

You're invited: CMS Annual Dinner, June 7 -- see p. 3



chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, 2009, Vol. 112, No. 3



Photo courtesy of AMA, Ted Crudzinski, photographer

STUDENTS LOBBY IN DC: Offering their perspective on the health care reform debate, AMA medical students, including CMS members, head to Capitol Hill on March 9 to meet with their legislators and urge lifting the cap on Medicare-supported residency positions; reducing medical school debt; and permanent reform of the Medicare payment system. Your CMS leaders also made the rounds in Washington. *(Coverage begins on page 4.)*

PRESIDENT'S MESSAGE

CMS advocacy begins with YOUR input!

ICAME TO WASHINGTON IN March as your CMS president to represent you at the AMA National Advocacy Conference. We physicians numbered in the hundreds, and the timing was ideal: President Obama has made health care reform a key ingredient to im-

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proving our economy. CMS used this opportunity to drive home the need for a comprehensive system that ensures quality, affordability and access, while improving reimbursement for physicians. As AMA President Dr. Nancy Nielsen directed our message to the public by speaking on national TV, the rest of us physicians spread out to meet with our legislators to discuss essential elements of a reform package. It was a great week for AMA advocacy and an example of why all physicians should count themselves as members of CMS, ISMS and AMA.

And while the conference brought national visibility to the AMA, state and county level advocacy is where it all begins; the Illinois State Medical Society is active in Springfield, representing your interests with legislators, helping to craft legislation, and opposing laws that would interfere with the practice of medicine.

The ISMS also advocates on your behalf with governmental agencies and insurance companies. And at home base, the Chicago Medical Society educates local legislators through its Mini-Internship Program, in which lawmakers spend a day with a practicing physician and see first-hand the challenges they face. CMS also helps interested members to develop rela-

tionships with their elected representatives. To see what we are doing for you and your patients, please go the ISMS Web site (www.isms.org), click on Governmental Affairs, and review the Capitol Medlog.

Without the support of county and state societies, like CMS and ISMS, there would be no AMA advocacy. AMA advocacy initiatives begin at the local level and travel up. At each stage, resolutions improve through careful review and suggestions by members like you. The health system reform objectives laid out by the AMA reflect policies that were adopted at the state and county level. Exhaustively researched, analyzed and debated, those policies eventually form the consensus of organized medicine and point in the direction it will go.

To witness the AMA in action is to be reminded that change starts with you at the grassroots.

Please, stay involved!



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

NEWS FOR CHICAGO PHYSICIANS

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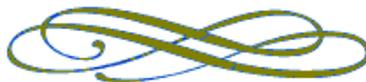
William N. Werner, MD, MPH

as President of the Chicago Medical Society

Sunday, June 7, 2009

6:00 p.m. Cocktail Reception

7:00 p.m. Dinner



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Health care reform focus of National Advocacy Meeting

Physicians take message to Capitol Hill

With Congress poised to take up health care reform, hundreds of AMA members gathered in Washington, DC, to make the case that reform is good for the nation's economy. Meeting for the AMA's Seventh National Advocacy Conference, legislators, health leaders, and policy experts came together to share their perspectives on fixing the U.S. health care system, including the Medicare payment formula.

Physicians heard directly from Rep. Henry Waxman (D-CA), Rep. Roy Blunt (R-MO), and keynote speaker Ezekiel J. Emanuel, MD, Special Advisor for Health Care, White House Office of Management and Budget, about reform efforts. They also made personal visits to the offices of their elected representatives to demand action. (*See story below.*)

Organizations represented included: Commonwealth Fund, Center for Health Policy Research, Federation of American Hospitals, Institute of Health Economics, University of Pennsylvania, American Hospital Association, AARP, Harvard School of Public Health, American Cancer Society, Center for Health Transformation, and the Public Policy Business Roundtable. Speakers discussed health reform delivery and the quality agenda.

