chicago medicine
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY

Newsletter, 2011, Vol. 114, No. 4

PRESIDENT'S FAREWELL MESSAGE

In search of a definition for "medical quality"

Outgoing CMS President David A. Loiterman, MD, comments on a resolution during the recent AMA Annual Meeting in Chicago. ***See AMA coverage beginning on page 4.***

During the AMA Annual Meeting in June, many of us attended a seminar conducted by Alice Gosfield, JD, on "Leadership in Health Care Change: If not Physicians, Then Who?" (Also see coverage, "Physicians hear about the need to be leaders," on page 14.)

At the seminar's opening, attorney Gosfield shared the result of her recent online search to determine the number of times certain words appeared in the PPACA and in lay print media reporting on this legislation.

The two words that appeared most frequently were "quality," more than 500 times, and "value," a close second. Since "value" is defined as the worth or quality of something compared to its price, we physicians might want to direct our attention to the concept of "quality" and what it means to our society.

Like most physicians, I enjoy chatting with people. In a previous column I recalled a conversation with a carpenter in Jo Daviess County, IL, who described quality this way: "Quality is like buying oats," he explained. "If you want good clean oats you must pay a fair price. However, if you are satisfied with oats that have been through the horse…well those are a little cheaper."

This anecdote begs the question: what is "medical quality"? Can it be measured? Can it be defined precisely or is it an amorphous concept that one can recognize upon observation? Is it based on

(continues on page 2)

Inside

Illinois policies at AMA.....10
Threat to reimbursement.....18
OSHA training.....20

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

how often hemoglobin A1c levels are measured in type 2 diabetics? Is it the fraction of a patient panel seen in primary care with a BMI at 25 or below? Is it the cost of supplies and materials used by an orthopedic surgeon to replace a hip or a knee? Is it the operative time of a surgical procedure or the length of hospitalization after the procedure? Or is it the length of post-operative time before the patient can return to normal activities of daily living?

One of my patients had a thoughtful notion that struck me as worth sharing.

He suggested that "medical quality" be defined and determined from the patient's point of view.

Thus, if a person has a health problem, how long does it take to communicate the problem with someone? Did the communication lead to resolution of that problem? How long does that entire process take?

If the health problem is caused by a chronic condition, how effective is the therapeutic regimen in returning the patient to his optimum level of daily activities? How long does it take to reach that level?

As to surgical procedures, is a patient better served in systems with low-cost materials, brief operating times, and short hospitalizations if post-operative recovery is prolonged? What about a system with expensive materials, deliberate operating times with few complications, short hospitalizations, and immediate return to activities of daily living? What is the optimum balance among these parameters and who and how will we determine where the most favorable balance lies?

What constitutes "community health"? Is the standard the same for all communities and what measures should be used in making the most appropriate determination?

What role should physicians have in answering these questions? Should these determinations be made by the "free market," the "government," or some balanced combination?

Answering these questions will require input and participation from all of us.

This message will be my last as president of the Chicago Medical Society. I've enjoyed representing you and feel privileged to have served as a conduit of ideas between members.

I look forward to working with all of you and our next president, Dr. Thomas M. Anderson, as this national dialogue continues.

David A. Loiterman, MD, FACS
President,
Chicago Medical Society

NEWS FOR CHICAGO PHYSICIANS

chicago medicine
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY

Newsletter, April 2011, Vol. 114, No. 4

515 N. Dearborn St.
Chicago IL 60654
Liz Sidney, *Co-Editor/Editorial*
Scott Warner, *Co-Editor/Production*

Chicago Medicine (ISSN 0009-3637) is published monthly for $20 per year for members; $30 per year for non-members, by the Chicago Medical Society, 515 N. Dearborn St. Chicago, Ill. 60610. Periodicals postage paid at Chicago, Ill. and additional mailing offices. Postmaster: Send address changes to *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610. Telephone: (312) 670-2550.

Recovery doesn't always happen overnight.

CONTINUE THE CARE

Kindred Healthcare understands that when people are discharged from a traditional hospital, they often need continued care in order to recover completely. That's where we come in.

Kindred offers services including aggressive, medically complex care, intensive care and short-term rehabilitation.

Doctors, case managers, social workers and family members don't stop caring simply because their loved one or patient has changed location.

Neither do we.

To see how we care or to learn about a career with Kindred, please visit us at www.continuethecare.com.

Dedicated to Hope, Healing and Recovery

Kindred Healthcare

LONG-TERM ACUTE CARE HOSPITALS • NURSING AND REHABILITATION CENTERS • ASSISTED LIVING CENTERS

Illinois policies shape direction at AMA meeting

Shastri Swaminathan, MD, CMS/ISMS past president, raises concerns about a resolution during the AMA Annual Meeting in Chicago.

LOCAL PHYSICIANS WERE INFLUENTIAL IN shaping the debate at the AMA Annual Meeting in Chicago this June.

With more than 200 resolutions on the agenda, top concerns included health system reform, the individual mandate, physician reimbursement, and shifts in AMA membership.

The Illinois delegation brought a total of eight new resolutions. This number included several public health initiatives originally from Cook County that won strong support from the 500-member voting body. The House also reported back on several Cook County resolutions held over from 2010.

Urged on by members of the Illinois delegation, the House adopted ISMS policy calling upon the Association to vigorously work to change the Patient Protection and Affordable Care Act (PPACA) to accurately represent AMA policy on health system reform.

In vowing to protect the primacy of the physician-patient relationship, new AMA policy will address a number of issues in the PPACA:

- Repeal of the Independent Payment Advisory Board (IPAB).
- Study of the Medicare cost/quality index.
- Repeal of the non-physician provider non-discrimination provision.
- Enactment of comprehensive medical liability reform.
- Enactment of long-term Medicare physician payment reform including permitting patients to privately contract with physicians not participating in the Medicare program.
- Enactment of antitrust reform to permit independently practicing physicians to collectively negotiate with health insurance companies.
- Expansion of health savings accounts as a means to provide health insurance coverage.

