Our country, our profession, at a pivotal junction


Few would argue that at this moment in history, we have a dysfunctional health delivery system in the United States, one that is dominated by the often-conflicting agendas of the insurance industry, large hospital systems, multinational pharmaceutical and medical device manufacturers, as well as our own federal government. Such large federal and non-governmental cross currents have influenced the judgment and actions of physicians and have contributed in no small measure to the current morass.

The fraction of our national gross domestic product being spent in the healthcare sector is accelerating at the expense of investment in other important and necessary infrastructural segments, which are (continues on page 2)
equally important and also contribute to the well-being of our country and citizens. National and state budgets are in significant disequilibrium as a result of the disproportionate spending on healthcare. Yet in spite of this spending, both academic and mainstream press have repeatedly reported that our citizens are no healthier than in countries that spend less.

Having travelled the country this past year, visiting other country medical societies and colleagues, I’ve noticed that increasing numbers of physicians are shifting toward the delivery of cosmetic services as well as specialty and practice-related “boutique” types of service, rather than disease prevention and healthier lifestyles. For others, apathy and deteriorating morale contribute to the “industrialization” of health delivery and degrade the interpersonal relationships, which we all know play an important role in the physician-patient relationship.

Certainly, it would be unfair to claim any single large special interest is adverse to our profession or the health of our nation’s citizens. There are no fast or easy solutions to our national or organizational challenges, but in my opinion, our efforts ought to be directed toward the creation of functional equipoise across these interests; a balanced equilibrium of agendas, intentions and needs. It would appear that we have fallen short historically in achieving that balance.

However, I sense everyone is in agreement that our country and profession are at a pivotal junction, and that there are times and circumstances when fresh insight and perspective are exactly what is needed at such inflection points.

To get where we need to be, it will be important for all of us to contribute to the national dialogue.

David A. Loiterman, MD, FACS
President,
Chicago Medical Society
Chicago Medical Society’s
Midwest Clinical Conference

Wednesday, July 13, 2011
DoubleTree by Hilton Hotel Oak Brook
1909 Spring Road, Oak Brook, IL 60523

“Practice Management Workshop Series”

Electronic Medical Record “How To” Workshop Series
• How to Leverage Stimulus Payouts
• How to Optimize Vendor Performance and Negotiate a Performance-Based Contract
• Implementation Strategies That Work

Accountable Care Organization (ACO) Workshop
• Understanding the Proposed CMS Regulations

The Patient Safety Education Project
• Systems-Based Care Meets Professionalism
• Bridging the Patient Safety-Medical Liability Chasm

Medical Practice & Staff
• Training Your Staff to Increase Office Efficiency and Enhance the Patient Encounter

EARN UP TO 8 CME CREDITS!

Target Audience:
All Physicians and their healthcare team will benefit from this CME activity, including Residents, Nurses, Physician Assistants, Hospital Administrators, and Practice Managers.
Healthcare Information Technology (HIT) “How-To” Workshop Series

Making the transition and reaping the financial benefits!
The Electronic Health Record is transforming healthcare and is at the forefront of the industry as it relates to ARRA and Meaningful Use. This workshop series will consist of 3 programs that will cover the lifecycle of EHR transformation, how to prepare for the future, how to implement and optimize an existing EHR, ways to protect your investment and avert risk and how to achieve maximum financial benefits and incentives. Now more than ever, physicians need information about implementing EHR’s as the American Recovery and Reinvestment Act begins offering financial incentives for physicians to implement HIT. The challenge for today’s physician is how to effectively adopt EHR’s in order to improve the quality of care in their medical practice, patient safety, and practice viability.

Hands-On Workshop Toolkit
Participants will receive several templates of self-help tools that will be developed and customized during these workshops. Some examples of these tools include the following:

- **Master Template/Sample Request for Proposal (RFP),** RFP evaluation criteria, contracting requirements, including phased in payment schedules and other relationship management services.
- **Vendor Vetting Tools:**
  - Sample demo scripts
  - Sample site visit checklist
  - Sample score cards
  - Sample cost comparison tool
- **Meaningful Use Assessment Tool**

American Recovery and Reinvestment Act—How to Leverage Stimulus Payouts (July Workshop)
The American Recovery and Reinvestment Act of 2009, aka “the Stimulus Bill,” signed into law in February 2009 included $19.2 Billion, which is intended to be used to increase the use of EHR by physicians and hospitals. This portion of the bill is called the HITECH Act. The intended use of the $19 Billion will be for incentive payments, grants, and loans. At the same time, the legislation presents new challenges to medical groups by expanding the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). This session delivers information you need to get ready for big changes in healthcare, and specifically, how the adoption of Electronic Health Records (EHR) can transform healthcare while earning your practice dollars. This will bring you up to speed on where to begin with EHR adoption, how to start thinking about the process to ensure that you make the best purchasing and adoption preparations. This will also include special stipulations for critical access hospitals (CAHs).

Accountable Care Organization (ACO) Workshop: Understanding the Proposed CMS Regulations (July Workshop)
In March of 2011, the Department of Health & Human Service (HHS) released the proposed rule for Accountable Care Organizations (ACOs) which has created various challenges for physicians such as: identifying the direct and indirect benefits, determining how the ACO model will actually work, and developing long-term, strategic decisions that will be needed.

How to Optimize Vendor Performance and Negotiate a Performance-Based Contract (Fall Workshop)
Practices today are compelled to implement electronic medical (or computerized medical records) to improve clinical quality, enhance efficiency, and augment financial performance in their practices. However, discerning what vendor and system to select, based on the unique objectives of the practice, can be overwhelming given the many choices available. In some instances, making the right selection can be career defining. The investment and risk are both substantially high, and success with EHR can be challenging and time consuming. This session provides many helpful strategies for negotiating a rock solid contract that is a win for the practice and holds the vendor accountable for delivery of promises.

Implementation Strategies that Work (Fall Workshop)
Whether the objectives of attaining optimum clinical quality, practice efficiencies, and financial performance are achieved or not is directly tied to the strategy of the practice to obtain and use information technology to its highest attainable level. The practice leader must learn about information technology at the selection level, but also for understanding implementation and use of systems to generate real value.
Desired Learning Outcomes:

**The Patient Safety Education Project: Systems-Based Care Meets Professionalism**

by Martin J. Hatlie, JD

At the conclusion of this learning activity, the participants should be able to:

- Deploy new skills and behaviors in their medical practice to improve communication with patients and families and reduce liability exposure.
- Change the norms in their practice setting to advance professionalism and systems-based practices that can reduce medical errors.

