



CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

chicago medicine

Newsletter, 2008, Vol. 111, No. 15

CMS INITIATIVES

Where have we gone? Where are we going?



Scott Warner, CMS

“A Conversation on Prevention” brought Chicago area health care leaders to the East Bank Club on Dec. 17 to participate in a grassroots community forum. Sponsored by Building a Healthier Chicago (BHC), the program was led by (from left): Gail Rosseau, MD, Chairman, Dept. of Surgery, the Neurologic and Orthopedic Institute of Chicago; Nesita Kwan, Health Reporter, NBC Channel 5; James Galloway, MD, Assistant U.S. Surgeon General; Damon Arnold, MD, MPH, Director of the Illinois Department of Public Health; and Modena Wilson, MD, MPH, Senior Vice President of Professional Standards at the AMA. The Chicago Medical Society is a partner in BHC. (See page 10 for event coverage.)

At this halfway point in my presidency, I would like to give you an update on CMS initiatives to serve you and your patients.

- Teaming up with ISMS, the CMS recently hosted a first-rate CME program for residency program directors and medical educators. With over 65 in at-

tendance, speaker Paul Rockey, MD, AMA Director of Graduate Medical Education, discussed the true cost of training, how it is funded and who should pay for it. Covering the financial and regulatory issues, Dr. Rockey also addressed the need for greater flexibility and improved morale, which are essential

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CMS INITIATIVES *(continued from first page)*

to expanding the physician workforce and caring for an aging population.

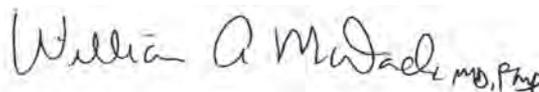
CMS will bring you more programs of this caliber. Indeed, the concerns of the academic community are so important that your Society has formed a new Council on Academic Physicians. The Council is currently exploring the feasibility of policies, activities and services for this group not traditionally aligned with organized medicine. (See coverage on page 4.)

- Your leadership recently met with several area medical school deans. They include John Lee, MD, Loyola University; Joseph Flaherty, MD, University of Illinois; and Karen J. Nichols, DO, Midwestern University. CMS will fully embrace the academic community next spring, when it holds the Midwest Clinical Conference at the University of Chicago.
- CMS' new Governmental Affairs Council is set up to complement the legislative initiatives set by the Illinois State Medical Society. This ad hoc committee has two goals: 1) to meet with Cook County legislators on issues impacting the practice of medicine; 2) to identify legislators for the CMS/ISMS Legislative Mini-Internship Program. Thomas Anderson, MD, CMS Treasurer, is Chairman.
- On the public health front, CMS is partnering in the Building a Healthier Chicago Coalition, spearheaded by the U.S. Department of Health and Human Services. The Society is now identifying liaisons from each District to implement the program across the city. A number of activities are currently taking place, and you may wish to refer your patients to them. (See page 10 for more information.)
- Through CMS' ongoing Legislative Mini-Internship Program, the Society is educating area legisla-

tors to the grim realities facing physicians and their profession. The program offers local legislators the opportunity to shadow a doctor for a day and see their challenges up close. Past participants have given the program rave reviews.

- In advocacy, CMS continues to support ISMS' vigorous defense of medical liability reform legislation that is now under grave assault. Working at the grassroots, your colleagues have written letters, provided testimony, joined demonstrations, and spoken to officials in Springfield and Washington, DC.
- CMS' Membership Department completed its fall recruitment campaign, reaching out to approximately 14,500 non-members. My letter to them highlighted the Society's efforts to stop the Medicare payment cut and advocate for medical liability reform.
- CMS is planning a practice management lecture series. The tentative schedule is February, March, September, and October of 2009.
- Last, CMS supported ISMS' successful efforts to get the Medical Practice Act signed into law. This Act provides for the licensure and discipline of physicians and ensures continued access to quality care in Illinois.

With your committed support, CMS can continue these programs for the betterment of the profession and the health of patients. Please join the Society as it reaches out to new groups and constituencies, while adapting to the changing face of medicine.



