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CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, 2010, Vol. 113, No. 9

PRESIDENT'S MESSAGE

Importance of belonging



CMS President David A. Loiterman, MD, discussed health reform legislation in Washington with Senator-elect Mark Kirk.

AT A RECENT CONFERENCE I MODERATED, a participant asked, "Why is the American Medical Association so weak when it's supposed to be acting on behalf of physicians on a national level?"

While the questioner asked specifically about the AMA, his question applied equally

to the state of organized medicine in general.

Let me share my response with you:

By definition, general organized medical associations must find common ground among some 100 specialty and subspecialty organizations. In addition, physicians view the world, their patients, and their profession differently according to their age, culture, ethnicity, gender, national origin, practice locale and practice modality. Add to the mix the traditional town/gown distinctions and the very human inclination to assume

that our individual view is the only correct and righteous perspective, and it becomes increasingly evident why DIS-integration is the trajectory we are currently following.

So an admirable attempt to satisfy everyone's needs ends in a perverse twist where actually no one's needs are met!

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PRESIDENT'S MESSAGE *(continued from first page)*

The disintegration spiral starts when physicians perceive little or no value for the time commitment and/or dues. Dissatisfied, they decide to punish organized medicine and respond with financial and participatory withdrawal. As a result, your medical societies become weaker and less able to advocate; and so circumstances deteriorate further.

Reduced membership translates into a reduced political voice, which amplifies and perpetuates the cycle.

Seeking refuge, physicians join specialty societies or other professional, cultural, or social groups that they believe more closely reflect their own perspective.

While specialty societies definitely have an important role, the end result is further fragmentation of the medical profession. Everyone loses, including patients!

Segmental interest groups advocate in Washington, DC, and in state capitols, seeking to advance their perspectives. For example, when Specialty A comes before Congress and says it wants to accomplish X, Y, Z for its membership, Specialty B will come forward and make the same demand. Who benefits when the voice of medicine is divided? Certainly not our patients! With a little imagination, you can guess whose agendas are advanced when physicians quarrel.

Regrettably, there is no easy path to unity. Reversing this self-defeating, destructive cycle requires, at the very least, a financial commitment, and ideally, a time commitment.

Rather than competing, our representative or-

ganizations should be working together, developing innovative governance and operational structures, and seeking every possible means of making their members' perspectives heard.

Physicians also should be working together to educate patients about the current state of Medicare, explaining that we simply cannot provide the best of care if our profession lacks a stable financial foundation. No amount of linguistic sleight of hand by politicians, such as renaming the SGR, or replacing one functional command reimbursement schedule with another, will bring us a meaningful solution.

Organized medicine's ability to represent physicians and patients remains unsurpassed. A recent example is the new AMA-drafted legislation that would give doctors and patients the ability to opt in or out of Medicare on a case-by-case basis and circumstance-by-circumstance basis. Scheduled for introduction in Congress next year, the legislation encourages mutual accountability, enabling patients to make more efficient choices concerning their health and their health care.

So, let me ask: At this critical juncture in history, are your needs, and by extension, those of your patients, best met by punishing or supporting your profession?



David A. Loiterman, MD
President,
Chicago Medical Society

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FOR PHYSICIANS BY PHYSICIANS

TIPS FOR PRACTICE TRANSITION



Sharing their expertise on practice transitions for physicians were panelists (from left): Michael Olson, PNC Bank; Betsy Anderson, Frost, Ruttenberg & Rothblatt Healthcare Consulting; Kevin Ryan, Much Shelist; and Dr. Les Mathers, OSF Healthcare. The free program was cosponsored by CMS and the law firm of Much Shelist.

Conference guides way through practice transitions and health care reform

MORE THAN 60 PHYSICIANS BENEFITED from an interactive program on the complicated process of buying, selling or merging a practice. Program panelists led participants through the maze of health reform legislation, explaining what reform means for physicians, their practices, and society in general. Moderated by CMS President David A. Loiterman, MD, the panel included Betsy Anderson, Vice President, Frost, Ruttenberg & Rothblatt Healthcare Consulting; Les Mathers, MD, Senior Vice President, OSF Healthcare; Michael C. Olson, Vice President of Healthcare Banking, PNC Bank; and Kevin J. Ryan, Chairman of the Health Law Group, Much Shelist.