* * *

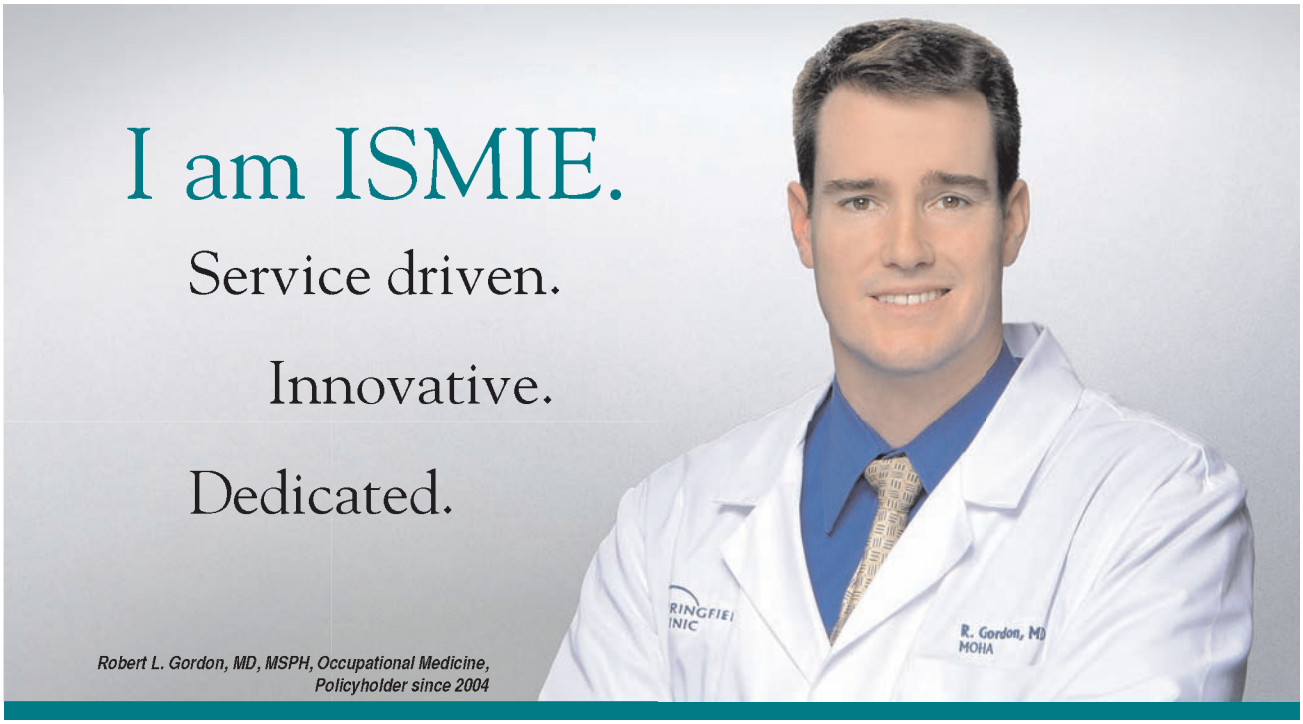
On the public health front, the House adopted a resolution originally from Cook County that urged the AMA to address the growing obesity epidemic. New AMA policy will now work to dissuade corporations from using marketing incentives on children that encourage them to make unhealthy food choices. Responding to another Cook County resolution, delegates called for national legislation banning "bath salts," a synthetic drug containing methylenedioxypyrovalerone, or MDPV. The drug has been likened to cocaine and is used recreationally.

Reflecting the national political debate, the House wrestled with the individual mandate to purchase health insurance. The issue generated heated testimony, with physicians on both sides lining up to testify. By a 2-1 ratio, delegates voted to reaffirm the AMA's support for "individual responsibility" to purchase health insurance, with tax credits and subsidies for those who cannot afford insurance. Existing policy "advocates that state governments be given the freedom to develop and test different models for covering the uninsured."

The individual mandate takes effect in 2014 as part of the PPACA.

Delegates heard updates on AMA efforts to repeal the SGR formula and replace it with a mechanism to pay for improving quality and coordinating care. The AMA is also urging Congress to approve legislation that allows Medicare patients and their doctors to contract privately without penalty.

(continues on page 6)



As a policyholder, I value ISMIE Mutual Insurance Company's commitment to protecting Illinois physicians and our practices. ISMIE's comprehensive risk management program is a benefit to policyholders and our patients. Founded, owned and managed by physician policyholders, ISMIE is focused on being our Physician-First Service Insurer.®

ISMIE Mutual has continuously insured all specialties throughout Illinois since 1976. Policyholders know they can depend on us to remain committed to them not only as their professional liability insurance company, but also as an advocate and partner.

Depend on ISMIE for your medical liability protection – so you can focus on the reason you became a physician: to provide the best patient care possible.

Not an ISMIE Mutual policyholder and interested in obtaining a comparison quote for your medical liability coverage? Contact our Underwriting Division at 800-782-4767, ext. 3350, or e-mail us at underwriting@ismie.com. Visit our web site at www.ismie.com.

ISMIE
Mutual Insurance Company
The Physician-First Service Insurer®

Protecting the practice of medicine in Illinois

11-1512-P

Delegates welcome new leadership team

Peter W. Carmel, MD, a pediatric neurosurgeon practicing in Newark, was inaugurated as AMA president, and Jeremy A. Lazarus, MD, a Colorado psychiatrist and speaker of the AMA House of Delegates, was named AMA president-elect. A native of Chicago, Dr. Lazarus studied at Northwestern University before completing his residency at the University of Illinois at Chicago.

Executive Vice President and CEO Michael D. Maves, MD, MBA, gave his final address to the House. (Dr. Maves stepped down from the position he had served in since 2001.) Delegates welcomed new EVP/CEO James L. Madara, MD, the former head of the University of Chicago Medical Center.

Your Illinois delegation at work—here are your colleagues' resolutions

Bisphenol A (BPA)

Held over from 2010 for further study, **two existing policies were reaffirmed.** The House **adopted new policy** that supports shifting to a more robust, science-based, and transparent federal regulatory framework for oversight of BPA. Among **other recommendations**, the AMA will encourage ongoing industry actions to stop producing BPA-containing baby bottles and infant feeding cups, support bans on the sale of such products, and urge the development and use of safe, non-harmful alternatives to BPA for the linings of infant formula cans and other food can linings. The AMA recognized BPA as an endocrine-disrupting agent and urged that BPA-containing products with the potential to increase human exposure to BPA be clearly identified.