William A. McDade, MD, PhD
President, Chicago Medical Society

NEWS FOR CHICAGO PHYSICIANS

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OF COOK COUNTY
medicine



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Save-the-Date

Announcing the

Chicago Medical Society's

Annual Midwest Clinical Conference

MCC 2009

Dates: Friday, April 17, thru Sunday, April 19

Location: The University of Chicago

Audience: Medical doctors, academics, students, residents,
and other healthcare professionals.

*More details to follow via e-mail,
announcements & regular mail.*

A photograph of the Chicago skyline, featuring the Willis Tower (formerly Sears Tower) as the central focus. Other prominent buildings include the red Lurie Center and the white, pointed top of the Trump Tower. The skyline is set against a blue sky with light clouds. In the foreground, there is a line of green trees and a body of water, likely Lake Michigan.

*The Chicago Medical Society is a fully accredited continuing
medical education provider.*

Forum looks at GME financing, expanding the physician workforce

CMS/ISMS team up to serve the needs of the academic community

THE ISSUES AND CONCERNS OF academic physicians, including the urgent need for increasing the U.S. physician workforce, took center stage at a CMS/ISMS forum held Dec. 6 at the University Club of Chicago. Offered for medical residency program directors and educators, the forum was led by Paul H. Rockey, MD, MPH, Director of Graduate Medical Education at the AMA, who covered GME funding, the physician workforce, flexibility in GME, and physician morale. He was joined at the dais by William A. McDade, MD, PhD, CMS President, and Shastri Swaminathan, MD, ISMS President.



Dr. Paul Rockey, AMA Director of Graduate Medical Education, discusses the struggle facing teaching institutions today; He's joined by Dr. William A. McDade, CMS President; and Dr. Shastri Swaminathan, ISMS President.

The forum made these key points:

- In 2007, Medicare provided \$8.8 billion to teaching hospitals to pay for GME and related patient-care activities, the same amount it paid in 2002, when there were fewer residents and fellows in training. This figure translates to approximately 40% of the total cost of GME.
- Other funding sources include Medicaid, the Veterans Administration, Department of Defense, and



Sharing information during a program break are Saul Weiner, MD, Associate Professor of Medicine and Pediatrics, University of Illinois; David Schaefer, DO, Clinician/Educator at UIC and NU; and Michelle Gitler, MD, Director of the Residency Training Program at Schwab Rehabilitation Hospital.

private payers who contribute through cost-shifting. Uncompensated care, which is increasing steadily, accounts for 8% of costs in teaching hospitals and 4.7% in non-teaching institutions.

- Private insurers, which do not pay for GME expenses explicitly, are increasingly under pressure to step up to the plate.
- A growing and aging population, as well as an aging physician population, means the U.S. will face a workforce shortage of 85,000 or more physicians by 2020.
- The current patchwork of payments for GME are not a predictable base on which to grow GME.
- When faced with rapid changes in medical technology, decreased reimbursements, increasing uncompensated care costs, increasing wage costs and reductions in CMS GME payments, teaching institutions struggle.
- A potential silver lining to the worsening and unsustainable health care system is that a crisis may finally focus national attention on fixing GME.
- The AMA Council on Medical Education has called for "reform at the interface of medical education and health care." The Council has proposed a multi-stage initiative with broad input from within and outside the AMA. Known as the Initiative to Transform Medical Education (ITME), the plan involves an array of stakeholder groups—practicing physicians, medical educators, provider groups,

continued on page 6

loy·alty loi' əl-tē

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CONTINUOUS CONVERSATION *(continued from page 4)*



The forum concluded with a town hall style question-and-answer period. *From left:* Drs. Jasvinder Chawla, Associate Professor of Neurology and Medical Director of the Neurophysiology Lab, Loyola University; Vijay yeldandi, Program Director, Westlake Hospital; Donald Graham, Chairman, Department of Infectious Disease, Springfield Clinic and ISMS District 5 Trustee.

payers/purchasers/regulators, public health and other health professionals, the public and policy makers.