**The Accountable Care Organization (ACO) Workshop: Understanding the Proposed CMS Regulations**

Panel Members: Sue Hertlein, Max Reiboldt & Jeffrey Daigrepong

At the conclusion of this learning activity, the participants should be able to:

- Assess the CMS ACO proposed requirements and their ability to meet the requirements.
- Apply knowledge gained about the quality and cost containment programs for the CMS ACO model to evaluate the shared savings program and determine if this structure could work for their organization.
- Identify the key elements of patient-centered care, care coordination and the focus on quality of care to Medicare beneficiaries and all patients to make effective decisions about their current environments.
- Adopt helpful tools and complete a check list to assess if they are ready to participate in an ACO.

**CME Luncheon Keynote: Bridging the Patient Safety – Medical Liability Chasm**

by Timothy B. McDonald, MD, JD

At the conclusion of this learning activity, the participants should be able to:

- Describe a comprehensive approach to patient harm and list the reasons why a focus on patient safety reduces liability.
- Identify opportunities to improve communication after harm or when near harm occurs.

**The Healthcare Information Technology (HIT) “How To” Workshop Series 1 of 3: Making the Transition, Improving the Quality of Care, and Applying for Financial Incentives**

by Jeffrey Daigrepong, EFMP, CAPPM

At the conclusion of this learning activity, the participants should be able to:

- Assess current healthcare information technology (HIT) legislation, standards, and how other organizations have successfully adopted HIT.
- Recognize where to begin with EHR adoption, including system qualifications and configurations, related penalties, and “how to” make the transition.
- Apply the latest HIT information to make effective decisions about EHR purchasing, adoption preparations, and quality care improvements.
- Perform a customized stimulus analysis to estimate your practice’s earning potential in federal incentives.

**Training Your Staff to Increase Office Efficiency and Enhance the Patient Encounter**

By Sue Hertlein

At the conclusion of this learning activity, the participants should be able to:

- Assess and prioritize their practice’s training needs and design a training program.
- Apply best practices and helpful tools for staff/patient interaction.

**Speaker Disclosures**

The following speakers do not have any relevant financial relationships with commercial interests: Timothy McDonald, MD, Max Reiboldt, CPA, Sue Hertlein, and Jeffrey Daigrepong, EFMP, CAPPM. Martin J. Hatlie, JD has disclosed that he receives a salary for employment services and profit distribution from P4PS, Ltd.

**CME Disclosures, Accreditation & Designation Statements**

The planning members of the Chicago Medical Society’s CME Planning & Executive Committee do not have any relevant financial relationships with commercial interests: David A. Lobnerman, MD, President, Thomas M. Anderson, MD, Kenneth G. Busch, MD, Phillip B. Dray, MD, Howard Axe, MD, Robert W. Panton, MD, William N. Werner, MD, MPH, William A. McQuade, MD, MPH, Course Director; and Cecilia Merino, Director of Education. 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 live activity for a maximum of 8.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Schedule & Topics for July 13

7:30 - 8:00 a.m.  Registration & Breakfast

8:00 - 9:30 a.m.  The Patient Safety Education Project:
Systems-Based Care Meets Professionalism
by Martin J. Hatlie, JD, President, Partnership
for Patient Safety (P4PS, Ltd.), Chicago, IL

9:30 - 10:00 a.m.  Exhibits/Refreshment Break

10:00 - 12:00 noon  The ACO Workshop: Understanding the
Proposed CMS Regulations
Panel by Sue Hertlein, Jeffrey Daigrepont & Max Reiboldt,
CPA, President & CEO, Coker Group, Alpharetta, GA

12:00 - 1:00 p.m.  CME Luncheon: Bridging the Patient Safety-
Medical Liability Chasm
by Timothy B. McDonald, MD, JD, Chief Safety & Risk
Officer For Health Affairs, University of Illinois at Chicago

1:00 - 1:30 p.m.  Dessert Reception in Exhibit Area

1:30 - 3:45 p.m.  The Health Information Technology (HIT)
"How To" Workshop Series 1 of 3;
Making the Transition, Improving the Quality of
Care, and Applying for Financial Incentives
by Jeffrey Daigrepont, EFMP, CAPP, Senior VP of
Coker Group, Alpharetta, GA

3:45 - 5:00 p.m.  Training Your Staff to Increase Office Efficiency
and Enhance the Patient Encounter
by Sue Hertlein, Manager, Coker Group, Alpharetta, GA

5:00 - 6:00 p.m.  Cocktail Reception: New Member Welcome!

6:00 - 9:00 pm  CMS Council & Annual Meeting
2011 MCC Registration Form,
Registration Date: Wednesday, July 13, 2011

Fees:
(Please check the appropriate selection.)
- CMS Member or staff $50.00 per person
- Non-Member or staff $199.00 per person
- Onsite CMS Member or staff $75.00 per person
- Onsite Non-Member or staff $225.00 per person

*Fees include breakfast and lunch.

Names of Attendees:
(Please print.)

1) __________________________________________________________

2) __________________________________________________________

Method of Payment:
Please charge $________ to my VISA MasterCard AMEX

Account # __________________________________________________________________________

Exp. Date __________________________________________________________________________

Signature ____________________________________________________________________________

- Check enclosed in the amount of $____________________________________________________

Address 1 __________________________________________________________________________

Address 2 __________________________________________________________________________

City __________________________ State _____ Zip __________

Daytime Phone _______________________________________________________________________

Fax # ______________________________________________________________________________

Email (required) _________________________________________________________________
(E-mail address is only to be used for MCC registration confirmations and updates.)

Registration Information:
Send Payment To:
Chicago Medical Society (July MCC)
515 N Dearborn St., Chicago, IL 60654

Fax credit card payments to: 312-670-3646 or Register Online: www.cmsdocs.org
Questions? Visit www.cmsdocs.org or call 312-670-2550 x338
or email: emedrano@cmsdocs.org

Cancellations:
Individual cancellations must be received, in writing, by the CMS office no later than 48 hours prior to the activity date (7/13/11). Refunds will not be issued after 48 hours or for “no-shows.”
ISMIE Mutual is Delivering Dividends to Policyholders Again!

For the fifth consecutive year ISMIE Mutual Insurance Company will issue a dividend, bringing the total dividend dollars for policyholders since 2005 to $74 million.

