

**CMS COUNCIL DIRECTIVE**

## ***Long-range plan will reshape Society***

*Making the Society more efficient, effective and relevant to physicians*

THE CMS COUNCIL APPROVED LANDMARK action steps this May that will reconfigure the Society's committee and governance structures. These changes will pave the way for a nimble organization that responds quickly to the changing needs of physicians through timely grassroots legislative advocacy.

The Long-Range Planning Committee worked with the Board of Trustees and Branch Presidents to develop this two-year plan that will accomplish the following:

- Reduce the number of committees from 27 to 11. Committees will act as project teams that consider problems and forward their analyses and recommendations to the Executive Committee and Council.
- Realign the Branches into eight districts, plus a student section and resident section. Each district, as well as the student and resident sections, will elect one member to the Board of Trustees. Whenever possible, districts will be grouped according to state legislative districts. They will be empowered to organize grassroots advocacy efforts, ed-

ucate patients, and build relationships with hospitals.

- Gradually reduce the number of Council meetings from six to four plus the Annual Meeting.

The two entities comprising CMS--the Chicago Medical Society and Chicago Medical Society Foundation--will continue their focus on core competencies. For the 501 c 6 professional association, Chicago Medical Society, this means educating members on becoming politically active, representing them in the legislative arena, and working to improve the practice environment. The Foundation will continue its focus on continuing medical education and public health.

### ***Highlights from ISMS House of Delegates***

*Annual meeting confronts litigation crisis head-on*

FROM THE NUMEROUS RESOLUTIONS demanding relief to the choice of speakers outlining a solution, the medical liability crisis figured prominently in shaping this year's ISMS policy agenda. Republican Senate Candidate Jack Ryan, Illinois House Republican Leader Tom Cross and Chairman of the AMA Board of Trustees Dr. William G. Plested, III, were among those leading the chorus as the 207-member House of Delegates gathered to consider more than 90 resolutions. The ISMS held its Annual Meeting at the Oak Brook Hills Hotel April 22-24.

By far, the greatest number of resolutions was devoted to the medical liability crisis. With titles like "Malpractice Reform," "Physicians' Litigation Against Trial Attorneys and Plaintiffs," and "Wider Range of Malpractice Coverage," they reflected the anguished mood across the state. Fortunately, though,

*(Continued on page 2)*

## ISMS HOUSE OF DELEGATES *continued*



Dr. Winston welcomes Dr. William G. Plested III, chairman, AMA Board of Trustees, to the Third District Caucus breakfast, where Dr. Plested encouraged members in their local efforts on liability reform. "The number one issue is medical liability reform," Dr. Plested said. "Our opponents' position is becoming untenable. We must not waver...Nothing is more important than we are in this fighting the battle together."



Dr. Winston addresses the Third District members during the breakfast meeting.

the tide appears to be turning: the recent editorial in the *Chicago Tribune* supporting caps was a major triumph. The willingness of Senate Democrats to introduce proposals aimed at curbing the litigation crisis in Illinois is another important step.

CMS contributed a total of eight resolutions of which three were adopted, one was adopted as amended, one was referred for study and report back, one was referred for decision, and two were not adopted. Those resolutions passed are: "Medicare Re-enrollment," "Positive Verification of Contact Lens Prescriptions," "Physician Supply," and "Medical Staff Autonomy." For complete coverage of the resolutions, watch for the spring issue



Photos, Scott Warner, CMS

Republican senate candidate Jack Ryan met personally with many attendees, following his morning talk at the HOD meeting. From left: Neil E. Winston, MD, president, CMS; Mr. Ryan; Steven M. Malkin, MD, secretary, CMS; Lawrence A. Nord, MD, trustee, ISMS; and James R. Tarrant, executive director, CMS.



William A. McDade, MD, left, chair of the Government Affairs Council, and CMS trustee, welcomes Rep., Tom Cross (Will County), House Republican leader, to address the ISMS Annual Public Affairs Breakfast. Discussing the medical liability crisis, Cross said: "Legislators need to be educated. If you know a legislator, bring that legislator to your office, to your hospital. I know you're busy, [but] they need to get a real grasp of what you're talking about."

of *Chicago Medicine*.