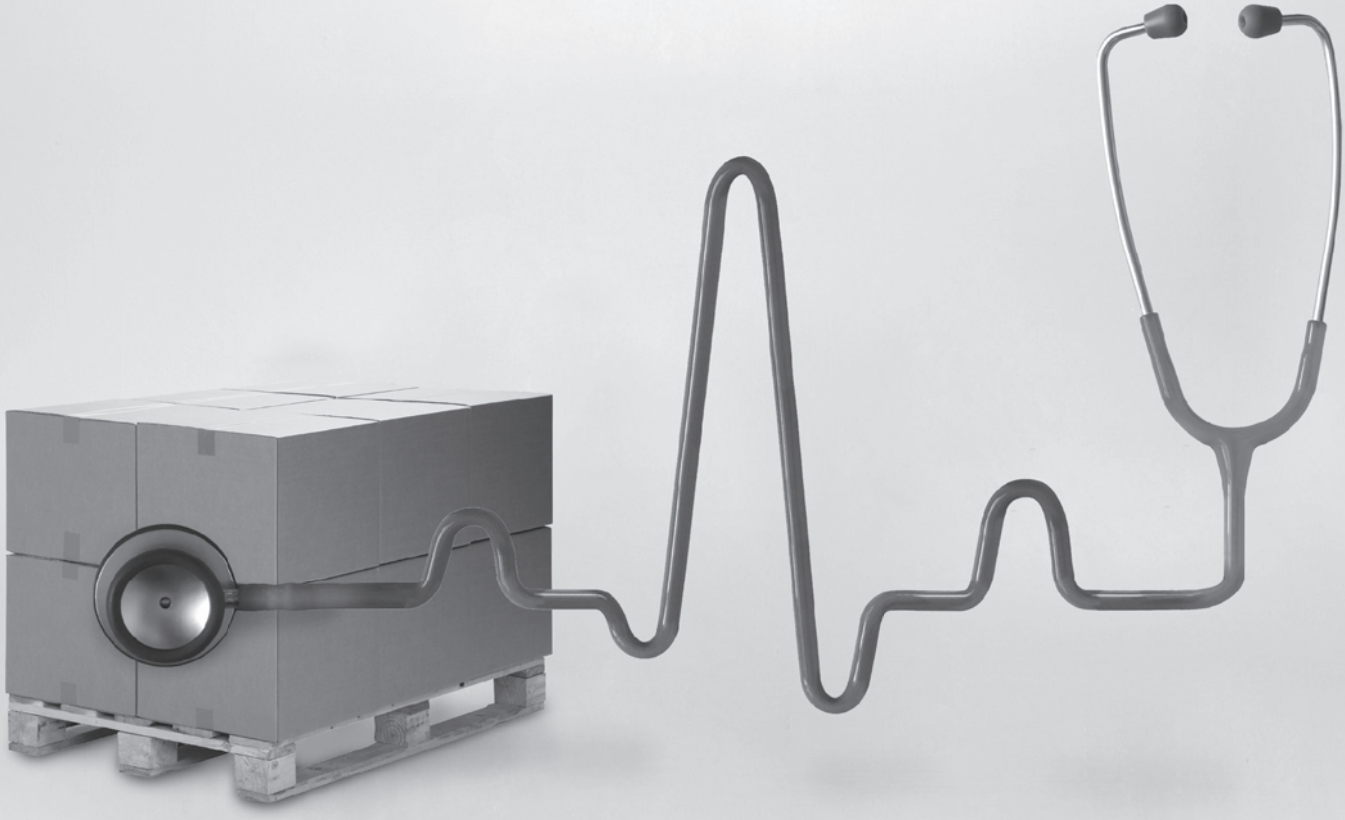
Invitations to Membership in Organized Medicine

Originally from Cook County, this resolution resulted in **reaffirmation of current AMA policy G-625.010, *AMA Mission and Vision.***

(continues on page 8)

Improve the vitals signs

on the full spectrum of medical delivery needs.

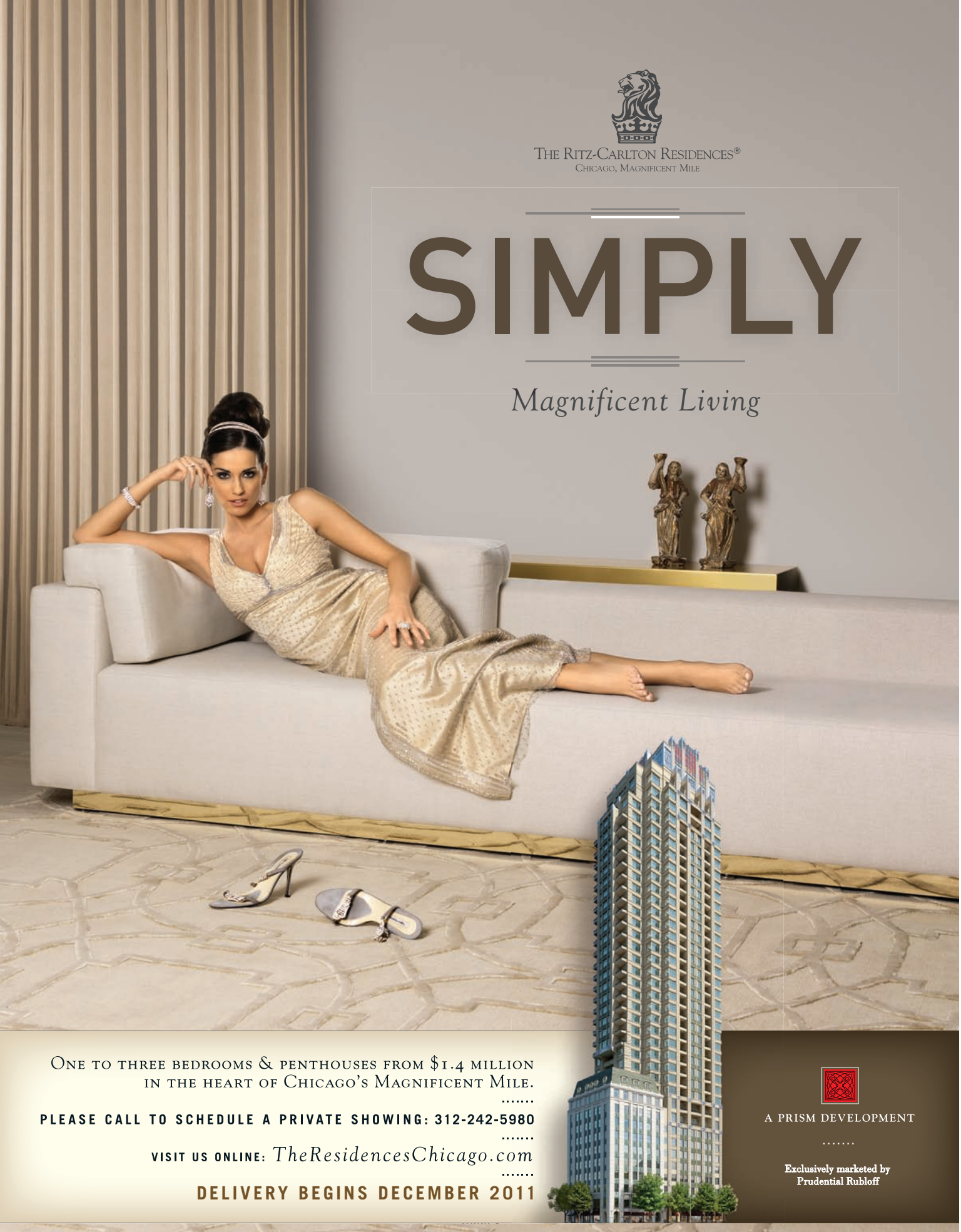


Warehousing. Distribution. Last mile.

