chicago medicine
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY
Newsletter, December 2006, Vol. 109, No. 15

POLITICAL PARTYING

Illinois pols join CMS members at holiday fete

Richard Geline, MD, (left) CMS past president, joins Rep. Greg Harris (D) 13th Dist., and Peter Eupierre, MD, ISMS president, at the CMS Holiday Reception in the Conrad Chicago Hotel.

POLITICAL REPRESENTATIVES AND CMS members were honored guests as your Society hosted its annual Holiday Reception, Dec. 13, at the Conrad Chicago Hotel. A sumptuous buffet and camaraderie were the fare, complimented by the musical ensemble offerings of CMS member and flutist Michael Treister, MD. Legislators and key members of organized medicine informally made rounds to meet and discuss concerns with their constituents. Photo highlights of the event will be featured in an upcoming issue of the quarterly *Chicago Medicine* magazine.

Scott Warner, CMS

Saroja Bharati, MD, (left) CMS president-elect, listens as Rep. Renee Kosel (R) 81st Dist. greets attendees.

Sen. Kwame Raoul (center) (D) 13th Dist., met with Drs. William McDade, (left) chairman of the Council, Kenneth Busch, Adrienne Fregia, trustee, and Shastri Swaminathan, president.

Wanted: Your writing

Chicago Medicine is seeking clinical articles from Chicago-area physicians. For details, please contact Liz Sidney, co-editor, at (312) 329-7335, or e-mail esidney@cmsdocs.org.

BOARD TALK

AMA leader visits CMS, discusses new Medicare provisions

Scott Warner, CMS

Dr. Michael Maves (right) addressed the CMS Board of Trustees, along with James Tierney, (left) VP State Legislative Affairs, ISMS. Drs. Shastri Swaminathan, president, and Saroja Bharati, president-elect and board chair, conducted the meeting.

THE CMS BOARD OF TRUSTEES HEARD FROM guest speaker Dr. Michael D. Maves, AMA executive vice president and CEO, when it met on Dec. 13, at the Conrad Chicago, site of the annual Holiday Reception. Before partaking in the festivities with his CMS colleagues, Dr. Maves gave trustees an overview of the Medicare provisions in H.R. 6111, the "Tax Relief and Health Care Act of 2006." As reported by Dr. Maves, the legislation will:

- Prevent a 5% cut in 2007 Medicare physician payment rates by freezing the Medicare conversion factor at its 2006 level.
- Allocate to the Secretary of HHS $135 billion to use for physicians' services in 2008, including helping to avert the 2008 cut. (As the SGR was the single biggest factor in the steep cuts physicians faced in 2007, the percentage of physicians facing cuts of 6-20% will be reduced from 44% with the SGR cut to 14% with a freeze.)
- Establish a Medicare physician quality reporting program using PVRP quality measures for July 1, 2007, through Dec. 31, 2007. Of the 66 PVRP measures now in effect, 56 were developed by the Physician Consortium for Performance Improvement, an AMA-initiated organization.
- Pay a bonus of 1.5% to physicians who report on at least three PVRP measures; it is unclear at this time whether the bonus will be paid for *all* claims submitted by the reporting physician or only with respect to those claims for which data has been reported. The payment methodology is subject to certain limits and may not offset physicians' administrative reporting costs.
- Establish a Medicare reporting program for 2008 under which physicians would report with respect to quality or structural measures.
- Require a quality reporting program for hospital outpatient departments and ambulatory surgical centers for implementation no sooner than 2009, with a 2% cut in their payment update for non-compliance with reporting requirements.
- Extend for one year direct payments for the technical component of pathology services by independent labs.
- Establish a three-year, eight-state medical home demonstration under which care management fees would be paid to physicians who treat patients with one or more chronic or prolonged illnesses.
- Pay for the administration of Part D vaccines. Providers will be paid for their services through

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NEWS FOR CHICAGO PHYSICIANS

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Newsletter, December 2006, Vol. 109, No. 15

515 N. Dearborn St.
Chicago IL 60610
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Liz Sidney, *Co-Editor/Editorial*
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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. and additional mailing offices. Postmaster: Send address changes to *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610. Telephone: (312) 670-2550.

Part B funds in 2007 and through Part D thereafter.