Both Dr. Emanuel and MSNBC anchor Chris Matthews, who also keynoted, urged doctors to join the health reform debate. Veteran TV journalist Bill Kurtis served as master of ceremonies during the Dr. Nathan Davis Awards for Outstanding Government Service. The awards honored U.S. Senator Edward Kennedy, U.S. Rep. Nathan Deal of Georgia, and Texas Gov. Rick Perry, among others. The AMA Alliance also held its Capitol Conference—Winter Session for physicians' spouses and their families.

The Conference ran from March 10-11.

CMS leaders meet with elected reps



CMS President Dr. McDade discusses health care issues with Mayra Alvarez, legislative assistant for U.S. Senator Richard Durbin.

Bring physicians' perspective on health care reform

WHILE IN THE NATION'S CAPITOL, PHYSICIANS met on a personal basis with their elected representatives and staff. CMS President William A. McDade, MD, PhD, and President-elect William N. Werner, MD, MPH, visited the offices of U.S. Senators Richard J. Durbin and Roland Burris, along with Representatives Jan Schakowsky, Bobby Rush and Danny Davis.

There they discussed issues likely to be part of the health reform package:

- **Medical home model:** CMS supports the concept of a patient-centered medical home, but, said Drs. McDade and Werner, there must be incentives for the use of health information technology, including electronic health records, as well as the management and coordination of care among specialists. The payment system must be redesigned to proper-

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Senator Roland Burris, center, meets with CMS President-elect Dr. William N. Werner and President McDade in the historic Senate Reception Room.

ly compensate primary care physicians and specialists. Both doctors called for restructuring teaching sites with medical home features, and for increased reimbursement and funding to support faculty and trainees involved in medical home training.

• **Medical liability reform:** Drs. McDade and Werner voiced their support for preserving medical liability reform in Illinois and for reform at the national level. A key component of health system reform, liability reform is a means of protecting patients' access to care and slowing the rising cost of health care. Both doctors explained that Illinois is only beginning to experience the stabilization this law was intended to achieve. The reform law affects only a small fraction of claims in the litigation pipelines and it needs more time to take root. "Change in the medical liability system could dramatically affect access and affordability, taking millions of dollars out of health-care and putting it into the hands of lawyers," Dr. McDade said.

• **Academic residency seats and need for more funding.** Drs. McDade and Werner expressed the urgent need to lift the cap on the number of Medicare-financed residencies. The U.S. will have about 750,000 doctors by 2025—about 159,000 fewer than it needs; and the shortage will be particularly acute for primary care doctors. Nationwide, medical school enrollment is climbing, but the question remains: how do we come up with the \$200,000 per year it takes to

train new doctors? So far, hospitals have been financing the extra slots through stopgap measures. Accredited schools accepted 18,036 new medical students in 2008, up 9.1% from 16,538 in 2003. The number of students applying for admission rose 21.4% in that period, from 34,786 to 42,231.

• **Medicare physician payment reform:** CMS leaders called for reform this year to ensure long-term access to care for seniors. They urged permanent action to fix the payment formula. The Medicare physician payment formula has been flawed from its inception, and since 2002 Congress has had to intervene on a yearly basis to avert projected payment cuts. The time has come for Congress to stop implementing incremental reform and replace the current payment formula with one that ties payments to the increasing cost of caring for patients.

• **Selection process for surgeon general:** CMS leaders also discussed the selection process for the position of Surgeon General. In a recent letter, CMS asked President Obama to consider physicians who are recognized as public health experts, in addition to guaranteeing that their authority will not be abridged. In a letter to Mr. Obama, Dr. Werner stated support for two pieces of federal legislation introduced in the 2007 session: S. 1777 ("A Bill to Amend Title II of the Public Health Service Act to Restore Integrity to the Office of the Surgeon General") and H.R. 3477 ("A Bill to Amend the Public Health Service Act to Ensure the Independence of the Surgeon General").



Dr. Werner visits the capitol office of Rep. Jan Schakowsky to confer with Cathy Hurwit, Chief of Staff.

SHE'S A "LOBBYIST"

CMS student member honored in D.C.

CMS STUDENT MEMBER, JAMIE S. ENG, WAS the proud recipient of a 2009 Leadership Award, presented during the AMA Foundation Excellence in Medicine Awards dinner in Washington, DC, on March 9. Ms. Eng, a fourth-year student at Rosalind Franklin University of Medicine and Science–The Chicago Medical School, plans to pursue a career in emergency medicine.

