CONSUMERS, IN GENERAL, ARE CUTTING BACK ON SPENDING, AND AS THE FINANCIAL CRISIS CAPTURES DAILY HEADLINES, THE ONCE RECESSIOM-PROOF HEALTH CARE MARKET IS ALSO FEELING SOME BELT TIGHTENING.

YES, DISEASE AND ACCIDENTS WILL ALWAYS STRIKE REGARDLESS OF THE ECONOMY, BUT A RECENT WALL STREET JOURNAL ARTICLE REPORTS THAT 22% OF 686 CONSUMERS POLLED SAID THE ECONOMY WAS A MAJOR FACTOR IN THEIR DECISION TO VISIT THE DOCTOR LESS OFTEN, AND 11% REPORTED SCALING BACK ON PRESCRIPTIONS AS A COST-SAVINGS MEASURE.

WHAT WILL THE LONG-TERM EFFECTS ON OUR PATIENTS’ HEALTH BE WHEN SHORT-TERM HEALTH MAINTENANCE CUTBACKS LEAD TO LATER DIAGNOSES AND THE DEVELOPMENT OF MINOR ISSUES INTO MAJOR HEALTH CONCERNS? SUCH TRENDS ARE ON A CRASH COURSE WITH THE QUALITY HEALTH CARE PRACTICES WE HAVE ADVANCED OVER THE YEARS.

WE PHYSICIANS ARE ALSO CONSUMERS IN THIS UPSIDE-DOWN ECONOMY. WE, TOO, ARE CONCERNED ABOUT FAMILY BUDGETS, COLLEGE TUITION, DEBT, MONTHLY BILLS AND RETIREMENT. OUR PRACTICES MAY ALSO FALTER, AND ANY EXISTING FINANCIAL PROBLEMS WILL BE EXACERBATED BY REDUCED PATIENT VOLUME, REDUCED DEMAND FOR PREVENTIVE AND ELECTIVE PROCEDURES, AND FURTHER CUTS IN REIMBURSEMENT FROM GOVERNMENT-FUNDED PROGRAMS, AND LONGER PAYMENT CYCLES FROM SELF-PAY PATIENTS.

(continued on page 2)
HEALTHCARE REFORM (continued from first page)

The dollars promised for the financial bailout, along with campaign promises to reduce taxes, make the prospect of increased reimbursement from Medicare and Medicaid appear slim, although both candidates have suggested they would shift the system away from the current model.

All of these factors will challenge our livelihood, but at the same time present us with an opportunity.

A recent op-ed piece in the Chicago Tribune by Ezekiel J. Emanuel, MD, Chair of the Department of Bioethics at The Clinical Center of the National Institutes of Health, relayed the thoughts of Victor Fuchs, PhD, the “Dean of Health-care Economics.” Dr. Fuchs, who is Professor of Economics and Health Research Policy at Stanford University, “has long maintained that we will get health-care reform only when there is a war, a depression or some other major civil unrest.” Dr. Emanuel goes on to say that the financial crisis “may in fact make comprehensive health-care reform more politically feasible, indeed maybe even absolutely necessary for fiscal stability.”

If true, let us use our ingenuity and resources to bring about positive change.

In the true American spirit we will have voted our conscience on Nov. 4. No matter the election results, we must work with our legislators, advocate on behalf of patients, and bring our unique perspective to the new administration. We are the ones who live in the health care trenches, not the Washington politicians.

But we are effective only if we are organized and unified, not alone or divided. The Chicago Medical Society, ISMS, and AMA represent all physicians regardless of specialty. We’re there as your advocate, but we need your support. Won’t you join us?

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

Save-the-Date

Announcing the Chicago Medical Society’s

6th Annual Midwest Clinical Conference

MCC – 2009

Dates: Friday, April 17 – Sunday, April 19
Location: The University of Chicago
Audience: Medical doctors, academics, residents, physician assistants and health care professionals.

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

Chicago Medical Society is a fully accredited continuing medical education provider.
The Officers and Trustees of the Chicago Medical Society request the pleasure of your company at our

Annual Holiday Reception
Wednesday, December 10, 2008
from
5 p.m. to 7 p.m.

Maggiano’s Banquets
111 West Grand Ave. Chicago

Celebrate the season with your friends and colleagues!
Complimentary hors d’oeuvres and refreshments will be served.