Our Faster, Better, Smarter approach, including experienced, professional couriers and state-of-the-art technology, ensures that your deliveries arrive on time, every time.

Contact our medical delivery specialist for a free trial. **888-IQCANDO** *or* **www.IQCanDo.com**

IntelliQuick *Delivery*
Faster. Better. Smarter.®



Federal Medical Liability Tort Reform

This resolution resulted in **reaffirmation of current AMA policy** supporting and promoting federal medical liability reform, which in the resolution cited the "Help Efficient, Accessible, Low-cost, Timely, Healthcare" (HEALTH) Act, currently before the Congress.

Facilitate Certification of Open Source EMR Software

This resolution advocated for increased financial support from public and private payers for physician adoption of EMRs that are interoperable. It resulted in **reaffirmation of current AMA policy.**

E-Visit Criteria

This resolution would establish criteria for an e-visit and pursue necessary discussions with third-party payers for recognition and reimbursement of electronic medical patient encounters/visits. While the sponsor extracted it for study, the resolution resulted in **reaffirmation of existing policies** on payment for electronic communication and reimbursement for telephonic and electronic communications.

Bath Salt Ban

Originally from Cook County, this resolution proposed new policy that supports national legislation banning the synthetic substances known as "bath salts" that include methylenedioxypyrovalerone (MDPV) and related compounds. The **resolution was adopted** by the House.

Patient Problem List

This resolution asks the AMA, in consultation with the ICD-10-CM consortium, to develop patient problem list standards for use by physicians that will also meet core measure requirements of EMR "meaningful use" initiatives. Delegates noted extensive and ongoing AMA advocacy on meaningful use, and the requirement that every certified EHR be able to maintain an up-to-date problem list of current and active diagnoses based on ICD–9–CM or SNOMED CT® (according to the DHHS). The House **voted against adoption.**

CMS Past President William A. McDade, MD, listens to AMA proceedings with incoming CMS President Thomas M. Anderson, MD, (*background*).

Children's Meals and Childhood Obesity

Testimony was divided among those who felt corporations should assume some responsibility for promoting healthy behavior and those who thought individuals and families should be responsible for their own behavior. Thus, the House **adopted a substitute resolution** that encourages corporate social responsibility through: 1) marketing incentives that promote healthy childhood behaviors; 2) competitive pricing between healthy and less healthy food in children's meals; 3) collaboration with appropriate agencies, organizations, and corporations to educate health professionals and the public about healthy food choices in fast food restaurants.

New AMA policies adopted during the House of Delegates, June 18-22, 2011

- In response to concerns that EMR products are difficult to navigate and use for retrieving important patient information, the AMA voted to advocate for the standardization of key elements of EMR interface design
- Approved a recommendation by the Council on Medical Service to prepare a report on the role of patient navigators, experts sometimes employed

(continues on page 10)

by a health system or an insurance company, whose job it is to assist sick patients to sort through treatment options and insurance coverage.

• Approved a resolution calling for the AMA to advocate for elimination of health care disparities that stem from health insurance status.

• Agreed to avoid recommending a specific set of "essential benefits" to be included in plans sold in state health insurance exchanges after 2014. Instead, they voted to reaffirm existing policy, which states that the Federal Employees Health Benefits Program should be used as a reference when considering if a given plan would provide meaningful coverage.

• Called on the Association to seek repeal of the Independent Payment Advisory Board and enactment of long-sought reforms to Medicare physician payment, medical liability, and antitrust rules that bar physicians from bargaining collectively.

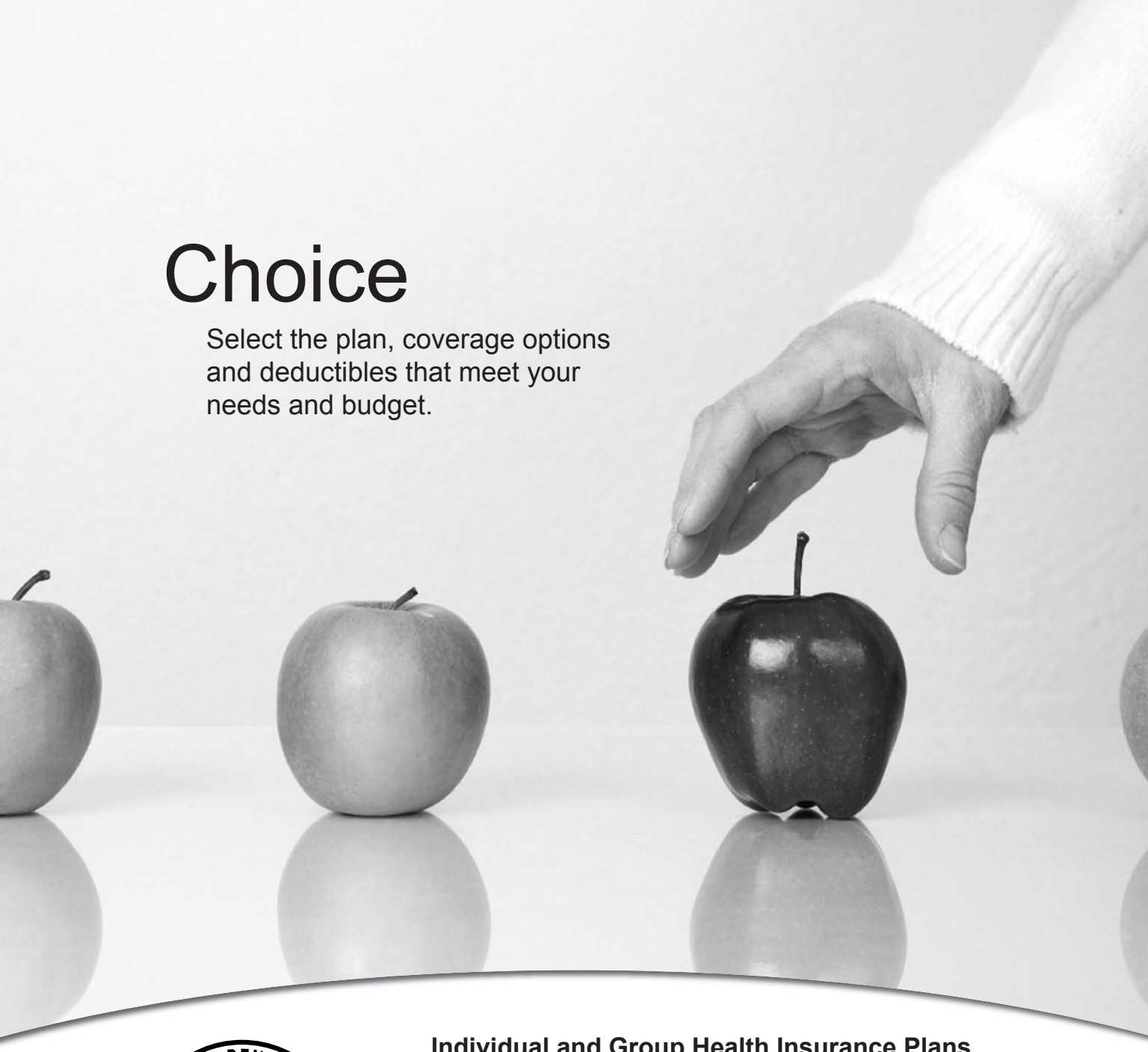
• Adopted policy supporting a requirement that all federal health care regulatory agencies demonstrate "measurable improved patient outcomes" within three years of implementing a rule. Any regulations that do not meet the test should be revised or rescinded, the AMA said.