- Although U.S. doctors appear to be generally satisfied with their careers, the young generation is slightly less satisfied. Younger physicians desire more flexible scheduling; they are selecting specialties with longer training periods, and are pursuing subspecialty fellowships. Physicians overall express concern about their schedules, autonomy, reimbursement, and malpractice. Understanding and responding to these concerns will be paramount to developing effective recruitment and retention strategies.

- Medical educators must maintain a continuous conversation with practicing physicians, and organized medicine should encourage this relationship. Care is more efficient in geographic areas where doctors have come together with the medical education community.



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Leadership council hears liability legislation update



Scott Warner, CMS

Richard King, JD, ISMS Legal Counsel, discusses the status of medical liability reform legislation in Illinois before the CMS Council on Medical Staff Leadership on Dec. 6. Attendees included (from left); Drs. Herbert Sohn, Organized Medical Staff Section of the AMA; Kuhn Hong, Vice-chairman of the CMS Board of Trustees; Kuo Ching Chen; William Werner, CMS President-elect; Janice Benson, Medical Staff President, Stroger Hospital; and Joy West, President-elect of Roseland Community Hospital.

AS ILLINOIS AWAITS A DECISION FROM THE State Supreme Court on the constitutionality of medical liability reform legislation, the CMS Council on Medical Staff Leadership is keeping physicians up to date on the challenge.

The Council hosted a free program that was conducted by ISMS Legal Counsel Richard King at ISMS headquarters on Dec. 6. Mr. King traced the history of reform from 1975 to present, including the legal briefs submitted by ISMS and others in defense of the 2005 legislation.

The hard-won law, which capped non-economic damages at \$500,000 for physicians and \$1,000,000 for hospitals, now rests in the hands of the State Supreme Court, which could announce a decision at any time.

Beginning in 2006, three cases were filed with the intent of overturning reforms. The cases collectively went through the legal system in 2007, and were the impetus for a Cook County Circuit Court ruling that the comprehensive reform package is unconstitutional. The decision sent

the case to the Illinois Supreme Court for determination on constitutional validity, Mr. King explained.

Defenders of the law offered arguments before the Supreme Court for why medical lawsuit reform is constitutional and a rational response to a health care crisis that threatens access to and availability of health care for all Illinois citizens. The ISMS/AMA brief's central argument states that Illinois' reforms are clearly constitutional and were deliberately crafted by the Illinois General Assembly to counter two previous unconstitutional findings by the Court, Mr. King said.

He also covered the legal team's strategy and what effect the Court's decision could have on the reforms adopted by the General Assembly more than three years ago.

The 2005 legislation included comprehensive judicial reform, medical discipline and insurance regulation.

Following his presentation, Mr. King led a question-and-answer session.

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BUILDING A HEALTHIER CHICAGO

HHS community forum, public programs synergize for City's health



Ann Marie Dunlap, MD: "I wish to make an appeal for serious professional public health involvement in illness prevention."



Saroja Bharati, MD, CMS Immediate Past President, discusses issues with William Werner, MD, CMS President-elect.



Quentin Young, MD, Chairman of the Health and Medicine Policy Research Group, provides testimony as Arnold Widen, MD, (seated) Medical Director of the Office of the Illinois Attorney General, takes notes.

Photos: Scott Warner, CMS

CMS members testified at a community forum of the Building a Healthier Chicago Coalition, an initiative of the U.S. Department of Health and Human Services, on Dec. 17, at the East Bank Club. CMS President Dr. William A. McDade and Immediate Past President Dr. Saroja Bharati were among attendees who provided input. A summary of the program content will appear in an upcoming issue of *Chicago Medicine* magazine. Sample coalition activities to improve Chicagoans' health appear on this page.