Cosponsored by CMS and the law firm of Much Shelist, the free half-day event took place on Sept. 29 in Oak Brook on the Hamburger University campus.

PROGRAM HIGHLIGHTS:

Implications of health reform legislation

After interest payments, health care delivery is the second largest component of the federal deficit. The Patient Protection and Affordable Care Act of 2010 (H.R. 3590) enacted a number of changes, some having an immediate impact on practices and patients, and others a much longer time frame. On the practice side, the Act reestab-

lished the floor on geographic payment adjustments (GPCI) for physician work, and reduced the GPCI adjustment for physician practice expenses in low-cost areas for 2010 and 2011.

Other changes include extensions of the Physician Quality Reporting Initiative (PQRI) and bonus incentive payments, such as a 10% incentive payment to primary care physicians, beginning in 2011, and 5% incentive payment for mental health services, for 2010. Still pending at press time, the Act would raise Medicaid payments to family medicine physicians, general internists and pediatricians for evaluation and management services and immunizations to at least Medicare rates in 2013 and 2014. Another new feature will be a physician compare website operated by the Centers for Medicare and Medicaid Services (CMS).

The Act also creates a separate accountable care organization (ACO) demonstration project within the Medicare program, as well as an innovation entity with the authority to test proposed methods of coordinated care delivery.

The PQRI will remain voluntary through 2014. Physicians will be penalized for not reporting beginning in 2015. The Act also extended the Medicare fee schedule until Nov. 30.

Most of the changes currently being implemented affect insurance companies, said Kevin J. Ryan, Chairman of the Health Law Group, Much

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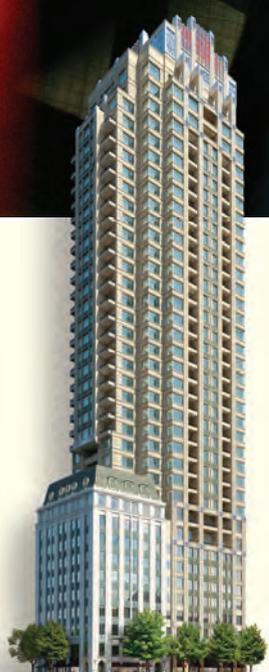
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TIPS FOR PRACTICE TRANSITION *(continued from page 4)*

Shelist. He predicted that as insurers face higher costs, they will try to recoup them from physicians.

In addition, with pressure on major insurance carriers to cut rates, doctors will be seeing more Medicaid patients, since reform legislation significantly expands Medicaid-type programs, attorney Ryan added.

Reducing redundancy and inefficiency: the ACO model

The Act states that "... an ACO shall ... be willing to become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to it." It lays out the following fundamental ACO components:

- The ability to provide care across a continuum of settings, including ambulatory and inpatient settings at a minimum.
- The capability for planning budgets and resources.
- Sufficient size to monitor and report on quality measurements.

The end result could be a health system that looks more like Kaiser Permanente or Mayo Clinic, said Les Mathers, MD, Senior Vice President, OSF Healthcare. Different types of payment will be bundled for the entirety of care. Specific episodes of care will no longer be billed and de-



Program moderator, Dr. David Loiterman, (right) talks to a physician attendee during a break in the practice transitions program.

livered in isolation. Hospitals will coordinate care through the cost structure, delivery of services, and quality initiatives, Dr. Mathers explained.

Making a practice transition

Anyone making a transition should first consider the implications of health care reform, future reimbursement, and shift to the ACO model.

Despite the attention on ACOs, attorney Ryan believes that physicians will have other practice options. Scheduled to come out in 2012, the ACO regulations will need to accommodate all practice types and systems around the country, rather than



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“Make sure you know what you want and that it’s reflected in the documents you’re signing...you can’t rely on verbal assurances,” a panelist advised conference attendees.

impose one employment system type on all physicians. He further stated that ACOs will have to overcome a number of existing regulations.