• Referred for further study a resolution proposed by the American Academy of Pediatrics directing the AMA to "strongly oppose" block granting of the Medicaid program. The Republican-led U.S. House of Representatives this spring passed a bill authorizing block grants as a way to control entitlement spending.

• Voted, without debate, in support of allowing patients to use tax-exempt dollars to pay for over-the-counter medications. They were barred from doing so starting Jan. 1 under the health reform law.

• Adopted policy that "recognizes that denying civil marriage based on sexual orientation is discriminatory and imposes harmful stigma on gay and lesbian individuals and couples and their families." The Association supported legislation enacted in December 2010 that ended the "don't ask,

(continues on page 12)



PHYSICIANS' BENEFITS TRUST
PBT
LIFE INSURANCE COMPANY

Individual and Group Health Insurance Plans

When it comes to your health insurance, you deserve the best combination of freedom, choice and price. Enjoy the freedom to see the doctor, specialist and hospital of your choice without referrals. *Designed by physicians for physicians*: call now for your personal consultation and competitive rate quote.

ISMS/CMS Members
1-800-621-0748 • www.pbtinsurance.com

ISDS Members
1-866-898-0926 • www.isdsinsurance.com

Sponsored by:

Illinois State Dental Society

PBTLIC is a wholly owned subsidiary of:

ISMIE Mutual Insurance Company
The Physician-First Service Insurer

Administered by Affinity Insurance Services, Inc.

E-8882-0111 CMS

Dr. Loiterman (left) confers with Dr. Swaminathan during the AMA Annual Meeting.

don't tell" policy barring gays from serving openly in the military.

• Adopted five policies dealing with maintenance-of-licensure and maintenance-of-certification requirements. They include calling for the AMA to encourage medical boards to accept participation in maintenance of certification and osteopathic continuous certification as meeting maintenance-of-licensure requirements. At the same time, active medical licenses shouldn't be revoked on the basis of certification requirements, the policy says.

• The AMA also will study the effectiveness of proposed continued licensing requirements and recommend to the American Board of Medical Specialties that physicians be required to take only one specialty exam every 10 years.

• Adopted policy aimed at ensuring due process in medical licensure. Physicians under investigation should have at least 30 days to respond to state board inquiries, the right to prompt board decisions in pending matters, and evaluation by another physician of the same specialty.

• Referred proposals calling for further testing of full-body airport security scanners that use ionizing radiation and for a panel of experts to study the issue.

• Referred a resolution calling for the study of the impact of food containing genetically engineered ingredients.

• The AMA said it will continue to look at alternative membership models and possible changes to the organizational structure of the Association. Delegates talked about several proposals to attract new members. The Board is working to re-examine the AMA's membership model. It identified a hybrid concept that would allow direct membership and society membership while maintaining the Association's tax-exempt status. The board will present a preliminary report and a proposal at the Interim Meeting in November. Delegates agreed not to raise dues in 2012.

• Adopted policy that all AMA endorsements of nominations of appointed officials for public office be voted on by the Board before any public support is given.

• A task force examined whether individual votes of AMA trustees should be reported so delegates would know how they voted on issues. But delegates said reporting such votes would be divisive and decided against revealing individual votes.

• Referred a proposal by the Washington state delegation to overhaul the AMA's organization and governance. The proposal called for replacing the House of Delegates with smaller policy-setting mechanisms that would address federal health policy advocacy; public health, patient safety, education and quality; and practice support. Under the plan, state medical association and specialty society members of the medical federation would select a representative for the three categories of organizational focus.

• Approved a resolution asking the Association to study issues related to patient data sent to and from health information exchanges. Specifically, the policy directs the AMA to develop model legislation dealing with data ownership, privacy, and access rights.

• New policy says the AMA should "study issues related to how best to protect the legitimate interests of patients and physicians regarding clinical data that is sent to and received from a health information exchange." The model legislation would at a minimum ensure that "no payer would be allowed to obtain identifiable clinical data on individuals who are not currently insured members of a health plan belonging to that payer, with the exception of informed consent." The policy also says the model legislation would "define accountability for clinical data use in an HIE and ensure that those policies that are essential to protect patients and physicians can be legally enforced."

• Adopted a resolution asking the AMA to communicate with large insurance companies on the

(continues on page 14)

DR. YESH NAVALGUND / *OWNER*
DNA ADVANCED PAIN TREATMENT CENTER
CHRONIC PAIN MANAGEMENT
PITTSBURGH, PA
SINCE 2006 21 EMPLOYEES

NO SMALL ACHIEVEMENT: LEARNING THE BUSINESS OF MEDICINE

CHALLENGE: When Dr. Navalgund came out of medical school, he had all the right medical training. But when he decided to open his own practice, he needed something new — an education in the business side of medicine.

SOLUTION: Dr. Navalgund had the Cash Flow Conversation with his PNC Healthcare Business Banker, who put his industry knowledge to work. Together, they tailored a set of solutions to strengthen his cash flow: loans for real estate and equipment along with a line of credit to grow his practice, plus remote deposit to help speed up receivables.

ACHIEVEMENT: DNA Advanced Pain Treatment Center now has four private practices and a growing list of patients. And Dr. Navalgund has a place to turn for all his banking needs, allowing him to focus on what he does best.

