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NEWSLETTER OF THE CHICAGO MEDICAL SOCIETY
The Voice of Cook County Physicians

CHALLENGES AHEAD

"Stay focused," Dr. Geline tells peers as he assumes CMS presidency

We teach, we investigate, and we care for patients

KEEP YOUR EYE ON THE BALL, ADVISED Richard A. Geline, MD, as he took the helm of leadership, Saturday, June 8, at the East Bank Club. In giving his presidential ad dress, Dr. Geline compared medicine to such sports as golf or basketball.

Our game as physicians is not to place a ball in a cup, or a hoop, but to relieve the pain and suffering of illness and injury and promote the health of individuals and society, he said.

Continuing with the analogy, Dr. Geline explained that, Our ball to play the game is the three fundamental activities we under take as physicians: We teach, we investigate, and we care for patients. However, these activities are getting more difficult to accomplish as the playing field is changing shape even as the game continues.

Dr. Geline said such distractions as



Incoming CMS President Richard A. Geline, MD (right), acknowledges Immediate Past President Edmund R. Donoghue, MD, for his service to the Society.

managed care, defensive medicine, high administrative costs and liability insurance premium in creases are making it difficult for physicians to adhere to their traditional activities. We must stay focused, he cautioned, and, above all, Keep your eye on the ball.

Coverage of the CMS Annual Dinner and installation of officers will appear in the summer issue of Chicago Medicine.

Scott Warner

LEADING THE CHARGE FOR TORT REFORM

Call for federal legislation

SOARING INSURANCE PREMIUMS ARE strangling the nation s health care delivery system. As liability insurers leave the mar ket or raise rates to astronomical levels, more physicians are limiting their practices or simply abandoning medicine. Over the past year in Illinois, physicians in internal medicine, ob/gyn and general surgery have felt in creases ranging from 16 to 35 percent. Many experts believe that without federal legisla tion, the exodus will continue, and patients will find it increasingly difficult to obtain health care.

Organized medicine supporting initiatives

YOUR NATIONAL, STATE AND COUNTY organizations are working round the clock to bring common sense change to our rup tured liability system. At both the state and

federal levels, ISMS and AMA are supporting ini tiatives to bring you judicial reform and legislative On the congressional front, AMA is back ing the bipartisan HEALTH Help Efficient Acces sible, Low cost, Timely Health Care Act (H.R. Introduced last April by Jim Greenwood (R PA), Christopher Cox (R CA), John Murtha (D PA), Collin Peterson (D MN), Jim Moran (D VA) and Charles Stenholm (D TX), the Act is based on the successful California Medical Injury Compen sation Act (MICRA) model. MICRA has saved Californians more than \$1 billion per year in lia bility premiums. H.R. 4600 would provide a \$250,000 cap on non economic damages and place a reasonable limit on punitive damages without preempting existing state law.

As of press time Sen. John Ensign (R NV) had announced plans to introduce the Senate version of the HEALTH Act after the Memorial Day recess.

Get involved. Urge your representative to cosponsor H.R. 4600, the Greenwood Murtha Professional Liability Insurance Reform Bill today.

Service the old-fashioned way— CMS helps ease malpractice plight for longtime member

The following letter is from a physician who had previously sought help from CMS President Ed mund R. Donoghue, MD, in solving his insurance dilemma. A board certified ob/gyn, the member has limited his practice to gynecology since 1992. He no longer performs surgery or admits patients to the hospital; he spends about 14 to 16 hours a week at the office eight months a year. Even so, to have any hospital affiliation, he is required to carry malpractice insurance coverage of \$1,000,000 to \$3,000,000. His insurance agent said he couldn't find an insurer for a premium less than \$50,000.

That s when CMS helped him to explore his options. And we can help you, too. If you have questions about insurance or other is sues, contact Katie Brown at (312) 670 2550, ext. 328 or e mail kbrown@cmsdocs.org

To Edmund R. Donoglue, MD, president, CMS:

I would like to express my deep appre

ciation for your response to my distress let ter regarding malpractice insurance for aging physicians. At your suggestion, I con tacted ISMIE and was able to obtain cover age for office gynecology and surgical assis tance. Although expensive, the cost is still reasonable under the circumstances.