Other practice transition considerations include the financial, legal, regulatory and human resource implications. Doctors should be up-to-date on trends in practice, such as hospital employment, super group, and concierge practice.

Having social and professional connections to referring doctors, and others who send patients to physicians, is also critical, moderator Dr. Loiterman emphasized. He noted that connections are especially important for physicians transitioning from structured environments, like hospital systems, to solo practice, or those leaving educational or training environments, to practice on their own.

Ultimately, whether leaving a practice, merging, selling, or joining another organization, doctors should really think it over and over, Dr. Mathers said. “In real estate they always say ‘location, location, location.’ For physicians, it should be ‘culture, culture, culture.’”

He advised them to “Develop a good feel for where the organization is going, its continuity of direction, decision-making process, and management style.” All these must mesh with one’s own philosophy and those of peers and associates.

How is a practice evaluated?

Many people hire a third party to evaluate a practice. The evaluation is generally based on revenue trends, payer mix, history, and related items,

according to Michael C. Olson, Vice President of Healthcare Banking, PNC Bank.

Frequently, evaluators will look at practices in terms of cash flow, replacement value, and value to a strategic partner. They will offer a range, not a set number, for instance, offering to acquire the practice at the 90th or 95th percentile of a range.

Panelists’ words of advice

The program concluded with each panelist describing the most important thing for physicians to know when making a practice transition:

- **LES MATHERS:** It’s the culture you’re going into. That’s the key for everything.
- **KEVIN RYAN:** Making sure you know what you want and that it’s reflected in the documents you’re signing. I frequently hear people say, “Well, I’ve dealt with these people. They’ve given me verbal assurance.” Five years down the road completely different parties may be involved, so you can’t rely on verbal assurances. If it’s not in the documents when people go back to look, it doesn’t exist.
- **BETSY ANDERSON:** Consider the tax implications of a transition on monthly and annual income. How will reimbursement affect the overall scheme of things?
- **MICHAEL OLSON:** It’s important to work with a banker who has expertise in the health care field, who is experienced in underwriting and reviewing deals on a daily basis.

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A day at Stroger Hospital: CMS mini-internship educates lawmaker



During her CMS-sponsored mini-internship at Stroger Hospital, Rep. Sara Feigenholtz (D-12th), *left*, confers with Dr. Philip B. Dray, CMS Treasurer; Dr. Richard Keen; Randall Mark, Director of Intergovernmental Affairs and Policy, CCHHS; and Dr. Terry Mason, Chief Medical Officer, CCHHS.

CMS RECENTLY ARRANGED FOR REP. SARA Feigenholtz (D-12th) to meet personally with top administrators and physicians at Stroger Hospital to learn first-hand the challenges confronting patients and doctors who deliver care at the frontlines.

Her visit on Oct. 1 was sponsored by the CMS Mini-internship Program, an ongoing mentoring project that educates legislators on the realities of practicing medicine.

Hosted by CMS Treasurer and District 6 Trustee Philip B. Dray, MD, Chairman of the Stroger Division of Ophthalmology, the internship included a roundtable discussion, tour of the eye center, trauma center, emergency room, and several operating rooms, where Rep. Feigenholtz watched Richard Keen, MD, perform vascular surgery, and George Cybulski, MD, remove a brain tumor.

Terry Mason, MD, Chief Medical

Officer, CCHHS; Johnny C. Brown, Chief Operating Officer, Stroger Hospital; and Randall Mark, Director of Intergovernmental Affairs and Policy, CCHHS; participated in the roundtable discussion, along with Drs. Dray, Keen, and Cybulski. A CMS member of 20 years, Dr. Cybulski is Chairman of the Division of Neurology. Dr. Keen is Chairman of the Department of Surgery, Stroger Hospital.

The mini-internship concluded with discussion on health care legislation among Rep. Feigenholtz, CEO William T. Foley (CCHHS); and Mr. Mark.

Participants host roundtable on emergency room issues

Patients ineligible for Medicaid are the largest population seen at Stroger Hospital's emergency room. Many show up

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From left: Dr. Philip B. Dray, Rep. Sara Feigenholtz, and Dr. Richard Keen. Dr. Keen is performing vascular surgery.

