Does your med-mal renew July 1st? See p. 5

chicago medicine
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY
Newsletter, March 2006, Vol. 109, No. 3

DEPARTMENT OF INSURANCE FINDINGS

ISMIE Mutual's 2005-2006 premium rates--accepted as proposed

Rep. Davis keynotes CMS Leg. Breakfast
U.S. Rep. Danny Davis, center, (Ill.--7th Dist.) discussed the "2006 Health Care Agenda in the U.S. Congress" at the CMS District 6 Legislative Breakfast. Held at Rush University Medical Center on Jan. 27, the breakfast was part of an ongoing series CMS is hosting throughout Cook County. Welcoming Rep. Davis are, from left, Drs. Shastri Swaminathan, CMS president-elect, Mary Jo Fidler, ISMS resident trustee, Steven Malkin, CMS president, and Larry J. Goodman, president and CEO of Rush.

AFTER EXHAUSTIVE REVIEW, STATE REGULATORS have validated ISMIE's year 2005-2006 premium rates. This decision means that the zero percent base premium rate change for 2005-2006 will remain intact, according to a statement from Harold L. Jensen, MD, chairman of ISMIE Mutual.

Dr. Jensen said the state's public findings confirm that ISMIE's rates are based on actuarially estimated losses and expenses of running the company.

"These independent findings thoroughly debunk anti-reform factions' arguments that attempt to place blame for high premiums on insurance companies. State regulators didn't buy into this distraction."

ISMIE gave testimony at a series of public hearings in Springfield before the Illinois Division of Insurance last fall. ISMIE Mutual received findings from state regulators on March 14.

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CALL FOR MEDICAL ERROR REDUCTION

Initiative begins for patient safety in office-based practices

THE MESSAGE IS CLEAR: HEALTH CARE professionals must find ways to decrease the incidence of medical mistakes. According to the 1999 Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System*, 44,000 to 98,000 Americans die each year as a result of medical errors. The IOM estimates are based solely on inpatient errors, and most medical error research has been per-

continued on p. 2

PREMIUM RATES *(continued from page 1)*

The DOI also issued a recommendation to ISMIE to set an average rate reduction target of 3.5 percent for the next policy year (2006-2007) if feasible. However, ISMIE cautioned it will continue to determine rates based on loss experience so as not to jeopardize the company's financial viability.

The DOI in addition suggested that ISMIE establish separate dividend payment pools to the doctors it insures over several years; that it provide deep discounts to doctors who participate in education programs; and that it provide extensive data on how it establishes its rates and determines its risks.

Dr. Jensen said these directives coincide well with existing ISMIE plans to formulate and contribute to a dividend payment plan and to continue offering risk management programs.

ISMIE cannot end the moratorium on new business prior to Dec. 1, 2006, the statement read. If removed, however, any subsequent renewal of the moratorium within policy year 2006-2007 is subject to prior approval of the DOI director.

PRESSTIME UPDATE: PREMIUMS REDUCTION

As of presstime, ISMIE Mutual had announced it would reduce by 5.2 percent the average premiums paid by all policyholders in the new policy year beginning July 1, 2006. ISMIE credits modest reductions in claims frequency and a relatively flat number of claims closed with indemnity payments to the initial "halo effect" of comprehensive litigation reforms enacted into law last year," read a statement.

"While results appear promising, it took Illinois a while to get into this litigation mess and it will take time to heal," said Harold L. Jensen, MD, ISMIE Mutual chair. "We are optimistic about an imminent return to a thriving, competitive marketplace, but that is premature." Dr. Jensen cautioned that other medical liability insurers won't flock to Illinois unless litigation reforms survive the anticipated constitutional challenge.

Watch for details in the April issue of Chicago Medicine.

PATIENT SAFETY *(continued from page 1)*

formed in hospital settings. The majority of medical care, however, is provided in the ambulatory arena, with nearly 907 million outpatient visits in 2000. The study of ambulatory medical errors is in its infancy, and it may be years before research guides us to the best means of reducing errors in this setting.

Fortunately, many of the medical errors that occur in the ambulatory setting can be eliminated with the application of a few common-sense strategies, such as encouraging teamwork among physicians and nurses and among primary care and specialty physicians, educating patients to self-manage their conditions, and using electronic medical records, particularly e-prescribing.

It's important to note that not all errors lead to an adverse event. Near-misses expose patients to risk but do not lead to injury. When errors occur consistently, however, the risk of a preventable adverse event increases. Conversely, not all adverse events or outcomes are caused by errors, and a bad outcome is possible despite excellent medical care.