She has also been gaining leadership skills in organized medicine thanks in part to her participation in the AMA Leadership and National Advocacy Conference.

"Before I came to Washington, I envisioned a lobbyist as a smooth-talking lawyer, with an inclination for big industry, like tobacco and pharma," Ms. Eng said.

"Then I met 1,500 'lobbyists' in three days—all of them practicing physicians. They were passionate and earnest in their efforts to educate our nation's leaders with stories about them and their



CMS student member Jamie Eng accepts her 2009 Leadership Award in Washington. With her is Arthur Ross, MD, Dean of Rosalind Franklin University of Medicine and Science–The Chicago Medical School.

patients; it was inspirational. I came to the stark conclusion that I, too, am now a lobbyist!"



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TOURING WALTER REED

Gaining perspective on U.S. Army Amputee Patient Care Program



Col. Charles R. Scoville, DPT, shows Dr. McDade state-of-the-art prosthetics used in the soldiers' care.

WHILE IN WASHINGTON, DC, FOR THE National Advocacy Conference, Drs. McDade and Werner and medical student Jamie Eng toured parts of Walter Reed Army Medical Center, the Army's largest military treatment facility. Led by Col. Charles R. Scoville, DPT, Chief of the Amputee Service, the CMS group saw first-hand how soldiers with limb loss receive state-of-the-art rehabilitative and prosthetic care. They also met personally with several recovering soldiers.

Patients who have had major limbs amputated, limb salvage procedures, or residual functional

loss, are treated in the Military Advanced Training Center, a 31,000-square foot, \$8.6 million facility that opened in 2007.

The following material highlights the importance of this facility.

RETURNING THEM TO ACTIVE DUTY--IF THEY WANT

The old "blueprint" for amputee medical care has totally changed, according to Col. Scoville, in a 2007 interview with the American Forces Press Service. Instead of getting patients well and mobile enough for discharge from the armed services and into VA care, soldiers are now rehabilitated so that they can return to active duty if they so desire.

At the beginning of the wars in Iraq and Afghanistan, the amputee care program focused on service members who had suffered major limb loss. But that changed when the military realized that many soldiers had functional limb loss from knee fusions, multiple fractures, nerve damage and other injuries that could eventually result in amputation.

Such injuries prompted leaders to examine the care they provided for that population as well. Thanks to the latest rehabilitation regimens and high-tech prosthetics, many military amputees can opt to continue to serve and live the active "warrior athlete" lives they'd enjoyed before they were injured, Col. Scoville said.



Equipment like this is used in rehabilitation regimens that give many military amputees the option of serving their country as "warrior athletes" again.



Dr. McDade, Col. Scoville and Dr. Werner get a warm greeting from one of the assist dogs that will be assigned to live with an amputee soldier.



Drs. Werner, McDade and medical student Jamie Eng stand by the "Treadwall," used to help rehabilitate injured soldiers.

My pledge to an injured soldier

By Jamie Eng

I had never met a service member injured in the Iraq or Afghan War. I read the news, watch CNN, have worked in a VA hospital, personally know those who had gone on tours of duty and returned unscathed, and even own a somewhat gory book entitled "War Surgery in Afghanistan and Iraq."

When offered the opportunity to visit with wounded soldiers at Walter Reed Army Medical Center in Washington, DC, it was an easy "yes." My husband is an Army captain, which contributed to my motivation to go, and prepared me for what the experience may involve.

We started with an impressive tour of the physical rehabilitation services for service members with limb loss. There is specialized exercise equipment, cutting-edge, life-like prosthetics technology, interactions with therapeutic and service dogs, and even computerized programs similar to an oversized Dave and Busters virtual reality game designed to improve balance and agility.



Assault rifles have been specially designed for use by soldiers with prosthetics.

It was all very impressive, but what I wanted most was to meet some people. And so we did. We met an extraordinary young man who was seriously and permanently injured during his fourth tour of duty overseas.