OBSERVING FIRSTHAND *(continued from page 9)*

with diagnoses and prescriptions from other hospitals, or counties, along with MapQuest directions for finding Stroger Hospital, according to roundtable participants who met with Rep. Feigenholtz. They call this practice of redirecting patients “risk dumping” or “risk transferring.”

As a result of the associated delays in care, Stroger handles the most medically complex cases. In 2009, 200,000 patients were seen in the hospital’s ER, of whom 80% were uninsured. For the 13 months ending in July 2010, comparisons by payer type showed cash receipts of \$88,486,028 from Medicaid; \$30,047,948 from Medicare; 5,367,817 from third-party payers; and \$2,575,779 from self-pay patients.

Due to limited resources, the hospital must ration some care, participants told Rep. Feigenholtz. For patients and physicians in this milieu, there really is no prevention side to health care.

HERE’S HOW YOU CAN SIGN UP...

THE CMS LEGISLATIVE MINI-INTERNSHIP Program matches legislators and civic leaders with physicians for one day. The goal is to expose lawmakers and leaders to the realities of medicine, allowing them to witness the complexities of daily practice. In fostering two-way communications, the Program can broaden the perspective of all participants. Thus, as CMS members become better acquainted with legislative responsibilities, legislators can deepen their understanding of the impact of legislation on health care delivery. The program also positions CMS as a local resource on health policy issues, paving the way for more informed discussion among legislators.

For information on the CMS Legislative Mini-internship Program, contact Ashley Robbins (312) 670-2550, ext. 326; or email: arobbins@cmsdocs.org.



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National health care update kicks off fall lecture series

THE CHICAGO MEDICAL SOCIETY RECOGNIZES that physicians have needs outside the clinical practice of medicine. With this in mind, the Society is continuing its informative practice management series for physicians.

The lecture series kicked off on Sept. 30 with discussion of the national health care reform effort, led by Mark Reiboldt, Vice President for Coker Capital Advisors.

Mr. Reiboldt described legislative forces reshaping and influencing the health care industry. Attendees gained an understanding of key provisions and requirements of the new health legislation, including the effect of new policies and procedures on the practice of medicine. Mr. Reiboldt explained how physicians can incorporate essential provisions into their daily practice routine. Understanding these changes will prepare physicians for the challenges and opportunities ahead, he stressed.

The lecture took place at Maggiano's Banquets, in Chicago.



Mark Reiboldt, Vice President for Coker Capital Advisors, describes legislative forces reshaping and influencing the health care industry during a CMS-sponsored practice management lecture.



END-OF-LIFE CARE COALITION HONOREE

CMS Public Service Award Recipient (2009) Dr. Julie Goldstein, *left*, was honored for her work with the Chicago End-of-Life Care Coalition on the organization's 10th anniversary benefit, Aug. 28. Offering their congratulations are Dr. Joanne Schwartzberg, Director of Aging and Community Health, AMA, and Dr. Joel Frader, Pediatric Palliative Care, Northwestern University Feinberg School of Medicine.

Training your staff to increase efficiency, and enhance the patient encounter

PHYSICIANS MUST FIND THE TIME AND FUNDING to train staff if they want to maintain efficiency and effectiveness in their practice operations and patient encounters, according to Sue Hertlein, manager of research and analytics for the Coker Group.

Speaking during a CMS-sponsored practice management session, at Maggiano's Banquets, on Oct. 26, Ms. Hertlein helped her physician audience to: identify the benefits of effective staff training; explore steps for developing staff training programs; assess and prioritize the practice's training needs; design and implement a training program; understand the correlation between staff training and customer satisfaction; and apply best practices and helpful tools to staff/patient interaction.