I (and a guest) will attend the Chicago Medical Society Holiday Reception.
Number of Persons: _________
Name: ____________________________________________

Please Print Name of Each Person Attending

Address: ________________________________________

Please reply no later than December 8, 2008,
• Call the Chicago Medical Society at (312) 670-2550, ext. 322
• Fax your response to (312) 670-3646 • E-mail your response to jtapia@cmsdocs.org

Mail reply to:
Chicago Medical Society, Holiday Reception, 515 N. Dearborn St., Chicago, IL 60654
RESOLUTIONS PROCESS

Policy begins at the grassroots level

ARE THERE ISSUES THAT YOU WANT ORGANIZED medicine to take a stand on? Something you wish to support or oppose?

Resolutions are a great way to make your voice heard.

CMS encourages members to introduce resolutions through their District councilors. They are the ones who represent you at the Society’s quarterly Council meetings, the place where grassroots ideas take shape. Following discussion and sometimes spirited debate, resolutions may progress to the Illinois State Medical Society after gaining the Council’s approval. At ISMS they are further hashed out. If approved, they may move up to the American Medical Association, where policies are implemented at the national level.

Keep in mind that timing is important. If you want your resolution to be considered at the AMA Annual House of Delegates in June, you should submit your resolution to CMS by early September of the preceding year. CMS will vote on the resolution in November and send it to ISMS before the winter deadline. The ISMS House of Delegates meets in April.

Care in researching and writing a resolution, with close attention to structural elements, is essential. CMS, ISMS, and AMA have guidelines for preparing resolutions; and they can be found on our web sites. (Upon request, CMS staff will research the policy positions of CMS, ISMS and AMA.)

After a resolution is submitted to CMS, the sponsor is advised to give testimony before a committee. The committee will then vote on whether to recommend, refer, or not adopt the resolution. The committee may make changes to improve the resolution’s chance of passage before the Council or other voting body.

(One exception to this pathway involves emergency resolutions. These may be introduced on the Council floor and voted on without going to a committee.)

If you doubt the power of resolutions to make a difference, please note that many CMS and ISMS resolutions are now AMA policy, or were combined with other resolutions to form state or national initiatives. The following is a snapshot of resolutions generated at CMS during the last few years. They are now ISMS and AMA policy, and both organizations have lobbied or taken action publicly on a number of them.

- Medicare Reduction in Graduate Medical Education Payment/The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education
- Nursing Home Abuse and Neglect/Elder Mis-treatment
- Reducing Trans Fats
- Noise Pollution
- Support of Sudden Infant Death Syndrome (SIDS) Research
- Study of Universal Healthcare Systems
- Pharmacy Communications/Prescription Drug Monitoring
- Uniform Emergency Volunteer Health Practitioners Act
- Standard Health Care Benefit
- Toy Safety
- Medical Staff Autonomy
- Access to Hospital Records
- Positive Verification of Contact Lens Prescriptions
- Balance Billing
- Internet Child Pornography
- Timely Filing of Claims

If you have questions about submitting a resolution to CMS, please contact Liz Sidney at (312) 670-2550, ext. 335; or email esidneyd@cmsdocs.org.
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 Tapias (312) 670-3646
or mail to: CMS COC, 515 N. Dearborn St., Chicago, IL 60654
or email your choices to: jtapias@cmsdocs.org
Legislators, docs gain from CMS mini-internships

The Chicago Medical Society encourages you to spend a day with your legislators through our Legislative Mini-Internship Program.

In matching legislators and civic leaders with physicians for one day, non-physicians can learn about the realities of medicine, and draw their own conclusions about the complexities of the profession. The project also acquaints CMS members with legislative responsibilities while helping legislators to understand the impact of legislation on health care.

The first program of the fall season paired State Rep. Joseph Lyons with Jose Elizondo, MD, and Elizabeth Feldman, MD. The “training” took place at the Amundsen School-Based-Health Center, a partnership between Advocate Illinois Masonic Medical Center and Amundsen High School.

Both physicians told Representative Lyons about the effects of legislation on both the Center and on doctors in general, as well as the successes and barriers they experience. They offered a comprehensive view of school-based health care as Representative Lyons met with medical staff, school leaders and student groups.

Activities also included a tour, precept session, and one-on-one meetings with school representatives.

Also this September, State Rep. Louis Lang shadowed Jose Velasco, MD, at Rush North Shore Medical Center. The day included a tour of the surgery department, a laparoscopic gastrectomy and cholecystectomy, and a second tour featuring other hospital departments.