The new officers elected were Kenneth J. Printen, MD, (Evanston) president, Craig A. Backs, MD, (Springfield) president-elect, and Richard A. Geline, MD, (Skokie) chairman of the Board of Trustees.

(Coverage continues on page 5)

## **ISMS SCORE plan gains approval**

*New rules for trustee districts outlined*

CMS GAINED ONE ADDITIONAL TRUSTEE TO the ISMS House of Delegates following passage of a revised set of recommendations issued by the Select Committee on Redistricting and Elections (SCORE).

Their approval, which came during the 2004 ISMS HOD annual meeting in April, was positive news for CMS because the Society had lobbied hard to revise an earlier formula that would have eliminated three trustee positions.

Other provisions of the plan include:

- The census of each trustee district will be based on active, retired and emeritus members on the rolls as of Dec. 31 of the previous year.
- Each district will be required to have a minimum of 450 members with an acceptable range of minus 10 percent at the time of redistricting in 2004.
- Each district will receive one trustee for every 450 members or a majority fraction thereof.
- Districts will be able to increase and decrease the number of trustees by election at the annual meeting should they experience sufficient growth or loss by the end of the previous year. However, between regularly scheduled redistricting years, all trustees will be allowed to complete the full three-year term to which they were elected.
- Students and residents will not be counted in county membership totals, but will instead have their own sections and trustees.
- The student and resident trustee on the BOT will be given full voting rights and privileges.

The ISMS SCORE Committee is responsible for making recommendations to redraw statewide district boundaries and reapportion trustee districts. It was created to consider two 2003 resolutions referred for study and report back: "Equal Representation" and "The Role of Membership in Electing its Leadership."

Find us online at CMS Internet address **[www.cmsdocs.org](http://www.cmsdocs.org)**

NEWS FOR CHICAGO PHYSICIANS

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THE MEDICAL SOCIETY  
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Newsletter, May 2004 Vol. 107, No. 6

515 N. Dearborn St.  
Chicago IL 60610

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*Chicago Medicine* (ISSN 0009-3637) is published monthly with one additional issue published each winter, spring, summer and fall for \$20 per year for members; \$30 per year for nonmembers, by the Chicago Medical Society, 515 N. Dearborn St. Chicago, Ill. 60610. Periodicals postage paid at Chicago, Ill. Postmaster: Send address changes to *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610. Telephone: (312) 670-2550. Copyright 2003, *Chicago Medicine*. All rights reserved.

### ***Harvard Forums on Health visits Chicago***

*University program on access to health care and the uninsured*

AT A TIME WHEN NATIONAL POLICYMAKERS can't seem to agree on a solution to expand coverage to more people, hundreds of Chicagoans attended a half-day forum downtown to examine the major health policy questions of our time.

Presented by the Harvard Forums on Health, the program was held March 30 at the University of Chicago Gleacher Center. Harvard University professor and journalist David Gergen moderated a panel of experts who looked at public attitudes toward the uninsured and highlighted specific challenges facing Illinois and the rest of the nation.

In referring to the plight of the uninsured, Eric Whitaker, MD, director of the Illinois Department of Public Health and a featured speaker, invoked the words of Martin Luther King: "an injustice to one is an injustice to all." In reporting on the crisis in Illinois, he said that 15% of the Illinois population is not insured. That comes to one million Illinois residents and one in five Midwesterners.

Adding to these somber statistics are the recent findings of the Commonwealth Fund showing that the largest share of people paying off medical debt reside in the South (47%) and Midwest (43%).

These national experts shared their perspective:

**Robert Blendon, professor of Health Policy and Political Analysis at Harvard University--**

"The cloud of terrorism is in the way right now but look for health care to erupt suddenly." He said the public supports a wide range of uninsured proposals; however, support is subject to challenges. Negative arguments affect support for proposals to cover the uninsured. When people learn how much something costs (in taxes) they tend to favor something less. Overall, most people support programs that build on what we already have--Medicaid/SCHIP, employer-based plans, and tax credits. He noted that the public lacks knowledge and is divided over taxes. Compromise or hybrid plans work best because they combine elements and allow more people to get something they like in the plan, he argues.

**Arthur Kellermann, MD, co-chair, Institute of Medicine Committee on the Consequences of**

**Uninsurance--Obstacles to Reform--**People believe:

- "The uninsured get the care they need."
- "Since I'm not personally affected, it's not my problem."
- "We can't afford to cover the uninsured."