Upcoming veto session may impact physicians

THE ILLINOIS GENERAL ASSEMBLY WILL MEET for several days from mid-November through early December to consider Governor Quinn's vetoes and other unfinished business. Several issues affecting Illinois physicians and patients may arise in this year's veto session. At the top of the list is the Illinois Medical Practice Act, which must be renewed before year's end 2010 in order for physicians to practice medicine with a valid license. The Act is likely to undergo change as a result of recent public debate regarding physicians who are registered sex offenders, in addition to other alterations. ISMS is actively involved in this process and will work to ensure that provisions of the Act will be fair and responsible.

ISMS is also working to secure an override of Governor Quinn's veto of SB 2635, a bill designed to clarify that allied health professionals may be employed by physicians, in order to help hundreds of allied health professionals statewide keep their jobs and benefits.

Other potential challenges in the veto session include ISMS-opposed legislation to license direct-entry midwives with minimal training (not to be confused with certified nurse midwives), and a measure to address reimbursement rules for hospital-based physician out-of-network services received at in-network health facilities. ISMS has been negotiating with stakeholders on this issue for months, and will continue to work toward a resolution that is fair to patients and physicians. Watch for updates at www.isms.org as the veto session unfolds.

ISMS offers help for aspiring EHR "meaningful users"

In 2011, Medicare will begin providing financial incentives for those physicians implementing and demonstrating meaningful use of Electronic Health Record (EHR) systems for years 2011 through 2014.

Fortunately, ISMS members do not have to wonder how they earn these incentives. ISMS' Division of Health Policy Research and Advocacy has produced a comprehensive guide to demonstrating "meaningful use" of an EHR system, saving

you time and money as you search for a solution that fits your practice

This guide, called "Electronic Health Record Incentives for Physicians," provides an overview of what incentives are available for what periods of time, provides information about how to qualify for them, helps you navigate the process of purchasing an EHR system, and more.

It is available to ISMS members only, and can be accessed by visiting www.isms.org and clicking on "For Physicians> Practice Resources." ISMS members with questions about EHR implementation can always call the Division of Health Policy Research and Advocacy at (800) 782-4767, ext. 1470, or e-mail advocacy@isms.org for assistance from ISMS' knowledgeable staff.

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AMA Interim meeting focuses on advocacy

ILLINOIS DELEGATES PARTICIPATED IN THE 2010 Interim Meeting of the AMA House of Delegates (HOD), held Nov. 6–9 in San Diego, California. Focused on advocacy issues, pursuant to Policy G-600.052, the meeting opened with an interactive discussion on the AMA's 2011 strategic plan.

Events included caucuses on the unique interests and concerns of private practice physicians, and how to connect Federation members to disaster preparedness and response activities.

The Litigation Center held an open meeting to discuss state medical society challenges to state seizures of physician insurance funds, scope of

practice issues, and "Red Flags" regulation against physicians.

Other sessions addressed personalized health care, estate planning, advanced care planning, health IT, EHR incentive programs and their impact on the physician practice.

Various groups were active as well, such as the Organized Medical Staff and International Medical Graduates Sections, Consortium on Minority Affairs, Women Physicians Congress-Women's Caucus, and Senior Physicians Group.

A report on the AMA Interim Meeting will appear in the next issue of the *Chicago Medicine* newsletter.

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EDUCATION

Don't let your next case of red eye make you red in the face —ophthalmology tips for the pediatrician and PCP

CHICAGO-AREA PEDIATRICIANS AND PRIMARY care providers recently gathered for a CMS-organized program on the management of patients with conjunctivitis. Presented by Mark L. Silverberg, MD, Director of Pediatric Ophthalmology, at Santa Barbara Cottage Hospital, the program drew more than 85 attendees.

Participants reviewed the major classes of ocular anti-infectives, their mechanism of action and role in promoting pathogen resistance; the growing prevalence and risk of methicillin-resistant *Staphylococcus aureus* (MRSA) infection; strategies to minimize and manage resistance in conjunctivitis; importance of carefully selecting an antibiotic agent and medication compliance; and practical treatment approaches to optimally manage bacterial conjunctivitis.

Dr. Silverberg is assistant clinical professor at Keck School of Medicine, University of Southern California, as well as a principal investigator for research programs in the ophthalmology department at Sansum Clinic, in Santa Barbara.

