE MUTUAL HAS GRANTED A PARTIAL lifting of the new business moratorium, allowing for 400 new policyholders. Applicants who apply for coverage will be considered only at their policy’s renewal date. The applications will be evaluated in accordance with ISMIE Mutual’s underwriting criteria and procedures.

Applications will not be accepted earlier than 90 days before the renewal date and no later than 30 days before the renewal date.

The CMS Insurance Agency can assist you in submitting your application for review by ISMIE Mutual. Please understand applications are not guaranteed acceptance just by submission. ISMIE Mutual’s partial lifting of the moratorium allows only 400 new policyholders statewide.

Please call us at your earliest convenience so we can advise you on the rules a physician must follow in order to properly apply to ISMIE.

The CMS Insurance Agency also has access to other markets that are acceptable alternatives for your medical malpractice needs.

For more information, contact Phil Seroczynski or Dana Lucas. Both can be reached between 8:30 a.m. and 5:30 p.m. at (312) 670-2550. After business hours, Phil can be reached seven days a week at (312) 835-8899.

COPING WITH LAYOFFS

Job Fair helps CCBHS physicians, assistants

IN THE WAKE OF COOK COUNTY BUREAU of Health Services budget cuts, the CMS Sixth District teamed up with the executive medical staff at Stroger Hospital to host a job fair for physicians and physician assistants facing actual or potential job layoffs.

Held at Stroger Hospital, the March 3 event drew approximately 100 attendees.

Among those offering advice in the job search were: Thalia Moss, sales manager, classified advertising, JAMA & Archives Journals; Courtney Kammer, president, Illinois Staff Physician Recruiters; Shelley Nilsson, director, human resources, Advanced Correctional Healthcare, Inc.; Michelle Ferguson, recruiting supervisor, Health Professionals, LTD; Arthur D. Funk, MD, regional medical director, Wexford Health Sources, Inc.; Rosalind Knox, director of medical staff development, physician relations, Advocate Trinity Hospital; Joy Rodriguez, director, physician relations, Swedish Covenant Hospital; Mark Jones, administrative director, Mercy Works Occupational Health Network, Mercy Hospital and Medical Center; Legal Questions Regarding Severance, William B. Walsh, JD;
On hand to welcome physicians to the Job Fair at Stroger Hospital on March 3, were CMS representatives (from left): Drs. Shastri Swaminathan, president, Ann Marie Dunlap, Philip B. Dray, and Mr. James Tarrant, executive director.

A health care worker, left, discusses career opportunities with a Job Fair representative.

Pension and Health Insurance Directives, Michael Maratea, County Employees’ Annuity & Benefit Fund of Cook County, Deferred Compensation Plan; Michael Burkhart, program director, Nationwide Retirement Solutions; Medical Malpractice Insurance (and other insurance programs), the CMS Insurance Agency; and National City Bank.

Fair advice: How to navigate a job search was key.

**Mental self-help resource for your patients**

The Chicago Medical Society web site now provides a link to Recovery, Inc., the Chicago-based international non-profit mental self-help organization founded in 1937 by the late CMS member Abraham Low, MD. Patients who are suffering from emotional problems may want to know about this organization, which is designed to be an adjunct to professional care.

Go to cmsdocs.org, “Services,” “Links.”
2007 OSHA Training Workshops

OSHA requires annual training for all healthcare workers with potential occupational exposure to blood-borne 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. 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.

**Audience: Physicians and Medical Office Staff**

Physicians can earn 2.0 CME credits

**OSHA Dates & Locations**

(FOR LOCATION AND DIRECTION INFORMATION VISIT: WWW.CMSDOCS.ORG)

- Friday, May 4: Advocate Lutheran General Hospital, 2 p.m. to 4 p.m.
- Wednesday, May 23: Chicago Medical Society Building (Downtown), 10 a.m. to 12 p.m.
- Wednesday, June 13: Oak Lawn Hilton, 10 a.m. to 12 p.m.
- Thursday, Sept. 13: Rush North Shore Medical Center, 2 p.m. to 4 p.m.
- Friday, Sept. 21: Chicago Medical Society Building (Downtown), 2 p.m. to 4 p.m.
- Wednesday, Oct. 10: Oak Lawn Hilton, 10 a.m. to 12 p.m.
- Friday, Oct. 26: Advocate Lutheran General Hospital, 2 p.m. to 4 p.m.
- Wednesday, Nov. 7: Chicago Medical Society Building (Downtown), 10 a.m. to 12 p.m.

**Registration Fee (CMS member or staff person): $59 – TWO HOUR Update**

* Student materials & an exposure control plan are included with the registration fee.