WATCH DR. NAVALGUND'S FULL STORY at pnc.com/cfo *and see how The PNC Advantage for Healthcare Professionals can help solve your practice's challenges, too. Or call PNC Healthcare Business Banker John Cercone at 312-338-5288 to start your own Cash Flow Conversation today.*

PNC | CFO
Cash Flow Options

ACCELERATE RECEIVABLES
IMPROVE PAYMENT PRACTICES
INVEST EXCESS CASH
LEVERAGE ONLINE TECHNOLOGY
ENSURE ACCESS TO CREDIT

PNC BANK | *for the* ACHIEVER *in us all*℠

unintended consequences of their providing incentives to patients who use non-physician facilities, such as retail clinics. The policy says such incentives can lead to decisions made on limited information, duplication of testing and procedures, and ultimately higher health care costs and reduced quality of care.

• Adopted policy asking the AMA to urge third-party payers to include facility fee payments to accredited office-based surgical facilities in plans in which they pay facility fees for the same procedures performed in hospitals or accredited surgical centers.

• Adopted policy supporting the public reporting and notification of the professional status, including education, training and experience, of "primary care clinicians" leading primary care medical homes.

• Rejected proposed policy asking that the AMA study the ethics surrounding the use of "cloned notes" in electronic medical records.

• Adopted ethical guidelines for financial relationships with industry in continuing medical education.

• An AMA Council on Ethical and Judicial Affairs report said CME providers and others with roles in CME should be transparent about financial relationships that potentially could influence educational activities. CME providers with financial interests in the educational subject matter should be allowed to participate in CME only when their role is "central to the success of the educational activity, the activity meets a demonstrated need in the professional community, and the source, nature and magnitude of the individual's specific financial interest is disclosed," the report said.)

• Adopted policy that spells out ethical principles to be used when developing medical practice guidelines. The policy says such guidelines should be developed independent of any direct financial support from entities that have an interest in the recommendations being developed.

Source: AMA Website. Reprinted with permission.

Physicians hear about the need to be leaders

A standing-room-only crowd of physicians and medical students packed a symposium on "Leadership in Health Care Change: If Not Physicians, Then Who?" held during the Annual Meeting of the AMA House of Delegates. The session brought together diverse perspectives from the AMA House, AMA sections, specialty societies and other groups to illustrate how doctors can play leading roles as the health care system continues to evolve.

"You have the broadest scope of authority of anyone in health care," said Alice Gosfield, JD, a health care lawyer from Philadelphia who was the session's keynote speaker. "At this ambiguous moment, this is a phenomenal opportunity for physicians to step up."

The three-hour session featured an encouraging talk by Ms. Gosfield, who touched upon physicians' personal qualities—such as their accountability for patients' well-being and their evidence-based, scientific decision-making—that make them natural leaders. She also noted the importance of physicians working together, with or without other organizations and professionals, to improve their collective ability to deliver high-quality, safe and valued care to their patients and communities.

"That is the goal, the process, the foundation that you need to be working on regardless of what your practice setting is," Ms. Gosfield said.

Later, a panel of four physicians compared their own experiences in leading change within their respective practice settings and communities.

Source: AMA Website. Reprinted with permission.

There's still time to install an EHR system

Physicians still have plenty of time to install an EHR and qualify for meaningful use financial incentives, according to education session titled "Challenges in the Adoption of Health IT for the Small Practice," held during the AMA Annual Meeting.

"Remember, there's no rush," said Michael Hodgkins, MD, the AMA's chief medical information officer. "You can take the time to think through the decision and still earn full incentives."

One of those key decisions includes whether to use a client server system or "software as a software" (SaaS), more commonly known as "cloud computing," said Dr. Hodgkins. SaaS has many advantages over a client server, including:

(continues on page 15)

- No server in your office.
- Access via the Internet, outside your office, from any device.
- Lower cost of ownership.

A possible drawback is the need for reliable Internet service, so it may not work in a rural area.

One roadblock to more widespread adoption of EHRs is confusion over meaningful use regulations. More than 50% of physicians are "somewhat confused" about those rules, according to a recent survey. A separate session provided an overview of performance-based incentive programs.

Much of the emphasis in the media has been about installing a complete EHR, said Dr. Hodgkins, while not as much attention has been given to modular bundles. Installing a complete EHR takes longer, causes greater practice disruption, and has the highest cost. And it's not necessary to install a complete EHR to qualify for incentives under meaningful use regulations, said Dr. Hodgkins.

Modular bundles are less disruptive to implement and carry a lower cost, he added.

Dr. Hodgkins noted that the AMAGINE™ physician portal is a sensible modular bundled solution for physician organizations and smaller physician practices. Amagine Inc., a subsidiary of the AMA, recently announced that the health information technology (IT) solutions platform is now available to physicians nationwide.

Physicians are encouraged to visit the Amagine website for a free practice assessment to help develop a health IT strategy.

The AMA website contains more information on health IT, including archived webinars and an online tutorial that provides step-by-step instructions to help physicians choose, purchase and implement the best technology systems for their practices.

Source: AMA Website. Reprinted with permission.

BASING REIMBURSEMENT ON MEDICARE PAYMENT SYSTEM

Workers' comp reform a blow to patients, quality health care

CMS AND ISMS STEADFASTLY OPPOSED recent changes to the Illinois workers' compensation system, warning that the proposed "reforms" will ultimately do more harm than good.

Indeed, the new legislation creates restrictive treatment guidelines, while allowing employers to organize networks and choose all medical, surgical, and hospital services provided to injured workers.

While reform supporters project cost savings of up to $750 million, the bulk of any savings will come from slashing physician fees by 30%, adding to the already significant economic challenges of practicing medicine in Illinois.

When doctors decide they can no longer participate in the workers' comp system, patients will encounter difficulties accessing highly trained specialists.

"The legislation is really a plan to undercut funding for injured workers' medical care," said ISMS President Wayne V. Polek, MD, in a statement.

"We predict injured workers will wait longer for care, thus triggering higher medical care costs and delays in their return to work," he added.

The provisions also cap awards for carpal tunnel syndrome and appoint new arbitrators to three-year terms.

ISMS worked extensively with lawmakers, pushing hard to preserve an equitable workers' comp system for both patients and physicians.

"Everyone who voted against this law deserves credit for taking a stand for meaningful reform," Dr. Polek concluded.

Governor Quinn signed the workers comp legislation on June 28. Some changes took effect immediately, while others will start on Sept. 1, according to the governor's office.

stability matters.

If there is one thing to learn from the recent financial turmoil, knowing who to trust is paramount.

Medical Protective, a proud member of Warren Buffett's Berkshire Hathaway, has always believed that to provide our healthcare providers the best defense in the nation, our financial stability needs to be *rock-solid*, stronger than any other company.

Stability even in the worst of times.

Medical Protective is the only medical professional liability insurance company to protect their healthcare providers through all the business and economic cycles of the last 110 years, including the tough economic times of *the Great Depression*. We are also proud to have provided unmatched defense and stability during all the medmal crises.