ONGOING EVENTS

WOMAN Activity Tracker

Activities: The WOMAN Activity Tracker is the year-round equivalent of the WOMAN Challenge, an online, interactive physical activity program that encourages women and girls to get active. Participants have the opportunity to record their activity and measure their progress towards physical activity goals.

- **PARTICIPANTS:** The tracker is designed for women and girls—but men and boys are welcome to participate as well.
- **LOCATION:** Nationwide
- **SPONSOR:** U.S. Department of Health and Human Services, Region V Office on Women's Health.

For more information:

Visit <http://www.womenshealth.gov/activity/>

President's Challenge

- **ACTIVITIES:** The President's Challenge gives participants extra motivation to be physical by allowing them to earn special Presidential Awards recognizing their accomplishments. The Challenge takes staying active into everyday life. A series of programs designed to help improve everyone's activity level is available on the Web site. A minimum of 30 minutes of exercise, five days a week is the goal.

- **PARTICIPANTS:** Everyone is welcome
- **SPONSOR:** The President's Council on Physical Fitness and Sports.

For more information:

Visit <http://www.presidentschallenge.org/>

Healthier Life Steps®Program

- **ACTIVITIES:** This program provides background information and tools to help physicians support their patients' efforts to change four key health behaviors: diet, physical activity, alcohol consumption, and tobacco use. Toolkits and materials for physicians and patients are provided.

- **PARTICIPANTS:** Physicians and medical professionals.

- **SPONSOR:** The American Medical Association

For more information:

Visit www.ama-assn.org/go/healthierlifesteps

SHAPING POLICIES



The birthplace of resolutions

CMS Councilor-at-Large Dr. Kamala Ghaey (*far right, top*) provides testimony on her resolutions before the CMS Resolutions Reference Committee on Dec. 9. Resolutions start at the grassroots and make their way up through ISMS and finally to the AMA, ultimately shaping the policies of organized medicine. The Committee is chaired by Earl E. Fredrick, Jr., MD (*seated at head, far right*).

Scott Warner, CMS

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HOLIDAY CHEER

Political and health leaders join CMS in celebration



CMS President Dr. William McDade, (left) joins Marilyn Thomas, JD, Deputy Chief of Staff, Ill. Dept. of Public Health; Shaakira Mason, National City Bank; Dr. Shastri Swaminathan, ISMS President; and Veeral Oza, Student, Rush Medical College.



Greeting celebrants: Terry Mason, MD, Commissioner of the Chicago Dept. of Public Health (at podium); with (from left): Drs. Howard Axe, Vice Chairman of the CMS Council; William Werner, CMS President-elect; and David Loiterman, Chairman of the CMS Council.

Photos: Scott Warner, CMS



Party attendees Dr. Shivani Shah; Dr. Adrienne Fregia; and Ms. Joy Ketelhut visit with State Rep. Sara Feigenholtz (12th Dist.); along with Dr. Kenneth Busch.

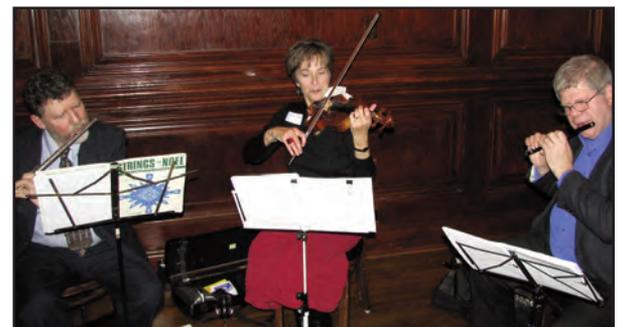


Al Lerner, EVP/CEO of ISMS, and wife, Muffy, socialize with CMS President-elect Dr. Werner, and Carol and Dr. Peter Eupierre, Chairman of the ISMS Board.

Holiday Reception spreads 2008 cheer

CMS MEMBERS AND GUESTS GATHERED AT the Annual CMS Holiday Reception on Dec. 10 to meet and mingle, enjoy appetizing fare and listen to live holiday music. Local and state legislators and officials were also on hand to partake of the camaraderie and rub shoulders with their constituents.