Our policyholders are our partners. ISMIE shares the benefit of improved loss experience with our partner-policyholders. In 2011, ISMIE policyholders will receive over $20 million in dividends!

Information on becoming an ISMIE Mutual policyholder is available by contacting our Underwriting Division at 800-782-4767, ext. 3350, or at underwriting@ismie.com.


ARE YOU AN ISMIE POLICYHOLDER?

www.ismie.com

© Copyright 2011 ISMIE Mutual Insurance Company

11-1523-P
Join a committee, Serve your profession

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

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

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

Here’s the procedure...

➢ Complete and return the form by July 5, 2011
➢ The Committee on Committees (COC) will meet to make appointments/recommendations at this time, the COC will also recommend nominees to ISMS Councils and Committees.
➢ Recommendations to ISMS Councils and Committees will be forwarded to ISMS.

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

<table>
<thead>
<tr>
<th>CMS Committees</th>
<th>ISMS Councils and Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>113 Bylaws/Policy Review</td>
<td>302 Economics</td>
</tr>
<tr>
<td>114 Continuing Medical Education</td>
<td>303 Education and Health Workforce</td>
</tr>
<tr>
<td>123 Long Range Planning</td>
<td>305 Governmental Affairs</td>
</tr>
<tr>
<td>128 Physicians Review (Peer Review)</td>
<td>306 Medical Legal Council</td>
</tr>
<tr>
<td>131 Resolutions Reference</td>
<td>307 Membership and Advocacy</td>
</tr>
<tr>
<td>132 Subcommittee on Fee Mediation</td>
<td>320 Medical Service</td>
</tr>
<tr>
<td>133 Subcommittee on Medical Practice</td>
<td>325 Communications</td>
</tr>
<tr>
<td>134 Subcommittee on Joint Sponsorship</td>
<td>329 Peer Review Appeals Committee</td>
</tr>
<tr>
<td>140 Physician Advocacy</td>
<td>332 Committee on CME Accreditation</td>
</tr>
<tr>
<td>145 Public Health</td>
<td>333 Committee on Drugs and Therapeutics</td>
</tr>
<tr>
<td>147 Healthcare Economics</td>
<td>361 Committee on CME Activities</td>
</tr>
<tr>
<td>148 Credentials/Elections</td>
<td></td>
</tr>
<tr>
<td>149 Communications/Technology</td>
<td></td>
</tr>
<tr>
<td>150 Membership/IMG</td>
<td></td>
</tr>
</tbody>
</table>

Name__________________________________________

Phone__________________________________________

Please fax this form no later than July 5, 2011 to: Ruby Bahena (312) 670-3646 or mail to: CMS COC, 515 N. Dearborn St., Chicago, IL 60654
Henrietta Herbolsheimer, MD
Annual Public Service Award
Nomination form

Nominee (full name): ______________________________________________________________________

(Nominee must be a member of the Chicago Medical Society. To find out a doctor’s member status, call
Elvia Medrano at (312) 670-2550, ext. 338).

Reasons for nominating (community projects, public offices, participation in civic, service and charitable
organizations, etc.) Please type or print. Use additional paper, if necessary.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Deadline for receipt of nominations: July 1, 2011

The award will be presented on July 13, 2011, at CMS’ Annual Midwest Clinical Conference.

Mail Nominations to:
Henrietta Herbolsheimer, MD
Annual Public Service Award
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60654
Attn: Elvia Medrano
Or fax: (312) 670-3646
Or e-mail: emedrano@cmsdocs.org

This nomination was made by (please print):
______________________________________________________________________________________
Address: ________________________________________________________________________________
Telephone Number: ______________________________________________________________________


Henrietta Herbolsheimer, MD
Annual Public Service Award
Nomination form

Nominee (full name):
(Nominee must be a member of the Chicago Medical Society. To find out a doctor’s member status, call Elvia Medrano at (312) 670-2550, ext. 338).

Reasons for nominating (community projects, public offices, participation in civic, service and charitable organizations, etc.) Please type or print. Use additional paper, if necessary.


Deadline for receipt of nominations: July 1, 2011

The award will be presented on July 13, 2011, at CMS’ Annual Midwest Clinical Conference.

Mail Nominations to:
Henrietta Herbolsheimer, MD
Annual Public Service Award
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60654
Attn: Elvia Medrano
Or fax: (312) 670-3646
Or e-mail: emedrano@cmsdocs.org

This nomination was made by (please print):
Address:
Telephone Number:
the Cook County caucus helped build consensus around an amendment to work with the Illinois Congressional delegation to reshape the Act so it more closely reflects ISMS principles on health system reform. The amended resolution directs the ISMS delegation to the AMA to work with the AMA to revise the PPACA.

CMS physicians also urged “referral” of the resolution “Reinstatement of the ‘Sorry Works’ Program,” which would require further study of the issues before a position is reached. The Cook County delegation requested that new concepts in patient safety and transparency, as described by CMS member Timothy McDonald, MD, JD, be incorporated into existing ISMS policy. The House, too, agreed ISMS should give the Sorry Works program a fresh look.

Dr. McDonald’s lecture on “The Seven Pillars

Dr. Howard Axe comments during the House session.

(continues on page 14)
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.
Approach” was one of several CME sessions offered during the House meeting that addressed the changing healthcare landscape.

A resolution from another county asked ISMS and AMA to oppose federal or state imposition of individual mandates to purchase health insurance. But the House reaffirmed existing policy in support of requiring individuals who earn more than 500% of the federal poverty level to acquire health insurance. The House also adopted a substitute resolution to request the Illinois General Assembly to write legislation that requires Illinois to offer health savings accounts as an option to all state employees and non-Medicare state retirees.

On the medical liability reform front, the House adopted policy to support federal medical liability reforms similar to and including those proposed in the “Help Efficient, Accessible, Low-cost, Timely Healthcare” (HEALTH) Act, currently before Congress. The Illinois Delegation to the AMA was instructed to continue to support and promote similar
Improve the vitals signs
on the full spectrum of medical delivery needs.
One to three bedrooms & penthouses from $1.4 million in the heart of Chicago’s Magnificent Mile.

Please call to schedule a private showing: 312-242-5980

Visit us online: TheResidencesChicago.com

Delivery begins December 2011

Exclusively marketed by Prudential Rubloff

A Prism Development

The Ritz-Carlton Residences, Chicago, Magnificent Mile are not owned, developed or sold by The Ritz-Carlton Hotel Company, L.L.C. NM Project Company LLC uses The Ritz-Carlton marks under license from The Ritz-Carlton Hotel Company, L.L.C.
federal medical liability reforms at the national level.