“Our program provides a unique platform for CMS members to address health care issues and provide legislators and civic leaders new perspectives within the health care system,” said CMS President William A. McDade, MD, PhD. “The program opens opportunities to create a future physician resource for the legislators and civic leaders on health policy issues, helping to set the stage for a healthier tomorrow.”

If you would like to participate in a Mini-Internship Program or would like more information, please contact Michael Boros at (312) 670-2550, ext. 326; or email mboros@cmsdocs.org.
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ISMS and CMS host ‘must-attend’ event for residency program directors

ISMS AND CMS are hosting a meeting for all Illinois residency program directors and physicians interested in medical education issues. The event will be held Saturday morning (8 a.m.–11:30 a.m.), Dec. 6, at the University Club of Chicago. Paul Rockey, MD, Director of the AMA Division of Graduate Medical Education, will keynote the event and discuss the following GME topics:

- **Funding**: What does it really cost and who should pay for it?
- **Location**: Where does residency training happen? Where should it?
- **Flexibility**: What should change to meet Illinoisans’ needs?
- **Morale**: Can we enhance the morale of residents, faculty and practicing physicians?

After Dr. Rockey’s remarks, ISMS and CMS leadership will direct a town hall forum to discuss organized medicine’s role in medical education.

To register for the meeting, please call (800) 782-4767, ext. 2423; or e-mail karenclenment@isms.org.

Soon to be announced: CMS leadership slate for ‘09–’10

The CMS Nominating Committee met on Oct. 19 to nominate the leadership slate for 2009-2010. Nominations will be announced at the Nov. 4 Council meeting and the names will be published in the upcoming issue of Chicago Medicine.
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The purpose of this regional conference is to bring together a diverse group of individuals including academics/educators, public health practitioners and officials (program administrators, physicians, nurses, allied health professionals, community health workers, etc.), policy-makers, employers, human resources managers, and community leaders to discuss best practices in programming and policy, increase awareness of regional efforts, and develop a plan of action to improve nutrition, physical activity, and health throughout Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin).

The conference will feature three core tracks to advance this process:

1. Community Engagement for Health
2. Promoting Wellness in the Workplace
3. Health Promotion and Disease Prevention for Children and Adolescents

Building a Healthier Chicago (BHC) is a coalition of local and national stakeholders working to strengthen partners’ efforts to promote the health of Chicago residents and employees. Founding partners include the U.S. Department of Health and Human Services – Region V, the City of Chicago Department of Public Health, and the American Medical Association. Through partner collaboration, BHC promotes, coordinates, and tracks the adoption of optimal programs, practices, policies, and supportive environments throughout the worksites, schools, health care organizations, faith-based organizations, parks, and neighborhoods of Chicago.

Website: www.healthierchicago.org

For more information about registration, call for abstracts, or sponsorship please visit: www.healthierchicago.org. Questions? Contact Liz Jarvis at Elizabeth.Jarvis@hhs.gov.

Building a Healthier Chicago
James Galloway, MD, U.S. Assistant Surgeon General, (left) discusses the objectives for the “Building a Healthier Chicago” initiative (see ad below) during the CMS Public Health Committee meeting on Oct. 22, as committee chairman Hugo A. Alvarez, MD, (above, left) and members Alfonzo Mejia, MD, and Raj B. Lal, MD, listen.

Joseph Harrington, PhD, assistant commissioner, Chicago Dept. of Public Health, spoke to the committee about increased specialty care for an aging population. The AMA’s Amber Ryan and Richard Yoast, MD, also spoke about the AMA’s “Healthier Life Steps” program.
In an uncertain world, you’ve told us what’s important to you—greater control and a voice. You can get both with our policy coverage and claims service. Count on us for precise communication and follow through along with the strongest, most experienced partners in the protection business.

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“For someone who is used to calling the shots...

...this is the best fit for my practice.”
ISMS UPDATE

ISMS and AMA convince BCBSI to reverse course on onerous contract changes

AFTER WEEKS OF DISCUSSION, ISMS AND THE AMA have successfully persuaded Blue Cross Blue Shield of Illinois to alter contracting changes that were being instituted under the guise of the Thomas-Love class action settlement. Several of the policy changes floated were wholly unrelated to the Thomas-Love case and would have imposed unnecessary administrative burdens on physicians.