In ambulatory care, a substantial proportion of care depends not only on general and specialty physicians, but also on other health professionals, patients, and family members. Communications and coordination among these caregivers therefore may substantially influence outcomes of care.

A physician who wrote to the Chicago Patient Safety Forum said, "The very significant and often overlooked issue underlying many errors in ambulatory care has to do with the loss of patients to follow-up, with regard to laboratory findings, consultants' recommendations, future follow-up visits, follow-up post-hospital discharge, etc. Systems must be developed to head off these lapses to prevent serious deficiencies in patient care in the ambulatory setting. If the patient isn't lost, the necessary care will usually be provided."

In 2000, the Agency for Healthcare Quality and Research organized a conference on patient safety and ambulatory care. The conference was organized around three sets of questions:

- What do we know and what do we need to know about the epidemiology of patient safety in ambulatory care? What are the nature and scope of the risks to patient safety and of adverse events? How will we get the data/knowledge we need?
- What do we know and what do we need to know about strategies and methods to improve/ensure patient safety and to reduce adverse events? How will we get the data/knowledge we need?
- What do we know and what do we need to know

continued on p. 4

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 stress. Over 20 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 **April 20, 2006**
- 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

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 **April 20, 2006** to **Cathy Faedtke at (312) 670-3646** or mail to:

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

SERVING MEMBERS

Hilary Westover joins CMS as District meeting planner

Westover

CMS IS PLEASED TO WELCOME Hilary Westover as the new meeting planner for Districts 3, 6, 7, and 8. Her responsibilities include coordinating activities, helping to select venues, and confirming topics and speakers. She also organizes CMS visits to area medical staff meetings.

Prior to CMS, Ms. Westover worked for the Scheduling Division in the Office of Jennifer M. Granholm, governor of Michigan. There she organized scheduling requests and accompanied the governor to events, ensuring they went smoothly. Before working for the governor, Ms. Westover interned for California Congressman George Miller (7th Dist.).

A recent graduate of Michigan State University Honors College, Ms. Westover earned a bachelor's degree in communication, specializing in public relations. As her sorority's vice president of membership, she directed the recruitment of 50 new members.

Ms. Westover is originally from Grand Rapids, Mich. She worked for many years at the family business, Mulick Floral Shop. The company has been family-owned and operated for the past 107 years. Ms. Westover was the fifth generation to be employed there.

PATIENT SAFETY *(continued from page 2)*

about the effects of cultural, legislative, economic, and regulatory environments on patient safety and efforts to improve and ensure patient safety? How will we get the data/knowledge we need?

Conference members concluded there is inadequate knowledge and understanding of the ambulatory care sector of the health care system in general, and of patient safety in ambulatory care in particular. They drafted a report with specific recommendations for establishing a research agenda in ambulatory patient safety. *For more information: "Conference Synthesis: An Agenda for Research in Ambulatory Patient Safety" at http://www.ahrq.gov/about/cpcr/ptsafety/.*

SOURCE: ENHANCING YOUR PRACTICE: REDUCING MEDICAL ERRORS IN PRIMARY CARE, CRAIG R. KEENAN, MD, KWABENA ADUBOFOUR, MD, ASHOK V. DAFTARY, MD, DEC. 15, 2003, PATIENT CARE FOR THE NURSE PRACTITIONER.

Exploring safety initiative

THE CHICAGO PATIENT SAFETY FORUM IS exploring the feasibility of an office-based physician practice patient safety initiative with the Chicago Medical Society, the Illinois Academy of Family Physicians, and the Northern Illinois Chapter of the American College of Physicians.

For information, contact lamkin_cpsf@iomc.org.

To: ISMIE Mutual Insurance Company

Attn: Laura Hutchinson

I hereby authorize the CMS Insurance Agency, Inc., to serve as my broker of record for the purpose of placing and servicing my medical professional liability insurance with ISMIE Mutual Insurance Company.

This authorization is effective until superseded by a countermanding authorization letter.

Full Name Printed

Signature Date

Doctor: We suggest you photocopy this page onto your letterhead and either fax to: (312) 670-3646, or mail to:

Phil Seroczynski
Chicago Medical Society
515 North Dearborn Street
Chicago, IL 60610

AVIAN INFLUENZA

CMS and CDPH address potential for pandemic

Ellen Wuennenberg, CMS

Arthur L. Frank, MD, lectures to health professionals on avian influenza, at Lincoln Park Hospital on March 28.