Delegates expressed strong concern that ACOs would profoundly affect the medical profession. The Center for Medicare and Medicaid Services issued proposed rules on March 31, with a 60-day comment period. It remains unclear how ACOs will actually be formed and what the exact impact on physician-hospital relationships will be. Thus, the House approved a resolution requesting ISMS to study and educate members about contractual aspects, legal consequences, quality of care implications, and logistical impact of ACOs.

The House adopted a resolution to urge Governor Quinn and the state legislature to avoid budget cuts that would compromise care provided by safety net hospitals. In outlining the potential harm to the Medicaid/uninsured population, ISMS will encourage all physicians to recruit their patients as allies in efforts to oppose cuts in Medicaid funding for safety net hospitals.

The House also approved several resolutions that were to be submitted to the AMA’s House of Delegates, scheduled for June 18-22, 2011, in Chicago.

For a complete inventory of 2011 resolutions and their current status, visit www.isms.org and click on “Resolution Status Report” in the Member’s Center.

Mark your calendar for the 2012 annual meeting, which will be held April 20-22, 2012, Oak Brook. We hope to see you there!

CME focuses on patient safety, transparency

Taking a break from policy and politics, delegates to the ISMS Annual Meeting partook of timely educational sessions. CMS member Timothy McDonald, MD, JD, defined “The Seven Pillars Approach,” a guide to improving patient safety, preventing medical errors, and communicating appropriately. Dr. McDonald is chief safety and risk officer for health affairs at the University of Illinois as well as professor of anesthesiology and pediatrics. Other CME sessions focused on systematic problem solving, effects of health reform on physicians’ practices, regulatory changes, financial incentives, and accountability measures.

New ISMS President: ISMS adapting to new healthcare landscape

Delegates welcomed Wayne V. Polek, MD, as ISMS’163rd president. The Kane County physician and Geneva-based anesthesiologist reported that ISMS is evolving to keep pace with changing practice trends and physician demographics. Serving the needs of younger, increasingly employed physicians is topmost on ISMS’ agenda, he said.

A cross section of medical voices is analyzing ISMS’ role in physicians’ lives and practices. Dr. Polek assured members that the physicians carrying out this critical duty are a small but representative group of Illinois physicians. He encouraged all members to bring their ideas to ISMS.

CMS members elected to ISMS leadership team

The ISMS House elected a number of CMS members to leadership positions for the 2011-2012 year.

CMS Immediate Past President William N. Werner, MD, MPH, was elected as ISMS President-elect; Past President William A. McDade, MD, PhD, as Secretary-Treasurer; Council Chairman Howard Axe, MD, as Vice Speaker of the House; Past President Peter E. Eupierre, MD, as Trustee; Council Vice Chairman Robert W. Panton, MD, as Trustee; and CMS Trustee Adrienne L. Fregia, MD, as ISMS Trustee.
We hate lawsuits. We loathe litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. We are the eyes in the back of your head. We make CME easy, free, and online. We do extra homework. We protect good medicine. We are your guardian angels. We are The Doctors Company.

The Doctors Company is devoted to helping doctors avoid potential lawsuits. For us, this starts with patient safety. In fact, we have the largest Department of Patient Safety/Risk Management of any medical malpractice insurer. And, local physician advisory boards across the country. Why do we go this far? Because sometimes the best way to look out for the doctor is to start with the patient. To learn more about our medical professional liability program, call (800) 748-0465 or visit us at www.thedoctors.com.

Cook County Delegates sponsor 19 resolutions

Here’s how your colleagues advocated for you, and contributed to ISMS policies

“Invitations to Membership in Organized Medicine” -- Adopted as Amended

This resolution addressed concerns that hospital system employed physicians may soon outnumber non-employed physicians within organized medicine, potentially leading to significant conflict of interest issues. The sponsor, however, testified that CMS, ISMS and AMA have clear administrative policies addressing conflict of interest issues, should such situations arise. At her recommendation, the House approved new policy encouraging all Illinois physicians to become members of organized medicine, thereby enhancing the quality of medical care, as well as the profession. The resolution further requested ISMS to ask the AMA to invite all physicians residing and/or practicing in the U.S. who are of good moral and professional standing to join AMA.

In a similar resolution, the Reference Committee recognized that hospital employment of physicians is a significant trend that is unlikely to change in the near future. In response to this
changing practice pattern, the House approved a resolution for ISMS to study the professional needs of employed physicians to determine how best to serve all physicians now and into the future.

“ Reform Malpractice Crisis” (Reaffirmation Calendar) -- Reaffirmed Existing Policy

This resolution asked that ISMS, in conjunction with the AMA, make every effort to sponsor federal legislation to achieve medical liability reform; and to initiate an active campaign in the Illinois legislature to overturn the State Supreme Court’s decision last year striking down and reversing reform legislation.

No testimony was heard on this resolution. However, the Reference Committee and House cited strong existing ISMS and AMA policy in support of comprehensive reform, and ongoing activity to resolve the medical liability crisis at both the state and national level.

“ Support for American Medical Association Code of Medical Ethics” (A-10) -- Substitute Resolution Adopted

This resolution was referred to the ISMS Board at last year’s meeting. It originally requested ISMS to ask the AMA to publicize its Code of Medical Ethics as a primary obligation for members of organized medicine, and to support AMA educational programs to promulgate and explain the Code. In reporting back, the Board expressed its view that most physicians already follow the Code, but supported the idea of publishing the Code for non-members as well as members. The Board also noted that in 2008 the AMA announced a three-year project to update and modernize the AMA Code of Ethics. This process involved reorganizing, updating, and revising opinions as necessary. The updated Code will be released this June, according to a report to the ISMS House.

The substitute resolution requests ISMS to submit a resolution to the AMA House of Delegates asking the AMA to publicize its Code of Medical Ethics to physicians and to create educational programs involving the Code.

“ Study of Abolition of the Death Penalty in Illinois and in the United States” (A-10) -- Existing Policy Reaffirmed

This resolution was referred to the ISMS Board at last year’s meeting. The resolution asked ISMS to study the issues involved in abolishing Illinois’ death penalty statute, and to report back to the ISMS House relaying ISMS’ position on the death penalty. It further requested that the Illinois Delegation ask the AMA to study the issues involved in abolishing the death penalty in the U.S., with recommendations reported back to the AMA House.