We have received higher ratings from A.M. Best and S&P than any other carrier in the healthcare liability industry.

Trust Stability. Trust Medical Protective.

MEDICAL PROTECTIVE
Strength. Defense. Solutions. Since 1899.
a Berkshire Hathaway Company

Serving Illinois doctors since 1899. Contact us today for your FREE expert guide to Illinois medmal insurance.

- Call: 800-4MEDPRO
- Email: experts@medpro.com
- Visit: www.medpro.com
- Contact your local Medical Protective agent

PROTECTION FOR HEALTH INSURANCE COMPANIES

Act gives insurers advantage in negotiating contracts

CMS AND ISMS ACTIVELY OPPOSED A RECENT amendment to the Illinois Insurance Code that allows insurers to drastically cut payment to hospital-based physicians who provide out-of-network services at in-network facilities.

HB 5085, or Illinois Public Act 96-1523, applies to services for radiology, anesthesiology, pathology, emergency medicine, and neonatology.

Under the Act, reimbursement levels will be set through negotiation and arbitration.

Physicians who wish to collect fair reimbursement will have to initiate costly and time-consuming arbitration proceedings.

The Act also prohibits physicians from balance billing of patients and allows insurers to apply deeper discounts than would be offered on a contractual basis.

Among other provisions, physicians will be responsible for monitoring their reimbursements, justifying the requested amounts, and knowing when the Act applies to them.

When deciding whether to participate in a network, doctors are encouraged to carefully weigh their options.

While ISMS-backed bills would have postponed the Act's effective date, the Illinois General Assembly adjourned for the summer without passing the bills.

ISMS continues to advocate for a remedy to this unfair law.

A number of factors will determine the full effect of the amendment. Forthcoming DOI rules and regulations, patient and physician feedback on the arbitration experience, and the cost and affordability of arbitrating claims will shape the final outcome.

The Act took effect on June 1.

simplifying

MEDICAL REIMBURSEMENT

SERVICES AVAILABLE

- **MARCA FUNCTIONS AS YOUR *COMPLETE* BACK OFFICE**
- **ON-LINE**
  INPUT DATA TO THE INTERNET, NO CHARGE FOR SOFTWARE.
- MARCA DOES THE REST

CONSULTATION

- **MARCA PROVIDES CODING SEMINARS**
  PRACTICE MANAGEMENT
  SUPPORT & ASSISTANCE

MARCA'S INFORMATION TECHNOLOGY
THE *TOTAL* SOLUTION FOR YOUR HEALTH CARE ORGANIZATION'S REIMBURSEMENT

MARCA SPECIALIZES IN MEDICAL PRACTICE REIMBURSEMENT INCLUDING THE REQUIRED FOLLOWUP & CONSULTATION, TO PROVIDE MAXIMUM LEGAL PAYMENTS FOR YOUR SOLO OR MULTI-GROUP PRACTICE, ONE OR MANY OFFICES

---

100 MILLION TRANSACTIONS PER YEAR

MARCA A BOUTIQUE AMERICAN COMPANY

YOUR BUSINESS PARTNER

30 + YEARS OF PROOF

OUR CLIENTS HAVE MORE IN-POCKET WITH LESS *STRESS*

I PROMISE IT

ANNETTE C. CRAVEN, PRESIDENT

DIRECT: 773 884-4501/800 345-7676

annettec@marcaindustries.com

MARCA INDUSTRIES, INC.

P.O. BOX 388320, CHICAGO, IL 60638-8320 Tel 773 767-4600/800 345-7676
FAX 773 767-8320

WWW.MARCAINDUSTRIES.COM

Dealing with scope of practice intrusions

ISMS WAS ACTIVE ON YOUR BEHALF IN Springfield throughout the spring legislative session. ISMS successfully opposed bills that would have:

- allowed advanced practice nurses to practice independently.
- licensed direct-entry midwives and allowed them to deliver babies at home unsupervised.
- given pharmacists prescriptive authority.
- licensed naturopaths.

These attempted scope-of-practice intrusions come up often, and are a constant reminder of the importance of ISMS' vigilant legislative advocacy.

ISMS supported bills strengthening advance directives in Illinois and requiring license revocation for health professionals convicted of sex crimes, both of which cleared the General Assembly. We were unsuccessful in our attempts to delay the effective date of unfair out-of-network payment legislation and avoid a fee schedule reduction in Illinois' workers' compensation system. We continue to work hard to mitigate the impact of both issues on our members.

One important issue that remains unresolved is extension of the *Illinois Medical Practice Act*, which is set to expire in November. This law governs the practice of medicine in Illinois and must be renewed, but lately, political games have overshadowed the importance of quality patient care. For a summary of the *Medical Practice Act* and its importance for all Illinois physicians and patients, *visit www.isms.org and click on the Illinois Medical Practice Act--Why It's Important to You*.

For more details, visit our Legislative Action Hub, in the Governmental Affairs section of *www.isms.org*.

Health Reform University

ISMS and ISMIE Mutual are co-sponsoring Health Reform University, a series of seminars designed to help physicians and staff prepare their practices for changes coming as a result of health reform. Experienced health policy experts and veteran ISMS staff headline the half-day CME-eligible seminars, and ISMS members may attend at a significant discount. The first two sessions were very well-received, and four more will be held throughout the state in September and October – including **Friday, Sept. 16,** at ISMS HQ in Chicago, and **Tuesday, Oct. 4,** at the McDonald's campus in Oak Brook.

Visit www.isms.org to learn more and register today!

2011 OSHA Training

What Your Office Needs to Know

Spaces Fill Up Quickly!

TARGET AUDIENCE: Physicians, nurses, medical office staff, dentists, dental hygienists & dental office staff.

COURSE TOPICS: Health Care Worker Safety and Health, Common Hazards from Bloodborne Pathogens Associated with Medical & Dental Offices, Compliance with OSHA Regulations, Emerging Infectious Diseases and Q & A.

LEARNING OBJECTIVES: 1) Implement a training program for healthcare employees who may be exposed to blood-borne pathogens. 2) Identify appropriate personal protective equipment (PPE). 3) Develop an emergency response plan. 4) Create a written exposure control plan for healthcare workers assigned as first-aid providers. 5) Develop a strategy to prevent the spread of pandemic flu within a practice.

2011 WORKSHOPS:

☐ **Friday, Sept. 2:** Hilton Oak Lawn Hotel (Oak Lawn, IL) 2 p.m. to 4 p.m.

☐ **Wednesday, Sept. 21:** Embassy Suites (Downtown Chicago) 10 a.m. to 12N

☐ **Wednesday, Oct. 19:** Advocate Christ Medical Center (Oak Lawn, IL) 2 p.m. to 4 p.m.