**Questions? Call Elvia Rubio at (312) 670-2550, ext. 338**
Medical students listen as healthcare professionals debate the single payer system at Northwestern’s Feinberg School of Medicine. CMS President Shastri Swaminathan sits in foreground.

Medical students wishing to learn more about treating the uninsured signed up for a full day of activities spearheaded by a Region 2 meeting of the American Medical Association Medical Student Section.

The meeting’s topic, National Health Care: Can Single Payer Work for America?, engaged Gordon Schiff, MD, past president, Physicians for a National Health Plan, with Michael Tanner, director of Health and Welfare Studies, Cato Institute. Mr. Tanner emphasized civil liberties and freedom of choice in healthcare while Dr. Schiff spoke of health care disparities and obligations to society.

Keynote speaker, Eric Whitaker, MD, director of the Illinois Department of Public Health, described Project Brotherhood, a free health clinic he created to treat black men on Chicago’s south side. He also shared his thoughts on the direction healthcare is taking.

Students had the opportunity to donate a half-day of community service, conducting screenings for hypertension and diabetes in partnership with Heartland Health Clinic at the Joseph and Mary Shelter in Chicago.

Following a debt management presentation, students listened as Mark Macumber, MD, assistant professor of family medicine at Northwestern University, shared the story that led him to take on covering the uninsured as a personal mission, and to start Patients-First, his cash-only practice. Dr. Macumber does not have malpractice insurance; he contracts out for reduced fees on normally expensive procedures and tests, and provides every patient with his personal pager number, all in an unusual effort to improve access to care. Dr. Macumber also described his current project, 46 Million Reasons, to entice physicians to pledge to take on new patients without health insurance, in an attempt to “cover the uninsured” one person at a time.

Attendees also toured the International Museum of Surgical Science, and listened to a panel of residents from surgery, pediatrics, internal medicine, and obstetrics & gynecology. They heard two separate talks by Peter Ragusa, the 2006-2007 AMA Government Relations Advocacy Fellow in Washington, DC, on how to get further involved in advocacy, and about the background and proposed changes to the USMLE.

The day concluded with short presentations by AMA-MSS Chair-Elect Rana Yehia, and AMA Board of Trustees member Chris DeRienzo on the AMA’s own plan to cover the uninsured, and a regional meeting conducted by Kimberly Viskocil, AMA-MSS Region II Chair.

ISMS-MSS Chair John Frisbee thanked CMS for its sponsorship and called the Region II meeting one of the best attended and most well-organized to date. Hans Arora, vice chair of the AMA-MSS Region II organized the activities.

The event was held March 3 on the Northwestern University Feinberg School of Medicine campus.
Council approves emergency resolutions

The CMS Council met on Feb. 6 to debate and set policy for the coming year. Meeting highlights follow.

Society sends strong message to academic community
Expressing its support for graduate medical education, the Council adopted a resolution endorsing the position of the Association of American Medical Colleges. The AAMC recommends against a 1% decrease in IME payments to teaching hospitals. Medicare Reduction in Graduate Medical Education Payment is now headed to the ISMS House of Delegates and then to the AMA. The language directs ISMS to work with the Illinois Hospital Association and all state hospitals with graduate medical education programs. And on the national level, the resolution instructs the AMA to work with the American Hospital Association and all hospitals.

Urges county government to assure access to care
Concern over the county’s health safety net led to the unanimous adoption of Service Cuts Proposed for the Cook County Bureau of Health Services. This resolution directed CMS to urge the president and the Cook County Board of Commissioners to immediately reinstate financing for all vital medical services, and to maintain financing for healthcare personnel who provide these services.

Gearing up for ISMS House of Delegates: attendance critical
As a result of CMS’ declining membership, the Society continues to lose trustee- ships on the ISMS Board and delegates in the House of Delegates. For this reason, ISMS delegates and alternates are urged to attend the ISMS HOD this April so they can address issues critical to CMS. This year’s meeting will offer educational programs, including one on the Massachusetts health care plan.

Internships for non-physicians
CMS is restarting its mini-internship program for politicians and needs physician volunteers. If you would like to spend half a day educating your legislator on what it’s like to be a doctor and the challenges they face, please call (312) 670-2550.

ISMS advocacy update
☐ The fight to keep medical liability reform on the books is far from over. Last November, Illinois trial lawyers filed a case challenging the recently enacted caps.
☐ ISMS approves a major visibility campaign on the importance of medical liability reform.
☐ Former U.S. Solicitor General and constitutional scholar, Theodore B. Olson, joins the legal team defending the constitutionality of reforms enacted in August 2005.
☐ ISMS continues to press for a permanent fix to the SGR. Congress stops a 5% cut to the physician Medicare reimbursement rate for 2007, but beginning in 2008, physicians will face another series of even deeper cuts.
☐ ISMS negotiations on both sides of the political aisle lead to extension of the Illinois Medical Practice Act for another year without any changes.
☐ ISMS supports in concept a plan endorsed by the Illinois Adequate Health Care Task Force that
would require every state resident to obtain health insurance from their employers, public programs, or by buying coverage on their own. The proposal would cost roughly $5 billion annually and has no funding mechanism, which means it will likely face resistance from the General Assembly. A key provision of the proposal is the recognition that current Medicaid reimbursement rates do not cover physicians’ costs and payment increases are needed.