The program also targeted nurse practitioners, physician assistants, and health care providers involved in managing patients with conjunctivitis.

Jointly sponsored by the University of Massachusetts Medical School Office of Continuing Education, and Strategically Speaking, Inc., an independent medical education provider, the program took place on Oct. 18, at Harry Caray's Restaurant,

in Chicago. Bausch & Lomb, Inc. provided an educational grant.

Drug resistance in community-acquired conjunctivitis

INCREASING WORLDWIDE, RESISTANCE TO antibiotics can develop in different ways: during inappropriate systemic use, patient noncompliance with treatment; and during agricultural usage. Other contributing factors include the usage of broader-spectrum antibiotics, increased international travel, and chronic low-dose ocular use of fluoroquinolones.

Once almost exclusively confined to the hospital setting, drug-resistant organisms are now more frequently isolated in community-acquired disease. Although conjunctivitis is almost exclusively a community-acquired disease, multiple studies during the last 10 to 15 years have reported an increase in drug-resistant and even multi-drug-resistant organisms.

In light of emerging resistance to older antibiotics, the availability of newer therapeutic options is crucial to managing bacterial conjunctivitis. For optimal patient results, primary care providers (PCPs) who are responsible for managing this disease should educate themselves on all new medications, including their side effect profiles and efficacy.

Group purchasing plan welcomes CMS members

CMS MEMBERS ARE ELIGIBLE FOR DISCOUNTS ON MEDICAL PRODUCTS AND SERVICES, thanks to a new partnership between CMS and CCPA Purchasing Partners, LP, (CCPAPP), a physician buying group for all physician practice types. Formed in 1999 in response to the rising cost of vaccines and medical supplies, CCPAPP invites all CMS physicians to enroll in the group.

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Creating a mentoring culture in a medical practice

By Karen Codere

SUCCESSFUL COMPANIES UNDERSTAND THE importance of building a mentoring culture. That is especially true for medical practices intent on attracting and retaining in-demand physicians, nurses, and technicians.

A mentoring culture creates an environment in which less experienced employees who show potential for advancement have access to career guidance and advice. This fosters peer learning and career development while introducing mentors — typically senior-level staff—to new techniques or diagnostic principles.

Generation Y employees (people born during the 1980s and early 1990s) typically value personal job satisfaction over a feeling of loyalty to an organization, so mentoring can help them connect to the practice. Being paired with a seasoned staff member allows them to gain insight into business practices that otherwise could be overlooked.

Mentoring can be especially useful in transferring valuable institutional knowledge from retiring employees to younger ones.

Here are several things to consider when implementing a mentoring program:

• Teaming up with the best mentor

Employees should be paired with a mentor who is not an immediate supervisor. This makes it easier to create an environment of open communication in which concerns from mentees can be aired and mentors can offer advice on everything from procedures to office politics.

• How to approach the program

Mentoring programs can be formal or informal, though medical practices may consider taking a middle-of-the-road approach.

For example, employees may be more open to the concept if they have an opportunity to select

their own mentor. Creating comfortable relationships is key to a successful mentoring program.

For organizations with multiple locations, technology, such as video conferencing or e-mail, can be used to ensure regular communications.

Setting goals is a good way to make sure the mentoring relationship is effective. These objectives must be attainable to help maintain an employee's interest and enthusiasm for the program.

Managers should periodically evaluate the program and tweak it, when necessary. Formal or informal surveys can determine if mentees are gaining what they need. Encourage open and honest feedback.

• Reverse mentoring

Mentoring is not just for the up-and-comers. Experienced physicians can gain valuable knowledge from less-experienced staff. Younger employees often are technologically savvy about computers, the Internet and other electronic devices to access databases, update information, and schedule appointments.

As more physicians move toward electronic medical records, younger staff can easily adapt to new systems and help smooth transitions.

It takes time to build a great culture. Eventually, medical practices that support these important connections will benefit with more productive and happier employees.

Karen Codere is a senior human resource specialist at Administaff, a national professional employer organization that offers small- and medium-sized businesses employment administration and benefits management, helping to reduce liabilities and improve productivity. For more information about Administaff, call (800) 465-3800 or visit <http://www.administaff.com>.