The gathering was held in the festively appointed Maggiano's Banquets. CMS extends a warm thanks to Dr. Michael Treister's musical ensemble and all those who helped CMS spread holiday cheer.



Dr. Michael Treister (right) entertains with his musical ensemble.



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Medical Practice Act renewal caps off 2008

Medical Practice Act renewal

On Dec. 18, Senate Bill 2179, the *Illinois Medical Practice Act*, was signed into law. This Act provides for the licensure and discipline of physicians and ensures continued access to quality care in Illinois. The Practice Act renewal was previously affirmed by the Illinois House of Representatives and Senate and will extend the Act for two years.

Supreme Court watch

Oral arguments in the challenge to overturn Illinois' medical liability reform law were heard on Nov. 13 and the Supreme Court can deliver its ruling at any time. For current information on the challenge and the critical need for our law, visit www.RealityMedicine.com. As we wait for news from the high court, others have weighed in supporting medical liability reform. Last month *The Wall Street Journal* backed the reform law. Full text of the *Journal's* op-ed is available for viewing at www.RealityMedicine.com.

Looking back on 2008

Certainly liability reform remained one of the top

issues for Illinois doctors this year, but several other notable events are worth remembering as highlights for 2008.

With support from the Illinois State Medical Society and Chicago Medical Society, the AMA successfully convinced Congress to prevent Medicare funding cuts through 2009. Much work remains to overhaul the Medicare program, but organized medicine worked to avert severe physician reimbursement cuts. ISMS was active in Springfield with several notable successes in the spring session.

ISMS worked to pass legislation extending civil immunity to groups operating as free medical clinics even though they don't have an actual physical clinic site.

ISMS supported the creation of the Chronic Disease Prevention and Health Promotion Task Force. The group is now charged with making recommendations to the General Assembly by 2010, for reforming Illinois' chronic disease prevention and health promotion programs, ensuring adequate funding, and addressing health disparities in minority groups. ISMS also successfully helped avert scope of practice expansions sought by chiropractors and nurse midwives.

HOW FAR DOES 'I'M SORRY' GO?

Is full disclosure an antidote to medical malpractice?

The disclosure of medical errors to patients is an important principle of patient-centered care. But it remains rare in practice as many fear it would negatively impact not only practitioners but also the reputation of organizations, and trigger costly legal claims.

DESPITE PHYSICIANS' FEARS, DISCLOSURE following a medical error can have highly favorable results, say experts from two health systems that have pioneered the development and use of medical error disclosure protocols.

CMS member Timothy B. McDonald, MD, JD, Chief Safety and Risk Officer of the University of Illinois, and Richard C. Boothman, JD, Chief Risk

Officer of the University of Michigan Health System, explained how these protocols would work during a forum sponsored by the Institute of Government and Public Affairs, at the University of Illinois, on Nov. 13.

For both speakers, disclosure involves far more than saying "I'm sorry." It is a complex, multi-layered approach central to the patient safety movement. A comprehensive disclosure program provides a clear process to follow once an adverse event has been detected.

Key points included:

- The foundation of a successful protocol involves reporting, investigation, communication, apology and remedy, and improvement.

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'I'M SORRY' (continued from page 14)

- Any disclosure program should also address barriers to reporting unexpected adverse events, such as attitudes of legal counsel, fear of retribution, and the assumption that nothing will come from reporting the event.
- Psychological support for the “second patient” or the care provider involved in an adverse event should be contemplated in the response to events involving patient harm.
- Investigations must employ a root cause analysis approach, exploring possible contributory causes of the error as well. Objective content experts from patient care disciplines must also be included.
- A patient liaison should communicate and maintain a bond with patients and their families. If the adverse event was the result of an error, the patient and family should receive an apology, explanation and remedy.
- The final element involves tracking progress, learning from mistakes, and improving the system as well as future interactions with patients and families. Organizations may want to invite patients or families in the improvement process following an unexpected adverse event, said Dr. McDonald.