In a report to the House, the Board stated it had considered extensive materials provided by the sponsor, mostly in support of abolishing the death penalty. The Board also reviewed a brief recent history of the death penalty in Illinois and recent polling information showing that more than 60% of voters prefer a sentence other than death for murder. The Board concluded that while ISMS considers it unethical for physician to participate in executions, the organization (ISMS) should not take a position on the propriety of the death penalty statute itself. The Board agreed that the death penalty often involves a personal, moral, ethical or religious view best left to the conscience of each individual physician.

Thus, the Board reaffirmed existing policy on the death penalty moratorium, which reads as follows: An individual’s opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a state execution.

(continues on page 20)
“Levels of Membership within ISMS” -- Referred to Board for Decision

This resolution asked the ISMS Membership Committee to explore the concept of different levels of membership, such as fellow, associate, adjunct, and affiliate (practice managers, etc.) to increase the membership and enhance the function of the ISMS. Testimony on this resolution was limited but positive. The Reference Committee acknowledged that the resolution suggested different possibilities for increasing membership, and so referred the resolution to the Board for decision. The resolution will be included in the Strategic Planning and Restructuring Initiative.

“ISMS Constitution Change” -- Not Adopted

While not adopted, this resolution requested amendments to the ISMS Constitution, Article II, Purpose of the Society. In seeking to narrow the organization’s scope, the sponsor asked that new language read as follows:

“The ISMS is a professional organization that represents and unifies its physician members as they practice the science and art of medicine. The Society advocates on behalf of the interests of member physicians, and promotes the doctor/patient relationship and the ethical practice of medicine.”

This resolution generated more opposition than support during the Reference Committee hearing. Proponents argued that the suggested change simplifies the ISMS mission statement while opponents argued that the elimination of “patient advocacy” and “betterment of public health” are key concepts that define physicians and their professional lives.

“Physician’s Orders for Life-Sustaining Treatment (POLST) Paradigm and End-of-Life Care” -- Adopted as amended

This resolution requested ISMS to adopt policy supporting the use of the POLST paradigm order sheet for end-of-life care planning in Illinois; to support changes in the current IDPH Uniform DNR Advanced Directive form so it complies with national POLST requirements (POLST.org); to write the IDPH stating this policy supports the use of the POLST paradigm in Illinois; to create a link to its Website advocacy page for members to email Illinois senators in support of the POLST as a means of allowing physicians and healthcare workers to honor patients’ wishes for the type of care they wish to receive in different situations including end-of-life; to support the use of a non-statutory, modified Power of Attorney form that is patient-friendly and fits the definition of a legally recognized Power of Attorney for Healthcare (POAHC) form; and to make the online form available for ISMS members, patients, and other interested individuals or organizations.

This resolution received strong supporting testimony. The Reference Committee also approved an amendment from the author.

“Physician Disciplinary Records” -- Adopted

This resolution requested ISMS to support the public disclosure of formal board actions by the Illinois Department of Financial and Professional Regulation, while opposing the public disclosure of complaints and accusations against physicians before the IDFPR has made a final decision in a case.

While testimony was limited, the Reference Committee strongly agreed this policy is necessary.

(continues on page 22)
Price

Exclusive access to economical rates for Illinois doctors and dentists.

Individual and Group Health Insurance Plans

When it comes to your health insurance, you deserve the best combination of freedom, choice and price. Freedom to use any doctor, specialist and hospital without referrals. Your choice of plans, coverage options and deductibles. 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:
PBLTC is a wholly owned subsidiary of:

Administered by Affinity Insurance Services, Inc.
“Caffeinated Alcoholic Drink Ban” --
Adopted as Amended

This resolution asked ISMS to support an immediate ban on sales of prepackaged energy drinks containing both alcohol and caffeine; and to support or cause to be introduced legislation banning the sale of prepackaged caffeinated alcoholic beverages, which could be modeled after similar legislation passed by Michigan and Washington state.

The resolution generated testimony in support of banning the sale of energy drinks containing alcohol and caffeine. It was pointed out that the FDA has sent warnings to manufacturers about these drinks and that some have voluntarily ceased distribution. Minor editorial changes were made to the resolution.

“Supporting Federal Legislation and/or Regulations that Require Clearly Labeling Food with Genetically Engineered Ingredients” --
Adopted as Amended

This resolution directed the Illinois Delegation to introduce a resolution to the AMA House of Delegates requesting the AMA to study the impact of food containing genetically engineered ingredients; and to take further action based on the results of the study.

The Reference Committee heard positive testimony, in which the author stated that the resolution’s intent was to study the impact of the food itself and not simply the labeling.

“Energy Drinks and Children’s Health” --
Adopted as Amended

(continues on page 24)
Thinking about EHR? Think again. Soren is certified, easy to use and price friendly. Soren Technology is committed to sharing & connecting.

Built to run Accountable Care Organization’s (ACO’s) and large physician groups with total transparency.

Call Don Piotrowski today: 630-546-8179, don@sorentech.com
www.sorentech.com
This resolution requested ISMS to inform its members, through its Website and other ways as appropriate, of the potential dangers of energy drinks, especially among minors, including the use of energy drinks mixed with alcohol.

"Children’s Meal Toys and Childhood Obesity” -- Substitute Resolution Adopted

This resolution directed ISMS to encourage corporate responsibility by requesting companies to discontinue marketing incentives that encourage unhealthy childhood behaviors, including the consumption of unhealthy food; and to direct the Illinois Delegation to introduce a resolution to the AMA encouraging corporate owners to discourage marketing incentives that encourage unhealthy childhood behaviors, including the consumption of unhealthy food.

The Reference Committee heard testimony on marketing practices toward children that encourage unhealthy behaviors. Testimony revealed that this type of marketing is not only used in fast food chains with meals that include toys, but also in products such as cereal and candy. The Reference Committee recommended and the House approved a substitute resolution to address the issue more broadly.

“Bath Salt Bans” -- Adopted as amended

This resolution directed the ISMS to write to the state attorney general and governor’s office, state senators and representatives requesting a ban on the synthetic drug referred to as “bath salts,” which contains methylenedioxypyrovalerone (MDPV), a chemical not approved for human consumption in the U.S. due to potential dangerous effects of the product; and for the Illinois Delegation to the AMA to bring a resolution to the next AMA meeting seeking national legislation to ban such “bath salts” containing methylenedioxypyrovalerone (MDPV).