The Council certified the elections of:
President-elect: William A. McDade, MD, PhD
Secretary: William N. Werner, MD

Resolutions give voice to many
Resolutions give members an opportunity to help shape health care policy and the positions of organized medicine. CMS resolutions can also contribute to policy decisions at the ISMS and AMA, resonating far beyond the confines of Cook County. Here are the resolutions your colleagues adopted at the Feb. 6 Council meeting:

Pharmacy Communication
Substitute wording calls for CMS to adopt policy that directs ISMS “to initiate or support legislation or other appropriate action to allow pharmacies to share databases and information, regardless of pharmacy ownership, regarding a patient’s controlled substance medication prescriptions and to share that information with the prescribing physicians.” The approved wording directs CMS to forward the resolution to the AMA for adoption of the ISMS language and for support of a nationwide monitoring program.

Promoting Tobacco to Minors
Substitute language calls for CMS to support the reduction of the use of all tobacco products by minors and oppose the marketing of tobacco products to minors.

Physician Workforce
Substitute language calls for CMS to adopt ISMS policy directing ISMS to take “the lead in addressing the issue of physician and health workforce shortages in Illinois by convening a taskforce of interested constituents (such as specialty societies, appropriate state agencies, medical schools and residency programs, the Illinois Hospital Association, and the AMA) that would identify the kinds of information that should be collected and maintained in a database, who should monitor these workforce data on a regular basis and how these data can be used.”

Establishment of a CMS Senior Physicians Group
Calls for CMS to form a Senior Physician Group composed mainly of senior physicians who are emeritus, retired or in practice (over age 60); that the SPG provide opportunities for meaningful involvement in CMS, emphasizing participation in recruitment, outreach, education and legislative activities of CMS; and for the CMS/SPG to establish a mutually beneficial affiliation with both the ISMS and AMA.
COMING AMID A RESURGENCE OF INTEREST in health reform nationally and in the states, Gov. Rod Blagojevich has issued a health reform proposal for reducing the number of uninsured in Illinois. Unlike in Massachusetts and California, Illinois residents would not be required to buy insurance or get it through an employer, at least not right away. Businesses, however, would be required to pay a gross receipts tax and to provide health insurance to workers or pay a new payroll tax. Following are key highlights of the governor’s proposal:

- Private insurers would be required to offer low-cost coverage.
- Every insurer in the state would have to offer a standardized, comprehensive insurance policy to uninsured residents, regardless of medical conditions.
- Citizens would have help in paying the premiums on private insurance up to 400 percent of the federal poverty line.
- Medicaid would be extended to adults without children, bringing coverage to 320,000 people with incomes below the poverty line.
- FamilyCare would be extended to uninsured working families with incomes up to 400 percent of the federal poverty level.
- Subsidies would be available to more than one million Illinoisans, including people who receive medical coverage through their employers.

The Illinois Covered plan could end up covering slightly more than one-third of Illinois’ 1.4 million uninsured adults by 2010 and would cost $2.1 billion a year if fully implemented.

Source: Chicago Tribune
CMS leader engages doctors on rounds

SHASTRI SWAMINATHAN, MD, MADE THE presidential rounds this winter, speaking at Rush North Shore Medical Center, Mercy Hospital, and Trinity Hospital on what physicians can do to help their profession. Following are highlights:

**TORT REFORM**—The signing of the medical liability reform legislation by the governor was the result of the combined efforts of many groups and individuals. Without individual physicians actively participating in the political process, the medical society alone could not have accomplished this.

But the fight is not over—trial attorneys have identified a case and hope to take it all the way to the Illinois Supreme Court. ISMS and ISMIE will be working to have the provisions upheld by the Courts. It may take three years to reach the Supreme Court. We need all of you to engage in the process, continue talking to patients, friends and relatives and tell them that until the Supreme Court rules on the law, the problem has not been fixed. Insurance premiums cannot be substantially reduced until the law has been upheld. The suits go on and the dollars must be there to cover the settlements.

What we do know is that lawmakers ask if physicians are medical society members. After the smoking ban was implemented in Cook County Jail, we visited there with State Senator John Cullerton. He asked if the physicians working in the jail were members of the Society. He wanted to know if the medical society spoke for these physicians.