In addition to the Tax Relief and Health Care Act of 2006, which stopped Medicare physician payment cuts, Congress passed several other important health care bills in the closing days of the 109th Congress, including:

- **National Institutes of Health Reform Act (H.R. 6164)**

The NIH Reform Act will increase collaboration among health research institutes, allocate additional funding for health care research, reorganize the NIH structure to maximize productivity, and improve NIH reporting requirements.

- **Ryan White CARE Act Re-Authorization (H.R. 6143)**

A three-year authorization of the Ryan White CARE Act. This legislation will help to ensure equitable funding across states and cities, and allow for Congress to better meet the needs of Americans living with HIV/AIDS. This effort will ensure the continuation of care and treatment for HIV/AIDS patients.

- **State Children's Health Insurance Program (SCHIP) Reauthorization**

Extends SCHIP funding to ensure that children do not lose their health insurance coverage.

- **Pandemic and All-Hazards Preparedness Act (S. 3678)**

The Pandemic and All-Hazards Preparedness Act promotes public health awareness through a nationwide network to detect and contain public health threats. The bill ensures that emergency medical care can be delivered rapidly and effectively through improved training, stronger logistical support, and a clear organizational framework for health care workers.

- **Physicians for Underserved Areas Act (H.R. 4997)**

The Physicians for Underserved Areas Act extends the J-1 Visa program, which allows foreign doctors to continue to practice in the United States if they agree to spend three years working with patients in medically underserved areas. Foreign doctors are typically required to leave the country for two years following their U.S.-based medical training.

- **Dietary Supplements and Nonprescription Drug Consumer Protection Act (S. 3546)**

A step in the right direction toward stronger regulation of nonprescription drugs and dietary supplements. Currently, information about warnings, precautions, or side effects is rarely found on dietary supplement product labels, and manufacturers are not required to provide post-marketing data to the FDA about adverse events. This bill will require adverse events reporting to the FDA, taking steps to help patients become better aware of the problems associated with dietary supplements and nonprescription drugs.

- **Sober Truth on Preventing Underage Drinking Act (STOP) (H.R. 864)**

Promotes intergovernmental coordination, increasing research, and providing additional resources to local communities. The STOP Act is the first national underage drinking prevention legislation to be passed by Congress.

Other recently passed legislation includes:

- **H.R. 3248, Lifespan Respite Care Act**, to develop and support respite care programs providing short-term, temporary care for patients with severe disabilities, chronic illnesses, or terminal illnesses.
- **S. 843, the Combating Autism Act of 2006**, to combat autism through research, screening, intervention and education.
- **H.R. 5280, the Dextromethorphan Distribution Act of 2006,** to prohibit the distribution of an unfinished active ingredient to any person other than a registered producer of drugs and devices in order to protect the public health.
- **H.R. 6344**, to reauthorize the Office of National Drug Control Policy Act.

Source: American Medical Association

DROP DATE REPRIEVE

Your membership is crucial

IF YOU HAVEN'T PAID YOUR CMS DUES BY the Feb. 1 drop date, it's still easy to renew. Simply call the membership department at (312) 670-2550, ext. 331 and say that you want to reinstate.

Your involvement is crucial. As members of organized medicine, you can take action against the multiple forces threatening your ability to care for patients. At CMS, ISMS, AMA, we want to help you be a part of your patients' lives.

- We advocate for you.
- We bring your legislators to your hospital.
- We offer CME and patient simulation training.
- We offer the services of a growing insurance brokerage.

Renew your commitment to organized medicine now. Our CMS physician leaders and staff look forward to serving you in the years ahead.

* * *

Should you have membership questions, please call us at (312) 670-2550, and ask for the membership department, or e-mail askcms@cmsdocs.org.

Chicago Medical Society Sponsored Travel in 2007

Prices include hotel and airfare.

CALL STEPHANIE AT (800) 842-9023

WWW.GONEXT.COM

- **Rome & Florence: $1,899 (plus taxes) -- Sept. 14-22/Sept. 28-Oct. 6/Oct. 12-20**
- **Italy's Lake Garda & French Alps: $1,899 (plus taxes) -- Sept. 15-23/Sept. 29-Oct. 7**
- **Enchanting Ireland: $1,949 (plus taxes) -- Sept. 17-15**

Fine-dining a la CMS

As a benefit of membership, all CMS members are considered members of ChicaGourmets, a premiere culinary organization with more than 50 fine-dining events a year.