Testimony was entirely in support of this resolution. It was pointed out that this product, although called “bath salts,” is designed as a drug for recreational use.

"e-Cigarette Ban” -- Referred to the Board for Study and Report Back

This resolution directed ISMS to adopt policy opposing the sale and distribution of e-cigarettes to Illinois residents through all means, including retail, wholesale and Internet sources; and directs ISMS to actively engage in efforts to cause legislation to be introduced in the Illinois legislature to ban the sale and distribution of e-cigarettes.

Testimony indicated that the AMA recently adopted policy supporting a ban on the sale of e-cigarettes and all other nicotine devices that are not FDA approved. Since this an evolving issue, the Reference Committee recommended further study.

"Indoor Tanning Restrictions” -- Adopted as Amended

This resolution requested ISMS to adopt policy in support of a ban on indoor tanning for individuals under age 18; and to support or cause to be introduced legislation in Illinois to ban indoor tanning for individuals under age 18.

While some testimony noted the therapeutic benefits of sunlight, most testimony was in support of this resolution, highlighting the risks of indoor tanning. Noting that AMA policy already supports a ban on indoor tanning for minors, the Reference Committee recommended several amendments.

(continues on page 26)
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.

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

All products are underwritten by either The Medical Protective Company® or National Fire and Marine Insurance Company®, both Berkshire Hathaway businesses. Product availability varies based upon business and regulatory approval and may be offered on an admitted or non-admitted basis. ©2011 The Medical Protective Company® All Rights Reserved.
“Prioritize Medical Care Financed by the Illinois Department of Public Aid (now the Illinois Department of Healthcare and Family Services) -- Not Adopted; Existing Policy Reaffirmed in lieu of Resolution

While not adopted, this resolution would have directed ISMS to encourage legislation that would prioritize medical care financed by the Illinois Department of Healthcare and Family Services; and for the legislation to give authority to the IDHFS to appoint a citizen’s committee to study means of eliminating costs for expensive health care procedures and other heroic measures that benefit only a few; and direct available resources to health care that will benefit more people; for the bill to guarantee payment to physicians who provide care to public aid patients within 60 days at a rate commensurate with the services rendered and not less than Medicare rates.

Testimony was mixed during the Reference Committee. Current ISMS policy supports reimbursement of Medicaid procedures based on the cost of services. While sympathizing with testimony supporting timely and fair reimbursement, Committee members expressed concern that adoption of this resolution could involve the rationing of care.

“EMR Programs Should Be Free of Charge”
“Lift the Burden of Electronic Health Records from the Shoulders of Physicians” --

Substitute Resolution Adopted in Lieu of Resolutions (Facilitate Certification of Open Source EMR Software)

These two resolutions requested that insurance companies and governmental interests provide free hardware, software and maintenance to cooperating individual practitioners; and for the government to use a portion of federal EMR funding to set up an Internet-based electronic records system that is open to all healthcare workers.

The resolutions, along with one from another county medical society, generated strong testimony recognizing the need for physicians to have access to low-cost EHRs. While Medicare is providing up to $44,000 per physician who successfully uses an EHR, and Medicaid is providing almost $64,000 per physician, testimony indicated these sums are insufficient. The Reference Committee agreed that more financial assistance should be forthcoming, especially if the government intends to penalize physicians for not utilizing EHRs. Some testified that federal and private health plans should fully fund the cost of EHRs since they will benefit from physician practices that adopt EHRs.

The Committee recommended that a Substitute Resolution be adopted in lieu of the two Resolutions from Cook County. The substitute language directs the Illinois Delegation to request that AMA advocate for increased financial support from public and private payers to help physicians adopt interoperable EHRs.

“Creating an Official Position on Calorie Counts” (Reaffirmation Calendar) -- Existing Policy Reaffirmed

This resolution requested ISMS to reaffirm existing policy on calorie counts requiring that fast-food restaurant chains post calorie counts on their menus and menu boards, so that consumers can learn more about the food before they place their order.

“Leucadia Bill Passed by General Assembly During Veto Session”
(Editorially amended to Synthetic Gasification)
“Synthetic Gasification” -- Referred to the Board for Study and Report Back

This resolution requested that ISMS study the issue of “synthetic gasification” plants, especially

(continues on page 27)
in densely populated areas and join with interest-
ed environmental groups to insure that the Illinois
legislation recently passed establishing such plants
is appropriately reviewed by the Illinois Environ-
mental Protection Agency and other regulating
and licensing bodies before implementation.

The author indicated that the governor had ve-
toed legislation addressed in the resolution.
However, the issue likely will be addressed again
in the near future. Due to the topic’s complexity,
the Reference Committee recommended that it be
studied further.
The Illinois Public Health Association encourages primary care physicians to refer their HIV-positive patients to a new statewide program offering extended care for this population. With eight regional offices, Illinois HIV Care Connect provides one-stop “shopping” for services such as confidential medical case management at no charge. Patients may qualify for outpatient, mental, and oral health care; medical nutritional therapy; substance abuse counseling; and other support services. For detailed information, go to the program’s website (www.hivcareconnect.com). To find the local office, go to http://www.hivcareconnect.com/connect.html.

Illinois HIV Care Connect is funded by the IDPH through federal Ryan White Part B grants.

Illinois has the nation’s eighth highest cumulative number of AIDS cases, with more than 37,000 reported cases and 20,000 deaths since 1981, according to the HIV/AIDS Surveillance Unit and Reporting System. The IDPH also estimates there have been about 16,000 additional reported non-AIDS HIV cases, and that more than 8,300 HIV-positive Illinois residents do not know they are HIV-positive.

The Centers for Disease Control and Prevention now recommends that all individuals age 13 to 64 be tested for HIV infection. As a result, the IDPH predicts that increased numbers of individuals will be diagnosed as HIV-positive, making referrals to HIV Care Connect an important way to contain the progression and spread of HIV infection. Those wishing not to be tested can choose to decline or “opt-out” of the program.

Primary care physicians to HIV-positive individuals may benefit from free and low-cost clinical education training programs and consultation services offered by the Midwest AIDS Training and Education Center (MATEC). MATEC’s programs help increase a physician’s HIV treatment proficiency through didactic and skill-building training. MATEC also offers free clinical consultation services by Illinois-based HIV experts to help physicians manage an array of HIV patient treatment needs. To learn more, go to www.matec.info.

Physicians who wish to see HIV-positive patients may volunteer to be an Illinois HIV Care Connect network provider.