Dr. McDonald described the success of UIC’s program, reporting that the number of malpractice filings against UIC had dropped significantly since the program was begun over two years ago.

At the University of Michigan Health System, one of the first to experiment with full disclosure, existing claims and lawsuits dropped to 83 in August 2007 from 262 in August 2001, Mr. Boothman said, noting that the hospital’s legal defense costs and the money it must set aside to pay claims have each been cut by two-thirds. He was not certain whether the decline was due to disclosure or safer medicine, or both.

In the words of Mr. Boothman, disclosure following adverse events is not just the “right thing to do,” it is also the “smart thing to do.”

Other forum highlights included a look at economic and policy perspectives on full disclosure, led by Assistant Professor Loren A. Helmchen. David A. Hyman, the Richard W. and Marie L. Corman Professor at UIC, discussed the legal perspectives on full disclosure. Randall R. Bovbjerg, Principal Research Associate, Health Policy Center, the Urban Institute, addressed possibilities for reform of the medical liability system.

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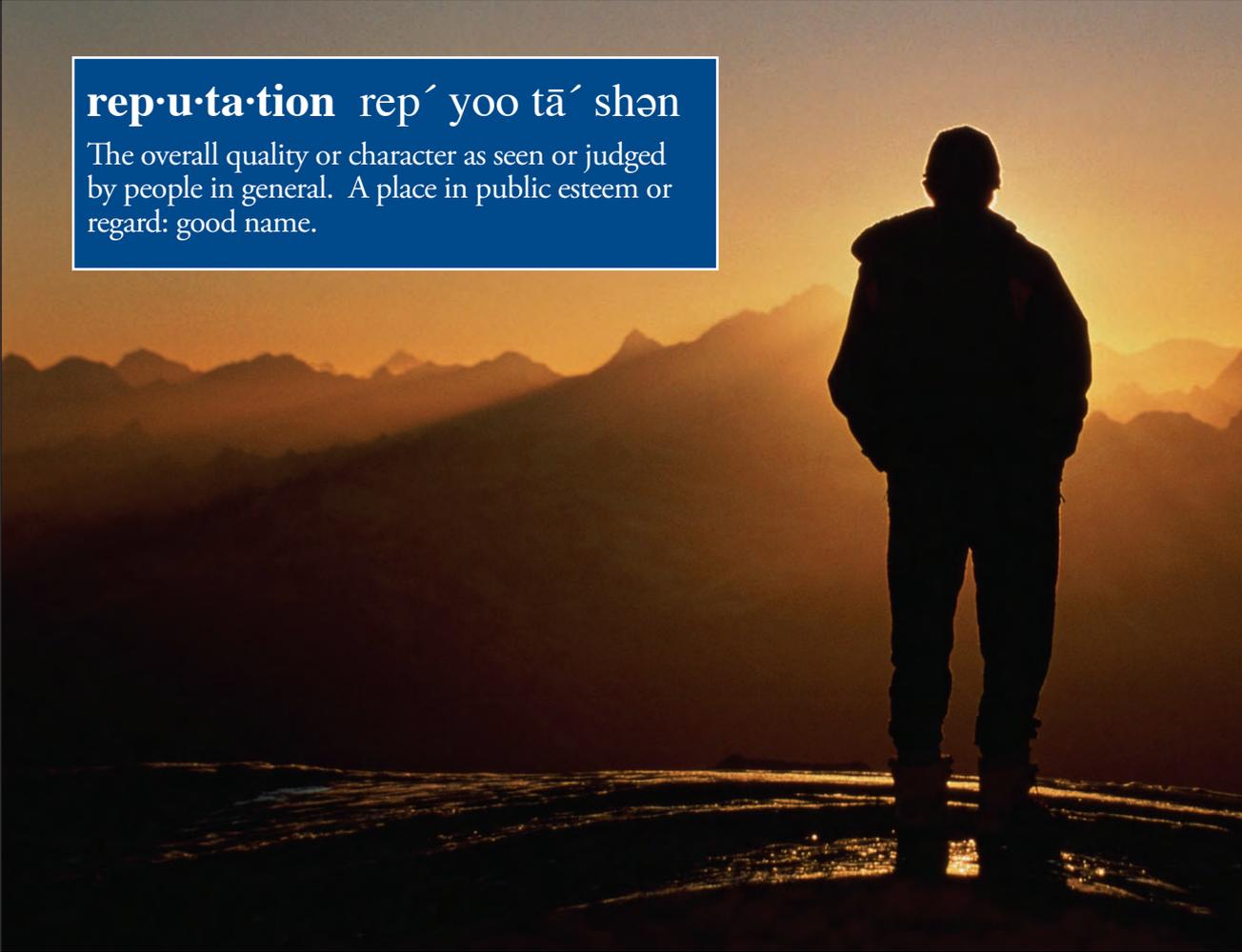
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CMS CALENDAR OF EVENTS 2009