For upcoming ChicaGourmets events, visit www.chicagourmets.org, or call Don Newcomb at (708) 383-7543.

**ChicaGourmets is endorsed by the Chicago Medical Society Service Bureau, Inc.*

A Subsidiary of Chicago Medical Society

CMS Insurance Agency, Inc.

- Licensed staff that provides representation and assists with questions and concerns regarding medical liability insurance.
- Access to all major professional medical liability markets including the non-standard markets for the hard to place physicians.
- No added cost to your liability premium.
- The agency has sponsored activities such as, grassroots legislative advocacy and educational programs with the purpose of supporting organized medicine.
- The only agency in Illinois connected to a medical society and prides itself on being run by physicians for physicians.

For more information, please contact: Phil Seroczynski or Dana Lucas 312.670.2550

515 North Dearborn Chicago, IL 60610 Phone: 312.670.2550 Fax: 312.670.3646

www.cmsdocs.org

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 forms 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.

Here's the procedure...

- Complete and return the form by **March 16, 2007**
- 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.

CMS Committees

____ 113 By-laws/Policy Review
____ 114 Continuing Medical Education
____ 123 Long Range Planning
____ 128 Physicians Review (Peer Review)
____ 131 Resolutions Reference
____ 132 Subcommittee on Fee Mediation
____ 133 Subcommittee on Medical Practice
____ 134 Subcommittee on Joint Sponsorship
____ 140 Physician Advocacy
____ 145 Public Health
____ 147 Healthcare Economics
____ 148 Credentials/Elections
____ 149 Communications/Technology
____ 150 Membership/IMG

ISMS Councils and Committees

____ 302 Economics
____ 303 Education and Health Workforce
____ 305 Governmental Affairs
____ 306 Medical Legal Council
____ 307 Membership and Advocacy
____ 320 Medical Service
____ 325 Communications
____ 329 Peer Review Appeals Committee
____ 332 Committee on CME Accreditation
____ 333 Committee on Drugs and Therapeutics
____ 361 Committee on CME Activities

Name_____
(Please Print)

Address_____

Phone_____

Please fax this form no later than **March 16, 2007** to **Janet Hill at (312) 670-3646** or mail to:

Committees
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60610

THE CHICAGO MEDICAL SOCIETY PRESENTS...

The 2007 Midwest Clinical Conference

REGISTER TODAY!

* March 16-17
* Up to *16 CME credits in Category I*
* Early-bird Rate (2 days):
  (Rate expires February 28, 2007)
  $125 Members
  $175 Non-members

www.cmsdocs.org

NEW LOCATION!

Hyatt Regency McCormick Place, Chicago, IL (*www.hyatt.com*)
Time: Friday (10:30 a.m. - 5:30 p.m.) Saturday (7:30 a.m. - 3:30 p.m.)

For more information, contact the Education Department at:
(312) 670-2550 x338
or visit www.cmsdocs.org

CHICAGO MEDICAL SOCIETY'S: 2007 MIDWEST CLINICAL CONFERENCE (MCC)*

March 16 and 17 - Hyatt Regency McCormick Place
2233 S. Martin L. King Dr., Chicago, IL
Earn up to 16 CME Credits

Conference Objectives: At the conclusion of this continuing medical education activity, participants should be able identify timely clinical, management and specialty developments that affect their practice; assess when to refer patients for specialty care; and discuss current developments or techniques occurring in other specialties. *Specific objectives, faculty and commercial support disclosures for individual sessions will be listed on the CMS website at:* ***www.cmsdocs.org or call 312-670-2550 x338.***

Preliminary MCC Schedule At-a-Glance

Important: To register, circle only one (1) course code (A-01, B-03, etc.) per block of time. Courses will run concurrently during each timeframe.