THE CHICAGO MEDICAL SOCIETY, IN CONjunction with the Chicago Department of Public Health, is continuing to educate Chicago-area health care professionals through its Emergency Preparedness Speakers Bureau.

The current lecture is entitled "Avian Influenza and the Potential for a Pandemic." Participants can each receive one CME credit free of charge for attending. This session discusses the concept of variation among influenza strains, explains the current status of bird flu in other parts of the world, describes how to prepare for the identification and management of suspected avian flu cases, and discusses influenza pandemics and the fundamentals of pandemic flu planning.

Avian influenza lectures have already begun, with presentations offered at the annual Midwest Clinical Conference on March 22 and 23, Mercy Hospital on March 24, Lincoln Park Hospital on March 28, and the District 4 meeting on March 29.

Upcoming sessions

In addition to being offered at individual hospitals, general sessions will be offered on the following dates and locations: April 26 from 9:00 to 10:00 a.m. at the East Bank Club in Chicago; May 19 from 3:00 to 4:00 p.m. at the Skokie Holiday Inn; June 16 from 9:00 to 10:00 a.m. at the Oak Brook Wyndham Drake; Sept. 20 from 3:00 to 4:00 p.m. at the East Bank Club in Chicago, and Oct. 18 from 3:00 to 4:00 p.m. at the Oak Lawn Hilton.

For those who are unable to attend any of the scheduled lectures, the Chicago Medical Society is also in the process of making this and past emergency preparedness lectures available for CME credit online through the CMS Web site. Look for more information in upcoming newsletters.

To schedule a session at your location, to register for one of the general sessions or for more information about the avian influenza lecture or the other lectures in emergency preparedness, contact Ellen Wuennenberg at CMS (312) 329-7326.

SNUFFING OUT

Suburban Cook County going smoke-free

THE COOK COUNTY BOARD RECENTLY approved a stringent smoking ban that will end smoking in most public places, including bars, restaurants, and bowling alleys in suburban Cook County.

Effective March 15, 2007, the ban makes no allowances for bars to install smoke filters or to create separate smoking areas, as the Chicago ordinance does. Commissioner Mike Quigley, its sponsor, had wanted the ban put into effect in 60 days, but he failed to garner enough support on the original proposal. He said those commissioners supporting the delay are responsible for more "death and illness."

The revised ban was approved 13-3.

Close to 115 cities, towns and villages will be affected by the county ban. They can opt out by passing their own ordinances, which 14 communities have already done. Some officials say that without a statewide ban to level the playing field, communities might act on what laws their neighbors pass.

Unincorporated areas of Cook County will be required to adhere to the ban. The ordinance exempts nursing homes, private clubs, and country clubs.

Look for the Chicago Medical Society online at www.cmsdocs.org

AMA National Advocacy Conference

Your local medical leadership made the rounds in Washington during the AMA National Advocacy Conference in March, meeting with political representatives to discuss such issues as reimbursement, access to care, and patient safety. Drs. Shastri Swaminathan (left), CMS president-elect, and Peter E. Eupierre, CMS past president (right), meet with J. Dennis Hastert (R-14th Dist.), speaker of the U.S. House.

CMS PHYSICIANS JOINED THE NEARLY 600 doctors and medical students gathered in the nation's capitol for the fourth annual AMA National Advocacy Conference. Starting March 13, the three-day event instructed physicians on the political climate surrounding national health care issues and how to mobilize to lobby Congress.

Key topics were advancing medical liability reform legislation in the Senate and securing a positive Medicare physician payment update. Attendees participated in sessions covering quality improvement efforts, private sector advocacy, and collaboration with the Centers for Disease Control and Prevention. Another session offered tips on communicating effectively with legislators and the media.

Michael Barone, a senior writer for *U.S. News & World Report*, made predictions about this year's midterm elections and the difficulties of passing national health care policies. He advised physicians how to go about persuading Congress to pass higher Medicare payment rates: "You need to phrase it toward patient care and demonstrate that the rules are creating adverse things," he said.

Mr. Barone explained the mainstream news outlets have difficulty presenting health care policies because "people are unfamiliar with the public policy problems [physicians] face." In other words, he said, doctors "need to deliver a message that relates to ordinary people's lives."

The annual AMA Women Physicians Summit was held in conjuction with the NAC. Patrice Harris, MD, AMA Women Physicians Congress vice chair, spoke on the power and art of advocacy. She offered guidance on getting involved in organized medicine, advising attendees to be familiar with the issues and to develop relationships with their state legislators.