**FACT:** Most of the uninsured (80 percent) are members of working families. Two-thirds earn less than 200 percent of the poverty standard. Being uninsured is rarely a choice. Health insurance is a family matter: one in 5 families (60 million Americans) are either uninsured, or live with someone who is uninsured. When even one member of a family is uninsured the entire family is vulnerable to the financial consequences of a serious illness or injury. Medical bills account for one half of all U.S. bankruptcies. The IOM committee recommends that the President and Congress develop a strategy to achieve universal insurance coverage and establish a firm and explicit schedule to reach this goal by 2010.

**Celinda Lake, president, Lake Snell Perry & Associates (a national public opinion research firm)--**

Voters believe everyone should have access to affordable health coverage but expect people to take some responsibility for it as well. They believe business, government, insurance companies and health care providers need to work together on solutions that reduce costs while maintaining quality and choice. However, they are cynical about state government and its ability to carry out effective reforms. Voters think presidential candidates are mainly talking about the problems of health care and not offering solutions to fix it. Voters are very sympathetic to small business and believe that most truly cannot afford to cover their employees. They want to help small business provide coverage but they resist mandates. The concept of cost-shifting is not readily understood by voters.

**Laurie Rubiner, JD, director, New America Foundation Universal Health Insurance Program--**

This proposal for mandatory insurance de-links coverage from employment and expands the advantages of group insurance to

all Americans by giving every individual and adult access to a choice of competing private plans through a Community Insurance Pool (CIP). Every individual would have guaranteed access to basic coverage at a cost that does not exceed a fixed share of household income, and all but the lowest-income would have a responsibility to contribute a reasonable, fixed amount to the cost of coverage. Contributions would flow from a combination of mandatory employer contributions, individual payments not to exceed a modest percentage of family income, and a refundable federal tax credit payable directly to health plans (including to employer plans) to make up the difference.

Other speakers included: Sara Collins, PhD, the Commonwealth Fund; Elizabeth Kilbreth, Maine; Tom Jerkovitz, Illinois; Richard Kronick, California; Carolyn Lopez, MD, John H. Stroger,

Jr., Hospital of Cook County; Alan Weil, JD, Urban Institute; Ray Werntz, JD, HPN Worldwide; Barry Bloom, PhD, Harvard School of Public Health; and David Blumenthal, MD, Harvard Forums on Health.

*The Harvard Forums on Health, a project of the Harvard Interfaculty Program for Health Systems Improvement and the Harvard School of Public Health, was co-sponsored locally by Northwestern University Medical School, Michael Reese Health Trust, Health Research and Educational Trust, and the University of Illinois at Chicago, and the University of Chicago. National co-sponsors for this event are the Commonwealth Fund, the journal Health Affairs and the New America Foundation. Support for the forum was provided by an education grant from Eli Lilly and Company and the Commonwealth Fund.*

## POTPOURRI



### **CMS welcomes new tenant: Charter One Bank**

The Chicago Medical Society has leased a major part of its first floor to Charter One Bank, which opened for business in April at 33 W. Grand. Headquartered in Cleveland, Charter One Financial, Inc., is the publicly traded parent company of Charter One Bank. With \$43 billion in assets, Charter One is one of the largest bank-holding companies in the United States. Shown ready to assist customers are (clockwise, from top): Isabelle Oller, branch manager, Mariola Zygmunt, assistant manager, and Nora Gant and Karelia Acosta, sales associates.

### **Flu update**

THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) urges physicians who treat Medicare patients and other high-risk individuals to order their 2004-2005 influenza vaccine as soon as possible. Last year a large number of influenza cases appeared as early as October. Be prepared.

Find out more at <http://www.cdc.gov/flu/>.



### **Task force meeting**

Shown at the Federation Task Force on Disparities in Healthcare, held in April at the AMA headquarters in Chicago, are, from left, Drs: Neil E. Winston, president, CMS; John F. Schneider, Council on Scientific Affairs, AMA; John C. Nelson, president-elect, AMA; Willarda Edwards, chair, AMA Women Physicians Congress; William E. Kobler, president, ISMS; and Randall W. Maxey, president, National Medical Association.