ADA: *Most disability requests, as identified in the Americans with Disabilities Act, can be accommodated if the Chicago Medical Society receives notification by 5:00 p.m. CDT, February 23, 2007.* ****Note:*** *In the event of unforeseeable circumstances, the Chicago Medical Society reserves the right to cancel this activity at any time.*

3/17/07	Saturday, March 17 (up to 9 CME Credits)				
7:30—8:30 am	B-02: CME Breakfast Session: Emergency Preparedness & Foodborne Outbreaks				
8:30 am - 10:30 am	E-01: Diabetes 2007-Part II	E-02: Women's Health-Part II	E-03: OSHA 2007 Update	E-04: Patient Safety Simulation Lab	E-05: Hospitalist:Thrombosis Diagnosis & Management
10:30 am - 12:30 pm	F-01: Advances in Mood Disorders	F-02: Advances in Men's Health	F-03: EMR's: The Big Picture & Case Studies	F-04: Practice Management Solutions	F-05: Hospitalist: Update in Seizure Disorders
12:30 pm - 1:30 pm	G-01: CME Lunch Session: Medicare: Pay-for-Performance Speaker: Susan M. Nedza, MD				
1:30 pm to 3:30 pm *Note: 2 CME credits for this block of time except for courses: H-03 and H-04.	H-01: Pathology for Primary Care	H-02: Primary Care Disorders - Part II	H-03* The Supplemental Benefit Program: Asset Protection **(Non-CME) 1:30—2:30pm**	H-04* 1:30 to 4:30 pm. Healthcare Disparities: Closing the Gap **(3 CME credits)**	H-05: Hospitalist: Acute Coronary Syndrome

3/16/07 Times	Friday, March 16 (up to 7 CME Credits)				
10:30 a.m. -12:30 p.m.	A-01: Primary Care Disorders-Part I	A-02: Emerging Allergy & Asthma Treatments	A-03: Anatomy of Medical Error	A-04: Practice Management Solutions	A-05: Hospitalist: Thrombosis: Diagnosis & Management
12:30-1:30	B-01: CME Lunch Session: Health Savings Accounts (HSAs) by Robert F. Hamilton, MD, FACS				
1:30 p.m. - 3:30 p.m.	C-01: Hypertension Update	C-02: Diabetes 2007-Part I	C-03: EMR's: The Big Picture & Case Studies	C-04: Medical-Legal: Managed Care	C-05: Hospitalist: Update in Seizure Disorders
3:30 pm - 5:30 pm	D-01: Women's Health—Part I	D-02: Family Practice Update	D-03: OSHA 2007 Update	D-04: Patient Safety Simulation Lab	D-05: Hospitalist: Acute Coronary Syndrome

SAVE! REGISTER BY FEB. 28, 2007

- **EARLY BIRD FEES: Up to February 28 (check one)**

Full Conference Fees: ☐ CMS/ISMS Member: $125 ☐ Nonmember: $175 ☐ Resident: $95 ☐ Nurse: $125

One-Day Fees through February 28: ☐ CMS/ISMS Member $75 ☐ Nonmember: $100 ☐ Resident: $65 ☐ Nurse: $75

- **REGULAR REGISTRATION FEES: March 1- March 15**

Full Conference Fees: ☐ CMS/ISMS Member: $175 ☐ Nonmember: $225 ☐ Resident: $125 ☐ Nurse: $150

One-Day Fees through March 15: ☐ CMS/ISMS Member: $100 ☐Nonmember: $125 ☐ Resident: $75 ☐ Nurse: $95

Note: The "full conference fee" includes daily coffee, lunch & a dessert reception. The one-day conference fee does not include lunch.

Registration Information (please print or type) **Method of Payment**: ☐ Check or money order enclosed ☐ Mastercard or ☐ Visa

Card Number:_____Exp. Date: _____Signature:_____

Print Name: _____Specialty:_____Mailing Address:_____

City/State_____Zip_____Daytime Phone: (____)_____Fax: (____)_____E-mail:_____

Total amount enclosed: $_____ ***Please circle the course codes (A-01, B-03, etc.) above that you plan to attend.***

Mail payment to: Chicago Medical Society, P. O. Box 10307, Chicago, IL 60610-4302 Fax to: 312-670-3646 Registration Questions? Call 312-670-2550 (ext. 338) or (ext. 341)

Note: Cancellations must be made in writing and received by February 28, 2007 at the CMS Office.