ISMS recently released a publication that gives comprehensive guidance on Responding to Unanticipated Outcomes. Learn how to respond to patients and their families, foster healing for everyone involved and keep errors from occurring again. This pamphlet can be viewed online or downloaded as a PDF by any ISMS member. Members received a copy by mail and may also request additional printed copies free of charge by calling (800) 782-4767.

Illinois’ medical license renewal deadline is July 31, and ISMS is again offering license renewal assistance to members. This free service allows quick and easy license renewal over the phone, and you won’t even pay the credit card processing fee charged by IDFPR for self-renewal. Our toll-free hotline is open weekdays from 8:30 a.m. to 4:45 p.m. at (800) 632-7478. Be sure to have your license renewal PIN (mailed on a yellow postcard from IDFPR) handy.

Are you ready for the effects of health reform on your practice? Health Reform University is in session! ISMS is holding a series of half-day educational seminars throughout the state this summer and fall, featuring a prominent health industry management professor and ISMS expert staff.

This program is perfect for physicians, administrators and other staff, and is CME-eligible. Health Reform U. will be held in Chicago on Friday, Sept. 16; and Oak Brook on Tuesday, Oct. 4. View the program schedule and a list of other dates and locations at www.isms.org, and don’t forget to register – ISMS members may receive a 50% discount!

Resources for primary care physicians and HIV-infected patients

The Illinois Public Health Association encourages primary care physicians to refer their HIV-positive patients to a new statewide program offering extended care for this population.

With eight regional offices, Illinois HIV Care Connect provides one-stop “shopping” for services such as confidential medical case management at no charge. Patients may qualify for outpatient, mental, and oral health care; medical nutritional therapy; substance abuse counseling; and other support services. For detailed information, go to the program’s website (www.hivcareconnect.com). To find the local office, go to http://www.hivcareconnect.com/connect.html.

Illinois HIV Care Connect is funded by the IDPH through federal Ryan White Part B grants.

Illinois has the nation’s eighth highest cumulative number of AIDS cases, with more than 37,000 reported cases and 20,000 deaths since 1981, according to the HIV/AIDS Surveillance Unit and Reporting System. The IDPH also estimates there have been about 16,000 additional reported non-AIDS HIV cases, and that more than 8,300 HIV-positive Illinois residents do not know they are HIV-positive.

The Centers for Disease Control and Prevention now recommends that all individuals age 13 to 64 be tested for HIV infection. As a result, the IDPH predicts that increased numbers of individuals will be diagnosed as HIV-positive, making referrals to HIV Care Connect an important way to contain the progression and spread of HIV infection. Those wishing not to be tested can choose to decline or “opt-out” of the program.

Primary care physicians to HIV-positive individuals may benefit from free and low-cost clinical education training programs and consultation services offered by the Midwest AIDS Training and Education Center (MATEC). MATEC’s programs help increase a physician’s HIV treatment proficiency through didactic and skill-building training. MATEC also offers free clinical consultation services by Illinois-based HIV experts to help physicians manage an array of HIV patient treatment needs. To learn more, go to www.matec.info.

Physicians who wish to see HIV-positive patients may volunteer to be an Illinois HIV Care Connect network provider.
A lawyer CANNOT buy the distinction of being a Leading Lawyer. This distinction was earned by being among those lawyers who were most often recommended by their peers in statewide surveys. Respondents COULD NOT recommend themselves or lawyers at their law firm. For a complete list of all Leading Lawyers and to view profiles of the lawyers listed on this page, go to www.LeadingLawyers.com.

Leading Health Lawyers

Stephen T. Moore  
Hinshaw & Culbertson LLP  
Rockford  
815.490.4903

Lisa R. Munch  
Hinshaw & Culbertson LLP  
Rockford  
815.490.4933

Jeffrey S. Spears  
Hinshaw & Culbertson LLP  
Rockford  
815.490.4907

Philip R. Frankfort  
Holmstrom & Kennedy PC  
Rockford  
815.962.7071

Kristine Pihl Youman  
Holmstrom & Kennedy PC  
Rockford  
815.962.7071

Terry D. Anderson  
WilliamsMcCarthy LLP  
Rockford  
815.987.8963

Patricia J. Foltz  
Anderson Rasor & Partners LLP  
Chicago  
312.673.7805

David M. Allen  
Baker & Daniels  
Chicago  
312.212.6513

Terrell J. Isselhard  
Chuhak & Tecson PC  
Chicago  
312.444.9300

Neville M. Biliamoria  
Duane Morris LLP  
Chicago  
312.499.6758

Patricia S. Hofstra  
Duane Morris LLP  
Chicago  
312.499.0180

Nicholas J. Lynn  
Duane Morris LLP  
Chicago  
312.499.6731

John J. Mangan  
Dykema  
Chicago/Lisle  
630.577.2818

David C. Hall  
Hall Prangle & Schoonveld LLC  
Chicago  
312.345.9600

Roy M. Bossen  
Hinshaw & Culbertson LLP  
Chicago  
312.704.3067

Edmund Gronkiewicz  
Hinshaw & Culbertson LLP  
Chicago  
312.704.3051

Kurt L. Hudson  
Hinshaw & Culbertson LLP  
Chicago  
312.704.3218

Frank J. Marsico  
Hinshaw & Culbertson LLP  
Chicago  
312.704.3000

Clare Connor Ranalli  
Holland & Knight  
Chicago  
312.263.3600

Kenneth A. von Kluck  
Howard & Howard Attorneys PLLC  
Chicago  
312.456.3402

Michael B. Brohman  
KamenskyRubinstein Hochman & Delott LLP  
Lincolnwood  
847.982.1776

Michael G. Erens  
KamenskyRubinstein Hochman & Delott LLP  
Lincolnwood  
847.982.1776

Marvin Kamensky  
KamenskyRubinstein Hochman & Delott LLP  
Lincolnwood  
847.982.1776

Philip L. Pomerance  
KamenskyRubinstein Hochman & Delott LLP  
Lincolnwood  
847.982.1776

Sherwin R. Rubinstein  
KamenskyRubinstein Hochman & Delott LLP  
Lincolnwood  
847.982.1776