☐ **Friday, Oct. 21:** Doubletree Hotel-Chicago (Oak Brook, IL) 9:30 a.m. to 11:30 a.m.

☐ **Friday, Nov. 4:** Advocate Lutheran General Hospital (Park Ridge, IL) 2 p.m. to 4 p.m.

SPEAKER: Sukhvir Kaur, MPH, Compliance Assistance Specialist, OSHA-Chicago North Office. *Ms. Kaur has disclosed that she has no relevant financial relationships with commercial interests.*

The following planning members of the Chicago Medical Society's CME Subcommittee on Joint Sponsorship and staff have disclosed the following: Vickie Becker, MD, Chairman, Roger L. Rodrigues, MD, Planning Member, Bapu P. Arekapudi, MD, Planning Member, Marella L. Hanumadass, MD, Planning Member, Vijay Yeldandi, MD, Course Director, and Cecilia Merino, Director of Education, have no relevant financial relationships with commercial interests.

ACCREDITATION AND DESIGNATION STATEMENTS:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). The Chicago Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Chicago Medical Society designates this educational activity for a maximum of 2.0 ***AMA PRA Category 1 Credits™.*** Physicians should only claim credit commensurate with the extent of their participation in the activity.

REGISTRATION: Register Online at www.cmsdocs.org or
contact Elvia Medrano at (312) 670-2550, ext. 338, or emedrano@cmsdocs.org

CALENDAR OF EVENTS

August 20

CMS Student District Meeting
10:00 a.m.-12:00 noon
CMS Headquarters Building

September 1

CMS Mini-internship
8:00 a.m.-1:00 p.m.
Ingalls Memorial Hospital
Rep. William Davis (30th Dist.)

September 19

CMS District 3 Meeting
Time and Location TBA

OSHA TRAINING

See Workshop dates on page 21 and RSVP!

CLASSIFIED ADVERTISING

Personnel wanted

PRIMARY CARE--MD AT HOME IS LOOKING to hire BE/BC primary care physicians to make house calls on the elderly homebound. Contact Matt Turman at (312) 243-2223 or email: mturman@md-athome.com.

PART-TIME PHYSICIANS WANTED FOR peer-to-peer consultation services. CareCore National is a successful healthcare management company providing services to over 25 major health plans nationwide. Physicians holding a license or a retired license are needed to receive and handle incoming calls from health plan physicians. Your role will be to discuss and determine medical necessity for specific services against established and published clinical guidelines. Positions are part-time, working remotely from home, but require predetermined hours for receiving calls. To apply, call (800) 918-8924; or email CV to careers@carecorenational.com, with "Physician Counselor" in the subject line.

IMMEDIATE OPENING FOR AN INTERNIST in a busy practice in Chicago. Good benefits included and partnership offered in two to three years. Will sponsor H1 visa. Please fax CV to (708) 474-4574.

MOBILE DOCTORS SEEKS A FULL-TIME physician for its Chicago office to make house calls to the elderly and disabled. No night/weekend work. We perform the scheduling, allowing you to focus on seeing patients. Malpractice insurance is provided and all our physicians travel with a certified medical assistant. To be considered, please forward your CV to Nick at nick@mobiledoctors.com; or call (312) 848-5319.

SEEKING BC/BE INTERNIST OR FAMILY practitioner to work with a group in Chicagoland. Please call (773) 884-2782 for information.

BC/BE IM/FP PHYSICIAN—PART-TIME: Fee-for-service compensation for disability evaluation/consultation for the Social Security Disability Program. Challenging, rewarding, and meaningful work. No malpractice required. No pager or other hassles. See pathology you've only read about in textbooks. Professional Loop office with great supportive staff. Set your own schedule. Two-three days/week ideal. Long-term availability—several years—desired. Join our bright, fun group. Contact Medical Director at: jrunkeccp@gmail.com.

FAMILY PRACTICE CLINIC NEAR OAK Park looking for primary care physician. Fax resume to (773) 379-9001; or call (773) 287-2200.

AMERICA'S DISABLED—PHYSICIAN HOME Visits, a not-for-profit 501(c)3 organization, is looking for additional primary care physicians to make house calls in the Chicagoland area. We are looking for full- and part-time physicians. Call Richard Ansfield (773) 774-7300.

PART-TIME PHYSICIANS IN THE CHICA-goland area. Anesthesiology, ob-gyn, family practice, gastroenterology (GI), and other specialties. Please send resumes by fax to: (847) 398-4585, or email to administrator@networkgci.net.

OB-GYN NEEDED (PART-TIME OR FULL-time) to perform pregnancy terminations for a family planning clinic. Please send resumes by fax to (847) 398-4585, or email to administrator@networkgci.net.

Office/building for sale/rent/lease

FOR RENT: LOCATED IN THE GLEN IN Glenview, this 1,962 sq.-ft. medical office was built five years ago and is in move-in condition. Initial build-out cost was $275,000 and the office contains four examination rooms, a laboratory with refrigerator, office, storage room, lunchroom with refrigerator and microwave and front desk area for four. Also included is a complete phone system and waiting room furniture for eight. This medical office complex has three buildings, with approximately 100 physicians. Across the hall is a Lake Forest/Northwestern Imaging; next door are Northwestern orthopedic surgeons, with Children's Memorial pediatricians across the parking lot. There are 4.5 years left on the lease. Contact David LeCavalier at (224) 436-3464.

Business services

KM MEDICAL BILLING, INC. SINCE 1997. Visit us at KMMedicalBilling.com. Call (773) 324-0119.

PHYSICIANS' ATTORNEY—EXPERIENCED and affordable physicians' legal services including practice purchases; sales and formations; partnership and associate contracts; collections; licensing problems; credentialing; estate planning and real estate. Initial consultation without charge. Representing practitioners since 1980. Steven H. Jesser (847) 424-0200; (800) 424-0060; or (847) 212-5620 (mobile); 5250 Old Orchard Road, Suite 300, Skokie, IL 60077-4462; shj@sjesser.com; www.sjesser.com.

For information on placing a classified ad, **please go to** *www.cmsdocs.org (under "Advertise in Chicago Medicine" on home page)* **or contact: Scott Warner at** *swarner@cmsdocs.org* **(312) 670-2550.**

Tame the beast.

Running a practice is getting more complicated — and frustrating. And in your gut, you know traditional software won't make it simpler. Join the 27,000 providers who use our **cloud-based practice management, EHR, and patient communications services** to tame the beast.

Put the power of the cloud to work.
800.981.5085 : athenahealth.com/ChicagoMed

athenahealth
$ MORE MONEY ♥ MORE CONTROL