For years, many of my contemporaries and I felt somewhat neglected by our societies. It is leaders like you who have restored our faith.

I, along with every practicing physician, hope and pray that our political leaders at the state and federal level disassociate them selves from the trial attorneys grip and leg islate a sensible tort system. This will be the only way for patients to be fairly compen sated and for doctors to return to practicing their profession without the constant fear of being sued.

With my heartfelt thanks, Basil G. Chronis, MD

HIGHER AND HIGHER

Will hospitals in Cook County raise malpractice requirements?

HOSPITAL ADMINISTRATORS IN CHICAGO and across the country are reviewing minimum coverage limits for hospital mandated malpractice insurance. Some Cook County hospitals have discussed requiring physicians to increase their mal practice insurance from \$1 million/\$3 million to \$2 million/\$4 million, according to reports from mem bers of CMS. Such a decision would raise premiums. ISMIE, the state's largest malpractice carrier, says that currently about 30 percent of its clients are buying the higher limit policies.

Because hospital boards and medical staffs gen erally must revise their bylaws to make this change, it is imperative that all physicians watch this situation in their hospital and act proactively if changes are discussed. Hospitals are looking to re duce their premiums, and are asking physicians to

assume a greater portion of the risk in growing malpractice awards. However, there is fear within the physician community that increasing malpractice limits will serve only as an announcement to attorneys that more money is available for jury awards. Physicians faced with both reduced reim bursement and increasing expenses are finding it too much to bear.

All physicians should track hospital board or medical staff developments and voice their con cerns about any change to malpractice limits. While the AMA has made tort reform its top pri ority for the coming year, local physicians can also take the initiative to prevent the malpractice situation from deteriorating even further; we must do this while we await change at the federal level.

If you had the ear of President Bush for one minute, what would you tell him about tort reform?

During the June 4 Council meeting, CMSnews asked physicians for their views on issues and events in the news. Here is what your colleagues had to say:

Tort reform is a highly emotional issue grievances must be settled by a court and all parties have to be accommodated. People feel that if you reform tort laws, then you are taking away their rights

It s difficult to change and to stop those multimillion dollar awards. That s the lawyers bread and butter. Changes must be made in a rational, legal way. Modification is a better word than reform, and a new system should be set up so that everyone gets their fair amount.

We need to educate the public why the pre sent system must be modified, and we need to take emotionalism out of it.

Elpidio Koa, MD
General Surgeon

So many things have been said about tort re form that I m confused. I m a U.S. citizen, but I m from the Dominican Republic and even

though that is a poor country, medication is free and the patient comes first. But in the United States, different businesses have their hands in medicine, and that hasn t been good. I believe we ll move to socialized medicine in the United States and that will make the issue of tort reform disappear. I believe socialized medicine will lift the economic burden in addition to being the best solution for doctors and patients.

Francisco Bautista, MD

Internal Medicine

The entire system needs a complete overhaul. Here are my suggestions:

- Eliminate contingency fees.
- Have a cap on non economic damages.
- Have losers pay attorneys fees.
- Establish a screening mechanism to prevent friv olous lawsuits.

Carlotta Hill, MD

Dermatology

WANTED: YOUR ACTION

Federal and state agenda for 2002

ACTION BY INDIVIDUAL PHYSICIANS IS vital to the success of your state, county and na tional organizations. Only you can give your fed eral legislator an accurate picture of how the is sues really affect you and your daily life. Show your support through personal contact with your legislator and by encouraging all physicians to join CMS, ISMS and AMA.