Making patient safety happen

WHAT BEGAN AS A NATIONAL OUTRAGE among physician, payer, and consumer groups—that health care providers were not giving their patients the proper care, based on nationally accepted guidelines—has fueled a movement to not only make "patient safety" happen, but also to measure whether it is happening and to prompt improvement.

The "Pay for Performance" crusade has expanded from the acute care hospital arena to the care physicians deliver to their patients in the ambulatory care arena. Pay for Performance has evolved into a distillation of the health care quality movement's goal to provide incentives, if not expectations, for patients to receive the right kind of care when they visit physicians. Over 125 health care organizations have empowered the AQA (Ambulatory Care Quality Alliance) to make quality care happen at the outpatient level, on an ambitious timeline. Since 2004 the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), the American Health Insurance Plans (AHIP), and the Agency for Healthcare Research and Quality (AHRQ) have collaborated under the AQA umbrella, and in January 2006, proposed a "starter set" of 26 quality measures for outpatient health care. The clinical performance measures were "an initial step in a multi-year process."

Prevention strategies

These measures encompass prevention strategies such as regular Pap tests, flu and pneumonia vaccinations, to compliance with recommendations for diabetic, heart failure, and myocardial infarction care.

Throughout the year, the AQA evolved into three working groups, one of which is the Physician Performance Workgroup. Since October, the physician-led group has developed 31 additional quality indicators for providers in 25 medical and surgical specialties, bringing to 80 the total number of AQA-adopted measures. Specialty societies that approved these measures include endocrinologists, dermatologists, and 20 surgical subspecialties that are part of the Surgical Quality Alliance. *These indicators can be found at the AQA Web site, www.aqaalliance.org.*

Meanwhile, since April, six sites have been piloting the starter set of AQA measures in a consortium among health plans, employers, and provider groups. The groups have been chosen, in part, because they have an established history in the use of electronic technology in their care networks. They include the California Cooperative Healthcare Reporting Initiative, San Francisco, CA; Indiana Health Information Exchange, Indianapolis, IN; Massachusetts Health Quality Partners, Watertown MA; Minnesota Community Measurement, St. Paul, MN; Phoenix Regional Healthcare Value Measurement Initiative, Phoenix, AZ; and Wisconsin Collaborative for Healthcare Quality, Madison, WI.

Clearly, from a business point of view, a case can be made for safe and high-quality care. Poor quality care is wasteful and expensive.

Downside to everything

Providing the right care for the right patient at the right time is extremely cost-effective. There is of course a downside to everything and that includes Pay for Performance. It is important that Pay for Performance does not result in the "cherry picking" of patients, avoiding those who are difficult to manage with multiple medical or socio-economic issues and who thus require more time and effort to reach compliance with quality indicators. Such elderly and minority patients especially deserve best care interventions and may well prove to benefit more from "average" quality initiatives, even more so than those with less complicated care needs. Those who have been subject to racial and ethnic health disparities must not be allowed to fall even further behind.

Stay tuned as the pilot sites report back on the use, reporting and data analysis of these measures. The AQA, in collaboration with the medical societies and the Centers for Medicare & Medicaid Services, are steamrolling forward as they distill, define and refine what quality means in the patient-physician encounter. It is breathtaking, if not unprecedented, to watch these organizations come together, work collaboratively and productively to change the face of health care.

Carlotta Rinke, MD
James Webster, MD
On behalf of the Chicago Patient Safety Forum

STROGER APPOINTEE

New interim chief named for County

ROBERT SIMON, MD, A VETERAN COOK County emergency department doctor, was named interim chief of the Cook County Bureau of Health Services on Dec. 28. Dr. Simon, who joined the county in 1988, currently serves as its executive chairman of emergency medicine. He is also professor and chairperson of emergency medicine at Rush Medical College, and is the founder of International Medical Corps., which provides medical care in war zones.

Dr. Simon was appointed by County Board President Todd Stroger. He replaces Drs. Carolyn Lopez and Linda Rae Murray, who were appointed on a temporary basis by interim Board President Bobbie Steele to replace Dr. Daniel Winship, who led the bureau for more than two years before he resigned in November. Drs. Lopez and Murray have returned to their previous jobs within the health bureau.

The Board has not announced when a permanent bureau chief would be named.