To summarize some of the key changes that came about from the ISMS/AMA/BCBSI discussions:

- BCBSI had proposed requiring physicians to notify patients in writing of any referral made to an out-of-network provider. This would have obliged physicians to know the network status of all physicians to whom they refer, creating a severe administrative hassle. In response to ISMS and AMA concern, BCBSI will now require patient notification in writing only when physicians refer to a facility in which they have an ownership interest.
- BCBSI had attempted to add authorizing language to allow the insurer to obtain patient lab test results. This could have heaped yet another administrative burden on physicians. At ISMS and AMA’s request, BCBSI clarified its intent to obtain test results directly from the lab and not from physicians; however, the Blues will need physicians’ approval to obtain such lab results. This authorization has been added to the contract.
- The BCBSI proposal appeared to indicate the insurer could terminate a physician’s contract if there was even a minor administrative sanction or reprimand by a PRO or hospital medical staff. This language was very broad and would have given BCBSI enormous latitude in terminating contracts. At ISMS and the AMA’s request, BCBSI clarified the language – noting instead that it could immediately terminate contracts only when there is action taken against a physician’s license or an imminent threat to patient health and safety.
- BCBSI sought to require 30 days’ advance notification from physicians of any change in address or employment status, rather than the current standard to notify within 30 days. This provision has been removed.
- At ISMS/AMA urging, BCBSI agreed to put the provider manual online since it will now be considered part of the provider contract.

Getting BCBSI to make these changes represents a big win for Illinois doctors. When talking to colleagues, be sure to promote ISMS and AMA advocacy and our effectiveness in convincing BCBSI to lessen the burden on physicians.

For more information, please visit http://www.isms.org/physicians/special/2008_0910_bcbs.html.
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Interim Meeting around corner

FOLLOWING THE NOV. 4 COUNCIL MEETING, CMS leaders headed to the AMA Interim Meeting in Orlando, Florida, to deliver the Illinois message.

Since 2002, the Interim Meeting has focused on advocacy in the public, private and legislative arenas. Delegates are responsible for developing strategies to influence those who make decisions that directly affect physician practice. Typical areas of interest include payment for services, funding and regulation of education and research, and access to and delivery of medical care.

Delegates and alternates are a key source of information on activities, programs and policies of the AMA. They serve as a direct contact for individual members who wish to communicate with the AMA and contribute to the formulation of policy. They also identify situations that might be addressed through policy implementation.

The state delegation is made up of 16 delegates, 16 alternates, and one regional student delegate.

The Interim Meeting runs from Nov. 8-11, and will be covered in an upcoming issue of Chicago Medicine.

AMA testifies for joint contracting

THE AMA IS URGING THE FEDERAL GOVERNMENT to ease rules and regulations that discourage physicians from engaging in joint contracting with insurance companies.

Testifying before the House Committee on Small Business, William Hazel, Jr., MD, Secretary of the AMA Board of Trustees, explained that the Federal Trade Commission antitrust guidelines have not kept pace with changes in the marketplace and that current policies hinder the ability of physicians to collaborate and participate in the "full spectrum of health care initiatives."

He told Congress that “the FTC guidelines and advisory opinions to date require a level of financial investment that is impractical for physicians in solo and small group practices—about 75 percent of physicians in the market.”

Dr. Hazel gave examples of how joint contracting would benefit both physicians and third-party payers:

• Provide opportunity to pool resources and spread the cost of analyzing and negotiating contracts.
• Promote the formation of networks that could collaborate and encourage information technology.
• Allow for cost savings that would help pay for investments in health information technology.
• Increase competition in the insurance market.
• Give access to panels of physicians with wide geographic and specialty distribution.
• Substantially reduce the cost of entry and expansion for payers.
THE DR. RONALD M. DAVIS Preventive Medicine Residency Scholarship fund has been established at the University of Michigan School of Public Health. Dr. Davis, a U-M graduate who became president of the American Medical Association in June 2007, is also the chair of the Preventive Medicine Residency Program and an adjunct professor of epidemiology at SPH, and director of the Center for Health Promotion and Disease Prevention at Henry Ford Health System. Dr. Davis, 52, was recently diagnosed with pancreatic cancer. He has kept a touching blog of his struggle against the particularly aggressive disease, which is available at http://www.carepages.com.

The new scholarship challenge will support physician graduate students pursuing an MPH, based on merit or need. The current President’s Donor Challenge will match donations to the scholarship fund $1 for $2 until Dec. 31, or until the fund is expended.

“The University of Michigan's Preventive Medicine Residency Program provides a stellar experience for physicians to learn the principles of health promotion and disease prevention and how to practice population-based medicine in the public and private sectors,” Dr. Davis said. “I'm honored to be linked to the Davis Preventive Medicine Residency Scholarship, and I urge those dedicated to a stronger public health infrastructure to contribute to it.”