Robert J. Pristave  
McGuireWoods LLP  
Chicago  
312.750.8616

Michael V. Favia  
Michael V Favia Law Office  
Chicago  
773.631.4580

Fredric J. Entin  
Polsinelli Shughart PC  
Chicago  
312.819.1900

Kara M. Friedman  
Polsinelli Shughart PC  
Chicago  
312.819.1900

Jane K. McCahill  
Polsinelli Shughart PC  
Chicago  
312.819.1900

Daniel S. Reinberg  
Polsinelli Shughart PC  
Chicago  
312.819.1900

Judith Schwartz Sherwin  
Shefsky & Froelich Ltd  
Chicago  
312.836.4179

Michael E. Reed  
Vedder Price PC  
Chicago  
312.609.7640

Richard H. Sanders  
Vedder Price PC  
Chicago  
312.609.7644

Roger R. Clayton  
Heyl Royster Voelker & Allen PC  
Peoria  
309.676.0400

Douglas A. Marshall  
Hinshaw & Culbertson LLP  
Peoria  
309.674.1025

Laura A. Petersen  
Quinn Johnston Henderson Pretorius & Cerulo Chtd  
Peoria  
309.674.1133

Murvel Pretorius, Jr.  
Quinn Johnston Henderson Pretorius & Cerulo Chtd  
Peoria  
309.674.1133

Matthew B. Smith  
Quinn Johnston Henderson Pretorius & Cerulo Chtd  
Peoria  
309.674.1133

James D. Broadway  
Surfling Northrup Hanna Cullen & Cochran Ltd  
Peoria/Springfield  
309.674.1144

Christopher L. Nyweide  
Livingston Barger Brandt & Schroeder  
Bloomington  
309.828.5281

Keith E. Emmons  
Meyer Capel A Professional Corporation  
Champaign  
217.352.1800

Richard T. West  
Meyer Capel A Professional Corporation  
Champaign  
217.352.1800

Renee L. Monfort  
Heyl Royster Voelker & Allen PC  
Urbana  
217.344.0060
CALENDAR OF EVENTS

July 13

CMS Midwest Clinical Conference
Wed., 7:30 a.m.-5:00 p.m.
DoubleTree by Hilton Hotel, Oak Brook
(See information beginning on page 4.)

July 13

CMS Council Meeting
Wed., 6:00-7:30 p.m.
DoubleTree by Hilton Hotel, Oak Brook
(Following Midwest Clinical Conference)

July 13

CMS Annual Dinner
Wed., 7:30-9:00 p.m.
DoubleTree by Hilton Hotel, Oak Brook

OSHA TRAINING

See Workshop dates on next page and RSVP!

PAID UP & PAID OUT!

Stamp out unpaid bills!

The Chicago Medical Society has partnered with I.C. System to provide members with individualized accounts receivable solutions.

Call Today!
1-800-279-3511

I. C. System, Inc.
P.O. Box 64137
St. Paul, MN  55164-0137
www.icsystem.com

“As physicians, we have so many unknowns coming our way..."

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.

For more information, please call our staff at 312.670.2550.

OSHA Training
See Workshop dates on next page and RSVP!

I.C. System, Inc.
P.O. Box 64137
St. Paul, MN  55164-0137
www.icsystem.com

Stamp out unpaid bills!

The Chicago Medical Society has partnered with I.C. System to provide members with individualized accounts receivable solutions.

Call Today!
1-800-279-3511

I. C. System, Inc.
P.O. Box 64137
St. Paul, MN  55164-0137
www.icsystem.com

CMS Insurance Agency, Inc.
call our staff at 312.670.2550.

ProAssurance Group is rated A (Excellent) by A.M. Best.
www.ProAssurance.com

Chicago Medicine, No. 3, 2011
Page 30
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, August 5: Advocate Lutheran General Hospital (Park Ridge, IL) 2 p.m. to 4 p.m.
☐ 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
STRESS RELIEF FOR DOCTORS

These days relieving your stress is as important as treating your patients.

A stressed-out physician is no good to anybody. eNurse Companion Service was developed for this reason, while enabling you to focus on the big picture, treat those patients who need you most, spend more time with family and make more money.

We've taken our medical team's decades of experience in advanced clinical nursing and our tech team's cutting edge expertise in broadband communications – and created a new form of telephonic nursing service focused on the present day needs of busy doctors and their patients. Beginning now, this innovative service becomes available in the Chicago Metro area.

Our eNurses are U.S. licensed with recent clinical experience, speak fluent English* clearly and remain at your patients' beck and call for sub-acute issues, 24/7/365. So you get more time off and more focus for acute patients. No more needless interruption of precious family time.


Learn more: eNurseCompanion.com

Primary care physicians receive $300 prepaid consult fee*.

Chicago area doctors win a new Android Tablet. July only. See website.

*Additional languages available. Patient pays $99 monthly payment after credit approval on 24-month contract including 2 years eNurse telephonic/electronic monitoring service. Home Broadband Home Medical Tablet with Android OS 4.0, 16GB, 4GB RAM on GPRS system with 5GB/4GB plan and 1,000 prepaid minutes. In-home 3G or faster wired Internet service, WiFi router, In-home installation. Credits applicable where residence has pre-existing broadband internet service. Monthly costs may change after 12 months and 24 months. Initial payment price is $1,599.99 in event of insurance/health plan coverage or subscriber wishing to pay in a single payment.

Primary care physicians receive $300 prepaid consult fee for providing patient-specific guidance to referring nurses. See eNurseCompanion.com for additional details, terms and conditions.

Chicago Medicine, No. 3, 2011 Page 32
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

The person pictured is an actual PNC customer, who agreed to participate in this advertisement. DNA Advanced Pain Treatment Center’s success was due to a number of factors, and PNC is proud of its role in helping the company achieve its goals. All loans are subject to credit approval and may require automatic payment deduction from a PNC Bank Business Checking account. Origination and/or other fees may apply. Equipment financing and leasing products are provided by PNC Equipment Finance, LLC, which is a wholly owned subsidiary of PNC Bank. National Association. PNC is a registered mark of The PNC Financial Services Group, Inc.
Personnel wanted

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@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.

A MEDICAL GROUP IN ADDISON HAS an opportunity for a family practitioner. Part-time hours available both AM/PM shifts. Please contact (224) 200-2326.

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

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 Office Manager at: frankelcp@gmail.com; and/or fax CV and cover letter to (312) 855-0216; and/or call (312) 855-1414.

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 Ansfieold (773) 774-7300.

PART-TIME PHYSICIANS IN THE CHICAGO 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.

PRACTICE FOR SALE. SOLO PEDIATRIC practice in Evergreen Park/Oak Lawn area. Call (708) 229-2764.

Business services


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.
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 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
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