### **ChicaGourmets hosts eating disorder specialist at Riva luncheon on July 17**

CMS MEMBERS ARE INVITED TO ATTEND A lecture and luncheon featuring psychologist, Judi Hollis, PhD. Dr. Hollis will guide attendees through each mouthful of their meal to help them gain insight into their relationship with their body, their attitudes and orientation toward the act of eating, and their love affair with food and life.

Dr. Hollis is the author of "Fat is a Family Affair," "Fat and Furious," and "Hot & Heavy." She serves as clinical consultant to Palm Springs Serenity Retreat, a growth and treatment center for women recovering from all obsessions.

The event will be held on Saturday, July 17, in the private lakefront room at Riva, 700 E. Grand, on Navy Pier. The reception and book signing begins at 1 p.m., and the luncheon begins at 1:30 p.m.

Chef Christian Martin's menu includes crab cakes for the reception, with a "Medley of Seafood" for the luncheon entree, and "Chocolate Lover's Obsession" for dessert. Coffee, tea and wines and tip are included in the CMS members' price of \$49.

*To reserve for ChicaGourmets events, please prepay by sending in your check, and identify yourself as a CMS member. (Memberships will be verified.)*

*Send checks to: ChicaGourmets, Mail Boxes, Etc. PMB 347, 47 W. Division St., Chicago, IL 60610-2220.*

*For further information, contact: Don Newcomb, founder, ChicaGourmets, (708) 383-7543; or e-mail [donaldnewcomb@attbi.com](mailto:donaldnewcomb@attbi.com).*



**The Chicago Medical Society  
In Conjunction with:**

**The Chicago Department of Public Health  
DuPage County Health Department  
DuPage County Medical Society**

**Presents**

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**SURVEY OF  
BIOTERRORIST AGENTS:  
PREPAREDNESS TRAINING FOR  
HEALTH CARE PROFESSIONALS (2-3 p.m.)**

and

**EMERGING INFECTIOUS DISEASES IN THE US:  
FOCUS ON SARS (3-4 p.m.)**

**June 9, 2004**

UIC, School of Public Health  
1603 W. Taylor Street, Chicago, IL

**1 VITAL COURSE, 2 HOURS OF FREE CME**  
Refreshments will be served, Free Parking is available  
**Audience:** All health care professionals (seating is limited)

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**REGISTRATION**

**Date:** Wednesday, June 9th,  
**Time:** 9:00 - 11:00 am

**PLEASE PRINT CLEARLY OR TYPE:**

Attendee Name(s) - Please note: MD, DO, RN, etc.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

FAX this completed form to 312-670-3646.  
Or mail it to: Chicago Medical Society,  
Bioterrorism Training, 515 N. Dearborn,  
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For more information visit [www.cmsdocs.org](http://www.cmsdocs.org) or call 312-670-2550 x324.

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2. Payment must accompany the ad. We accept check, money order, Visa or MasterCard.
3. All ads must be submitted in writing, preferably using this form.
4. Cancellation notice must be received no later than the first day of the prior month.
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### Personnel wanted

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seeks physicians. Individuals trained in primary care/surgical debridement. Full-time/part-time. Fax CV to Scott Schneider at (773) 486-3548; or mail to Home Physicians, 1735 N. Ashland Ave., Chicago, IL 60622; phone (773) 292-4800; www.homephysicians.com.

**MULTI-SPECIALTY GROUP SEEKS INTERNIST** to join Chicagoland practice. Schedule and benefits very flexible to long-term commitment. Practice based on patient population in office, hospital, and long-term facilities. Fax CV to (773) 282-7389; or e-mail tamidmedical@ameritech.net.

**RADIOLOGISTS, INTERNAL MEDICINE,** family practice physicians needed for growing medical/diagnostic practice, north- and south-side locations. Spanish-speaking a plus. Fax CV to Mike (773) 509-9886; or call (773) 895-9695.

**PART-TIME INTERNAL MEDICINE PHYSICIAN** needed for growing office in southwest suburbs. Mail CV to P.O. Box 524, Orland Park, IL 60462.

**PEDIATRICIAN NEEDED. FAX RESUME** to (847) 583-8075.

**BC/BE INTERNIST FOR BUSY PRACTICE.** Inner-city Chicago. Competitive salary & incentives. Full-time position, potential for partnership. J1/H1 welcome. Start immediately. Reply to Box #2161.

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