"I'm on a mission to get every physician involved in advocacy," Dr. Harris, a psychiatrist, said. "It makes a huge difference."

Other speakers included former U.S. Atty. Gen. Janet Reno, Susan Wood, PhD, former director of the FDA, and AMA member Marianne Legato, MD, a noted heart specialist.

Sen. Richard Durbin (D-Ill.) welcomes Illinois medical leadership to his office in the Capitol. Front row, from left: Peter E. Eupierre, MD, CMS past president; Sen. Durbin, Shastri Swaminathan, MD, CMS president-elect; back row, James Tarrant, CMS executive director; Leonard Giannone, MD, president, Sangamon County Medical Society; and John F. Schneider, MD, CMS past president.

ACCESS TO CARE

On the Medicare front

AN AMENDMENT INCLUDED IN THE SENATE version of the 2007 budget bill will make it easier for Congress to stop next year's Medicaid payment cut, said AMA President J. Edward Hill, MD, in a recent statement. He reported the AMA had extended its thanks to Senators Bailey, Hutchison, Kyl, Feinstein, Cornyn, Collins and Dole for working to preserve seniors' access to care.

"Nine straight years of payment cuts totaling 34 percent, while practice costs increase 22 percent, will force physicians to make difficult practice decisions. A new AMA survey shows that the 2007 cut alone will force nearly half, 43 percent, of physicians to either decrease or stop seeing new Medicare patients," Dr. Hill warned.

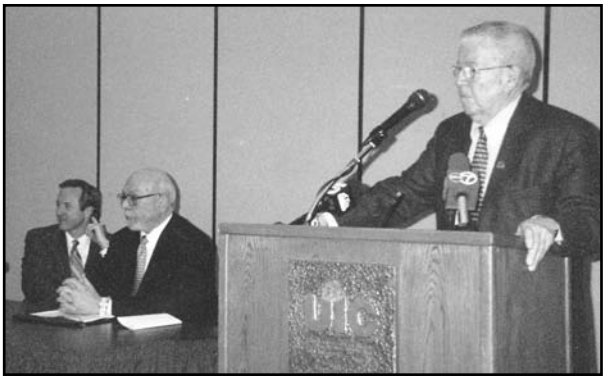
Earlier in March, MedPAC recommended updating the 2007 Medicare physician payments by 2.8 percent based on practice costs.

POLITICAL OUTREACH

Hospital liaisons needed for legislative breakfasts and more

IF YOU WOULD LIKE TO SERVE AS A POINT of contact between CMS and your hospital or if you have suggestions for District activities and projects, please give us a call. You may want to serve as a Member Liaison. As such, you'll be responsible for planning programs, arranging for CMS hospital visits, such as legislative breakfasts, and encouraging your colleagues to be more politically involved.

For more information, contact
Ted Kanellakes (312) 670-2550, ext. 342.



CMS District 6 hosted a political forum March 16 at the University of Illlinois at Chicago, featuring Cook County Board presidential candidate Forrest Claypool (left) and Daniel Winship, MD, chief, Cook County Bureau of Health Services. Moderating the forum was Herbert Sohn, MD, chair, CMS Ad Hoc Committee for Candidate Interviews.

LETTER TO THE EDITOR

Quick clinics and liability downside

DR. ROBERT BROCKMANN'S "LOW LOW PRICES Everyday!", published in the February issue, is superb, but it underemphasizes the vast amount of malpractice litigation that is likely to be produced.

As a medical malpractice attorney who represents both plaintiffs and defendant physicians, I consider Quick Clinics at Walgreens, Wal-Mart and Target a golden egg, producing a lucrative source of new income to both plaintiff and defense attorneys.

With the deep pockets of department stores and drugstore chains, and with no laws to protect physician assistants (PAs) and nurse practitioners (NPs) who practice alone, punitive damages may also be available on top of large negligence verdicts. For instance, in the absence of physician-patient confidentiality privilege, attorneys may be able to obtain the list of all the other patients diagnosed and treated in a Quick Clinic by a particular PA or NP, which they can then use to create a class action.

A patient waiver, suggested by Dr. Brockmann, is invalid since the Supreme Court ruled that a waiver of negligence is against public policy.

Quick Clinic diagnoses made by chief complaint only can often lead to a missed diagnosis and/or incorrect treatment, both of which can result in injury and even in death.