He told me he had sustained traumatic, high-energy, above-knee amputations of both legs, as well as severe head injuries. He was kept in a drug-induced coma for three and a half months, and to this day, he is still unsure of the total number of surgeries he has had. For the last year, he has been making a home of Walter Reed, where he is receiving physical therapy and psychological support.

As we talked he thanked me for what I was doing. Caught off guard, I declined the credit for the medical expertise of others, that I was only a medical student. He brushed it off, assuring me that my training would only go to help him and others and again, insistently, thanked me for it. I marveled at the strength of this young man, who, despite his experience, could still summon the grace and faith to thank a total stranger for kindness not yet bestowed upon someone else.

In return, I have much gratefulness to him for what he has shared, and I hope he knows that I will not disappoint him.

MIDWEST CLINICAL CONFERENCE RESCHEDULED FOR 2010

Due to unforeseen construction delays at the University of Chicago, the CMS Annual Midwest Clinical Conference, which had been scheduled for May 15-17, 2009, has been postponed until next year. We apologize for any inconvenience. We will provide conference details in upcoming issues.

ISMS Backs new e-mail based Rx recall and warning notification system

THE ILLINOIS STATE MEDICAL SOCIETY encourages physicians to enroll in the Health Care Notification Network (HCNN), a free service that improves patient safety and delivers important information to physicians in an expedited manner.

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It only takes a few minutes to sign-up. To enroll or learn more visit www.isms.org/physicians/special/hcnn.html.

"Red Flags Rule" Go Into Effect May 1 – ISMS Provides Guidance and Resources to Members

The Federal Trade Commission (FTC) has indicated it will proceed with the May 1, 2009, compliance deadline for the new "Red Flags Rule" despite several requests from the medical community to reconsider. The Red Flags Rule relates to new FTC requirements for financial institutions and "creditors" to develop and implement written identity theft prevention programs, which the FTC contends should also apply to many medical practices.

Through the AMA's leadership, the physician community has argued that the FTC definition of creditors does not apply to physician practices. The FTC has taken the position that any service provider who allows a client or customer to defer a payment for services can be viewed as a creditor.

ISMS has compiled several online resources to



David S. Fox 1922-2009

CMS PAST PRESIDENT DAVID S. Fox, MD, died April 5. Dr. Fox, who was president of CMS from 1975 to 1976, also served as president of ISMS from 1979 to 1980. He was preceded in death by his wife of 64 years, Mary K. He was the father of David S., Jr., president of Advocate Good Samaritan Hospital, and three other sons, Dr. John, Andrew and Brian.

Dr. Fox

Dr. Fox attended the University of Chicago Pritzker School of Medicine, graduating in 1944. He went on to become a general surgeon with board-certification.

help members determine if the Red Flags Rule may apply to their practice.

ISMS members can download a free copy of the Red Flags Rule *Compliance Training & Assessment Tool Kit for Health Care Providers* and view other resources by visiting www.isms.org/physicians/red-flag.html.

ISMS Summarizes Incentives for EHR Adoption under Federal Stimulus Law

The recently passed American Recovery and Reinvestment Act (federal "stimulus" legislation) includes a number of provisions that will result in federal financial support for health care information technology. Physicians will be able to participate in incentive programs designed to provide funding for electronic health record (EHR) adoption.

Although many of the details for how the incentives will be provided will not be known until the Centers for Medicare and Medicaid Services (CMS) develops policies to implement the incentive program, ISMS has prepared a preliminary summary sheet for physicians who are considering EHR adoption. ISMS members can download the brochure by visiting www.isms.org/member/special/arra/arra.pdf. The document outlines the incentives for EHR users and potential future penalties for anyone who does not transition to an EHR system.

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Wednesday, May 20, 2009
Executive Committee Meeting
Chicago Medical Society
8:00 a.m. – 9:00 a.m.

Wednesday, May 20, 2009
ISMS Executive Committee Meeting
Illinois State Medical Society
12:00 p.m. – 1:00 p.m.

Sunday, June 7, 2009
CMS Annual Dinner
Maggiano's Banquets

Tuesday, June 9, 2009
Resolutions Reference Committee Meeting
Chicago Medical Society
4:00 p.m. – 5:00 p.m.

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