After graduating from U-M with a degree in zoology, Dr. Davis went on to the University of Chicago to earn a master’s in public policy studies and an MD from the Pritzker School of Medicine in 1983. During his medical student years in Chicago, he began his involvement in organized medicine by serving as president of the CMS Student Branch.

For more information about the scholarship and ways to contribute, please see: http://www.sph.umich.edu/alumni/giving.html.

For more on the School of Public Health, see: http://www.sph.umich.edu/
A Platter of Figs and Other Recipes offers simple dishes for easy entertaining that perfectly illustrate the idea of eating with the seasons. Tanis has been chef at the legendary Chez Panisse for 25 years where he has an elemental, unpretentious finesse with ingredients. Now, he spends half the year there and half the year in Paris.

In this eloquent appeal for good sense and cooking great food, David Tanis serves up twenty-four seasonal menus that are simply conceived and simply served—on platters, family style. His food bursts with invention and flavor.

Tanis might cook in the most famous restaurant in America, but here he is all about keeping meals simple at home. “This is a book to cook from. I absolutely love it.” (Madhur Jaffrey)
BE READY ON OCTOBER 1, 2008

DON’T WASTE TIME SENDING IN OLD ICD-9 CODES ON YOUR CLAIM FORMS

ACCORDING TO HIPAA REGULATIONS, CLAIMS SUBMITTED WITH DATES OF SERVICE OF OCT. 1 AND AFTER MUST USE CODES FROM THE NEW ICD-9 CODE BOOK. BECAUSE OF HIPAA, THERE IS NO LONGER THE FORMER GRACE PERIOD OF THREE MONTHS. IF YOU WANT TO BE PAID, YOU MUST USE THE CODE THAT IS IN EFFECT ON YOUR DATE OF SERVICE.

WE SUGGEST THAT YOU GET YOUR ORDER FOR THE 2009 ICD-9 DIAGNOSIS BOOK INTO THE AMA PROMPTLY. [PLEASE NOTE THE START DATE DIFFERENCES FOR USING ICD-9 (10/1/08) AND CPT (1/1/09) CODES.]

THE SCHEDULED DATE FOR MAILING THE CPT (CURRENT PROCEDURAL TERMINOLOGY) BOOKS IS IN OCTOBER FOR USE WITH DATE OF SERVICE STARTING JAN. 1, 2009.

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Chicago Medicine, the quarterly publication of the Chicago Medical Society, is seeking articles from retired CMS members on what they are doing in retirement, and what retirement means to them.

For more information, please contact Scott Warner at (312) 670-2550; email swarner@cmsdocs.org
CMS CALENDAR OF EVENTS

**November 19**
- Executive Committee Meeting
  Chicago Medical Society (4th Floor)
  8 – 9 a.m.

**November 19**
- Chicago Geriatric Society Meeting
  Maggiano’s Banquets
  6 - 9 p.m.

**December 6**
- CMS/ISMS Residency Directors Meeting
  University Club of Chicago
  8 - 11:30 a.m.

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**December 6**
- Council on Medical Staff Leadership
  Maggiano’s Banquets
  9 - 10:30 a.m.

**December 10**
- Executive Committee Meeting
  Chicago Medical Society (4th Floor)
  3 – 4 p.m.

**December 10**
- Board of Trustees Meeting
  Chicago Medical Society (4th Floor)
  4 - 5 p.m.

**December 10**
- CMS Holiday Reception
  Maggiano’s Banquets
  5 - 7 p.m.

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<thead>
<tr>
<th>Suite</th>
<th>Size</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1st Floor</td>
<td>4,000 RSF</td>
<td>1st floor sublease available for retail food operators, approximately 4,000 SF and will subdivide. Space faces Lincoln Park and Lakeshore Drive</td>
</tr>
<tr>
<td>2nd Floor</td>
<td>17,557 RSF</td>
<td>New first generation space built to suit your needs, views of Lincoln Park</td>
</tr>
<tr>
<td>4th Floor</td>
<td>24,741 RSF</td>
<td>New first generation space built to suit your needs, views of Lincoln Park and excellent views of the lake</td>
</tr>
<tr>
<td>5th Floor</td>
<td>20,000 RSF</td>
<td>New first generation space built to suit your needs, views of Lincoln Park and excellent views of the lake</td>
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**For information, please contact:**

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Andy.Bartucci@transwestern.net

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*Chicago Medicine, October 2008*
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