**MEDICARE REIMBURSEMENT**—Medicine is faced with a Medicare payment formula that does not work. A Band-Aid has been applied for several years but physicians must let their Congressional representatives know that it must be permanently fixed, or access to care for our senior citizens may be in jeopardy. The prescription drug benefit Part D has been launched. There is concern that the drug benefit may have a negative impact on the physician payment formula by diverting money into the prescription program.

All physicians must voice their concerns to state legislators on Medicaid payments, on both the level of payments and timeliness of payments. The Chicago Medical Society supports increasing coverage for children; however, physicians must be paid for services provided. Physicians cannot operate a business without cash flow. While the state may have its own budget problems, physicians simply cannot provide services without being paid for these services. Contact your representatives; they need to hear from you. The squeaky wheel gets the grease.

**PAY FOR PERFORMANCE**—United Healthcare sought feedback from CMS on the company’s “premium designation program” and program for practice rewards. A panel of CMS-appointed physicians weighed in on the company’s performance guidelines. We believed then and now that it’s important for CMS to have a seat at the table and represent the interests of physicians.

During the discussions, the panel took into account the AMA position that pay-for-performance programs may serve as a positive force in the healthcare industry IF they are patient-centered and assess physician performance with evidence-based measures.

**SCOPE OF PRACTICE**—Often physicians ask what the medical society has done for them. Most important is the list of what we have prevented. We are diligently focusing on attempts by allied health providers to expand their scope of practice and offer primary care medicine through retail establishments. This is one of the greatest threats on the horizon -- we are pleading with physicians to voice their concerns about continuity of care.

**PUBLIC HEALTH**—Physicians must be concerned about public health. We include bioterrorism and natural disasters in this category. We are also a partner in the efforts to ban smoking in restaurants in Chicago and in jails and prisons in Illinois.

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**Wanted: Your writing**

*Chicago Medicine* is seeking clinical articles from Chicago-area physicians.

*Please contact Liz Sidney, co-editor: (312) 329-7335 esidney@cmsdocs.org.*
PATIENT SAFETY—We believe that patient safety is tied closely to the tort reform effort. Physicians must take a leadership role in improving patient safety. The medical profession has been criticized for allowing “bad doctors” to practice without being disciplined. CMS is leading an effort to create a Regional Patient Simulation Center that could be used by all area hospitals to train physicians and medical teams in methods similar to those used by pilots and nuclear power plant operators. All area hospitals can participate once it is operational.

CMS INSURANCE AGENCY—The final activity is our new insurance agency. We started an independent insurance agency for two reasons: First, to assist our members and nonmembers with their insurance issues. We believe that the Medical Society’s first concern is taking care of our members. Second, the Agency supports advocacy and educational programs of CMS. All physicians are encouraged to participate with the agency.

The Chicago Medical Society is working harder than ever to advocate for you. But no organization can do for physicians what they must do for themselves. While we can provide information and give direction, we MUST have the support of individual physicians. Please don’t just sit in the doctor’s lounge and complain—give us your support.

CONCERN FOR PATIENTS

Doctors seek oversight of retail health clinics

CITING PATIENT SAFETY CONCERNS, A NEW ISMS-backed law would charge the Illinois Department of Public Health with regulating healthcare services provided in a retail store or pharmacy. Sponsored by state representative Mike McAuliffe (R-Chicago), HB 1885, the “Retail Health Care Facility Permit Act,” would open dialogue between retail health clinics and community doctors, so patients with more serious illnesses can be guided to the best sources of care.

HB 1885 contains many elements that CMS called for in a resolution adopted last fall. CMS-sponsored “Retail Health Clinics” had urged the formation of a regulatory entity to monitor scope of service issues, collaborative agreements, conflict of interest issues, and procedures for testing and follow-up.
As a benefit of membership, all CMS members are considered members of ChicaGourmets, a premiere culinary organization with more than 50 fine-dining events a year.

SPECIAL EVENT: SATURDAY, MAY 5
LUNCHEON AND TALK WITH AUTHOR AND FRENCH FOOD AUTHORITY Patricia Wells AT THE RITZ-CARLTON.

For upcoming ChicaGourmets events, visit:
www.chicagourmets.org
or call Don Newcomb at (708) 383-7543.

ChicaGourmets is endorsed by the Chicago Medical Society Service Bureau, Inc.
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
The Centers for Disease Control and Prevention invite you to join

PHIRE
Public Health Information Rapid Exchange

Help preserve and protect our nation’s health

Receive real-time, accurate health information during an emergency event.
Connect with subject matter experts through moderated forums.

For more information, go to the following website: www.cdc.gov/phire

For information on placing a classified ad, please contact: Chris Sienko at (312) 670-2550.