For assistance in contacting your legislator, go to www.isms.org or www.ama assn.org

Here are the battles organized medicine is fighting on your behalf:

- Medicare administrative requirements
- Medicare physician payment cut
- Professional liability insurance reform
- Patients Bill of Rights
- Antitrust relief
- Expanding health care for the uninsured
- HIPAA implementation and EMTALA reform
- Fairness in Health Care Services Contracting Act



Dr. Orlowski honored

Dr. Donoghue presents CMS Past President Janis M. Orlowski, MD, with the M. Anita Johnson, MD, Woman Physician of the Year Award during the CMS Annual Dinner. The award recognizes a member for her exceptional contributions to the community and the medical profession.

We need your feedback on managed care

The Managed Care Committee is interested in the number of CMS members who have altered their participation in managed care plans. Please take a moment to fill out this brief survey and mail it to CMS headquarters: Attn: Katie Brown, 515 N. Dearborn, Chicago, IL 60610 4369; or fax to (312) 670 3646

Do you participate in managed care plans? Do you participate in Medicare? Do you participate in public aid?	yes yes yes	m m m	How many?
Are you now accepting new managed care/Medicare/public aid patients? yes no			
Have you recently left any managed care plans? yes no			
If you have not left any plans, have you seriously considered leaving? yes no			
What are your main reasons for leaving or staying with those plans?			
Your name (optional) Please p	rint		
Any additional comments are welcome! Please call K	atie Brown i	at (312) 670	2550; or e mail kbrown@cmsdocs.org

xott Warner

POTPOURRI

Join us for "Passage to Persia"

CMS MEMBERS ARE INVITED TO JOIN THE Physician Art Committee as it samples ethnic fa vorites at Noon O Kabab Persian Restaurant, 4661 N. Kedzie, Chicago, on Thursday, July 18, at 6:30 p.m. The dinner will include Persian family style dishes chosen by the Naghavi family, owners of the restaurant. The complete dinner including tax and tip is \$25 per person. For more information and reservations, contact Liz Sidney at CMS (312) 329 7335.

Apology: An open letter to CMS members

CMS APOLOGIZES TO THOSE MEMBERS WHO were erroneously notified last January that you were to be dropped for non payment of dues. Although the letter ISMS mailed stated that if you had already paid, to please disregard the notice, we regret the timing. CMS is working with ISMS to improve the dues payment process and looking for ways to streamline operations and prevent future problems from occurring. These include modifications to our software and changes in accounting practices.

Again, we regret any inconvenience we may



have caused.

Indian group opens free health clinic

Senator Richard Durban cuts the ribbon to mark the opening of a free health clinic funded by the The In dian American Medical Association (IL) Charitable Foundation. The 5,200 sq. ft. facility, located at 2645 W. Peterson Ave., was funded by donations from Up endranath Nimmagadda, MD, and his wife, Usharani Nimmagadda, MD, as well as other physicians and community leaders. The facility is named the Shridar Nimmagadda Memorial Building, in honor of the Nimmagaddas' son, Shridar. Shown from left are Ms. Kirandeep Grewal, administrative secretary of the clinic; Upendranath Nimmagadda, MD; Birinder Mar wah, MD, secretary of IAMACF; Senator Durbin, Satya Ahuja, MD, past president of the IAMA and AAPI; Edmund R. Donoghue, MD, CMS president;

Members are invited to CMS Council meetings

TE REMIND YOU THAT ALL MEMBERS ARE INVITED TO CHICAGO MED ICAL SOCIETY COUNCIL MEETINGS. IF YOU ARE INTERESTED IN OBSERVING THE CMS POLICY MAKING BODY IN ACTION, CALL (312) 670 2550, EXT. 322, TO RESERVE AN AGENDA PACKET. CMS MEMBERS WHO ARE NOT COUNCIL MEMBERS MUST OBTAIN PERMISSION OF THE CHAIR TO SPEAK AT COUNCIL MEETINGS BEFORE THE MEETING CONVENES. WHEN THE CHAIR GRANTS THIS PERMISSION, IT WILL BE FOR A SPECIFIED PERIOD OF TIME.

The next Council meeting is scheduled for 7 p.m. on Tuesday, Sept. 10, 2002, location to be announced.