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CALENDAR OF EVENTS

December 15

CMS Executive Committee Meeting
8:00-9:00 a.m.
CMS Building

December 15

Board of Trustees Meeting
9:00-10:00 a.m.
CMS Building

January 12, 2011

ISMS Executive Committee Meeting
12:00 p.m.
ISMS Headquarters

January 19

CMS Online Executive Committee Meeting
8:00 a.m.

January 19

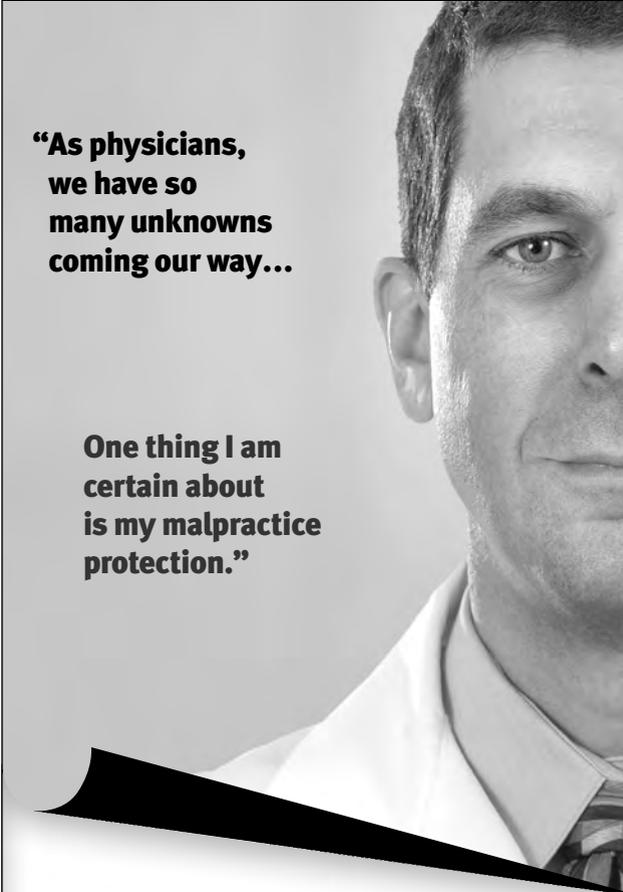
Chicago Gynecological Society
6:00-8:30 p.m.
Maggiano's Banquets, Chicago

January 29

ISMS Board Meeting
9:00 a.m.-3:00 p.m.
ISMS Headquarters

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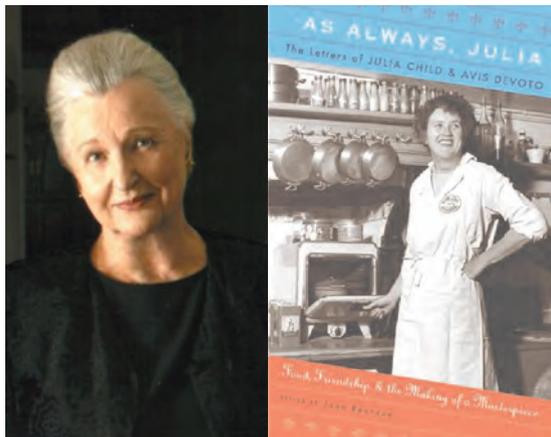
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Whether you followed Julia Child voraciously from the 1961 publication of her first cookbook or only just discovered her through the 2009 movie "Julie & Julia," this new book offers a fresh look at the life and career of this beloved chef and author, told through her correspondence with a longtime friend.

As Always, Julia: The Letters of Julia Child & Avis DeVoto will be available for purchase and signing.



2008 James Beard Award Winner Chef Carrie Nahabedian

As Always, Julia Luncheon
Wines selected by Michael Nahabedian

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Coddled Hen's Egg with Black Truffles,
Fines Herbes and Foie Gras Toast

SECOND COURSE

Scallops Provençal

THIRD COURSE

Aged Moulard Duck Breast
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DESSERT

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