February 18

CMS Executive Committee Meeting
Chicago Medical Society (4th Floor)
8 a.m. – 9 a.m.

CMS Board of Trustees Meeting
Chicago Medical Society (4th Floor)
9 a.m. – 10 a.m.

February 28

CMS Medical Student District Meeting
CMS Building (4th Floor)
10 a.m. – 11:30 a.m.

SAVE THE DATE
Chicago Medical Society's
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For dates, locations and information, call (312) 670-2550, ext. 339, or go to www.cmsdocs.org



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Join a committee, serve your profession

Take a stand on legislation and policy matters affecting you and your practice. Share insight and ideas with your colleagues and people who make the decisions affecting your everyday life.

Each year the Chicago Medical Society Committee on Committees appoints members to CMS committees and recommends interested physicians to Illinois State Medical Society councils and committees. As in the past, we urge you to participate and invite you to volunteer right now for any committee you wish.

Every member is unique and each has a contribution to make. CMS and ISMS offer committee assignments for every interest—from professional liability insurance to public health to physician education. There are over 10 committees to choose from. CMS is one of the largest county medical societies in the United States. We have the numbers and the potential, but we need your active support to achieve success. *Together we will make a difference.*

Here's the procedure...

✓ Complete and return the form by March 13, 2009

✓ The Committee on Committees (COC) will meet to make appointments/recommendations at this time. The COC will also recommend nominees to ISMS councils and committees.

✓ Recommendations to ISMS councils and committees will be forwarded to ISMS.

Indicate your top three preferred committees individually for CMS and ISMS committees by inserting the numbers 1, 2, and 3 in the appropriate spaces.

CMS Committees

- ___ 113 Bylaws/Policy Review
- ___ 114 Continuing Medical Education
- ___ 123 Long-Range Planning
- ___ 128 Physicians Review (Peer Review)
- ___ 131 Resolutions Reference
- ___ 132 Subcommittee on Fee Mediation
- ___ 133 Subcommittee on Medical Practice
- ___ 134 Subcommittee on Joint Sponsorship
- ___ 140 Physician Advocacy
- ___ 145 Public Health
- ___ 147 Healthcare Economics
- ___ 148 Credentials/Elections
- ___ 149 Communications/Technology
- ___ 150 Membership/IMG

ISMS Councils and Committees

- ___ 302 Economics
- ___ 303 Education and Health Workforce
- ___ 305 Governmental Affairs
- ___ 306 Medical/Legal Council
- ___ 307 Membership and Advocacy
- ___ 320 Medical Service
- ___ 325 Communications
- ___ 329 Peer Review Appeals Committee
- ___ 332 Committee on CME Accreditation
- ___ 333 Committee on Drugs and Therapeutics
- ___ 361 Committee on CME Activities

Name _____

Phone _____

Please fax this form no later than March 13, 2009

to: Joy Tapías (312) 670-3646

or mail to: CMS COC, 515 N. Dearborn St.,
Chicago, IL 60654

or email your choices to: jtapias@cmsdocs.org

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