Dr. Brockmann's report on the "blue light special" on epigastric pain calls attention to a recent $740,000 settlement of an epigastric pain case. When a 69-year-old woman woke up from sleep with shortness of breath and epigastric pain, her board-certified internist assumed that because she was on Serevent her sudden SOB was caused by asthma, and that the sudden epigastric pain was caused by GERD. He did not do an immediate EKG, did not test for cardiac markers CK-MB, Troponin I and T, and did not obtain an immediate cardiac consultation that would have diagnosed her unstable angina. Eleven days after a follow-up visit, when he prescribed Prilosec for GERD and ignored epigastric pain caused by myocardial ischemia, this patient died of a heart attack, her autopsy finding 95-98 percent occlusion of the two main coronary arteries.

Such diagnoses and treatments by chief complaint, without a complete medical work-up, can subject any physician who agrees to supervise a Quick Clinic PA or NP to multiple medical malpractice suits, which are likely to make him or her uninsurable.

Theodore Shelly Ashbell, MD, JD

Ride in a Rolls and dine deliciously

All CMS members are considered members of ChicaGourmets and will receive the ChicaGourmets discount for all events. Luncheon and dinner prices include tax, tip and wines.

CHICAGOURMETS, THE FINE-DINING ORganization endorsed by the Chicago Medical Society Service Bureau, Inc., announces upcoming dining events and programs:

● **Rolls Royce Spring Dinner Drive at Tin Fish** SUNDAY, APRIL 30, RECEPTION AND ROLLS ROYCE RIDE, 4 P.M. DINNER, 5 P.M., 17 W. 512 22ND ST., OAKBROOK:

Join ChicaGourmets and, over appetizers and fine wines, view the personal cars of Rolls Royce Owners Club members. Then ride in one of the elegant cars with its owner as your chauffeur. Following your mini-tour, dine on Chef Colin Turner's feast with paired wines: (First course) Spicy buffalo shrimp salad, Mixed greens with Maytag Blue Cheese Dressing, Wine: 2004 Viognier, Smoking Loon, California; (Main course) Choice of Cornmeal-crusted Lake Superior Whitefish, Homemade mashed potatoes, and Pickled vegetables, or Brie-and-scallion-crusted 10 oz. Flat Iron steak and roasted new potatoes, Wine: Pinot Noir, Mark West Winery, Central Coast; (Dessert) Vanilla bean creme brulee, or warm chocolate cake, vanilla ice cream. Price: $69, inclusive.

To reserve for ChicaGourmets events, please prepay by sending in your check, and identify yourself as a CMS member.

Send checks to: ChicaGourmets, UPS Store, PMB 347, 47 W. Division St., Chicago, IL 60610-2220.

To find out about many other upcoming events, view the ChicaGourmets Web site: www.chicagourmets.com/. Or, go to the Chicago Medical Society Web site: www.cmsdocs.org/ and click on "links," then go to the ChicaGourmets Web site.

For further information, contact: Don Newcomb, founder, ChicaGourmets, (708) 383-7543; or e-mail: donaldnewcomb@comcast.net

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Contact: Beverly Hills Travel (877) 765-6874.

(See ad on page 14.)

* * *

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(The following trips include accommodations, and airfare from Chicago.)

TREASURES OF ITALY, including Tuscany and Fiuggi, Sept. 8-16 or Sept. 29-Oct. 7, with *optional* excursions to Florence, Assisi, Siena, Rome and Pompeii, *$1,799*.

ENCHANTING IRELAND, including Killarney and Galway, Sept. 22-30, with *optional* excursions to Aran Islands, Dingle Peninsula and Blarney, *$1,799.*

THE FRENCH RIVIERA AND PROVENCE, Sept. 29-Oct, 7 or Oct. 13-21, with *optional* excursions to Cannes, Monaco, and St. Tropez, *$1,849.*

BEIJING, CHINA, NOV. 2-9, NOV, 9-16, includes sightseeing in and around Beijing, with *optional* excursions also offered, *$1,599*.

For complete details, please contact: Go Next (formerly, Global Holidays), (800) 842-9023; www.GoNext.com

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Day 3
Avignon,– Walking tour of Avignon, "City of Popes". Optional visit to Chateunef- du-Pape.

Day 4
Toumon – Excursion to Tain l'Hermitage.

Day 5
Vienne/Lyon – Walking tour and mini train. Leisure time to explore the gateway to Lyon.

Day 6
Lyon - City tour of Lyon, the heart of Provence.

Day 7
Beaune – Enjoy our last day with a Burgundy wine tour and afternoon at leisure.

Day 8
Chalon-sur-Saône – Transfer to airport for flights home or Paris.

Paris (optional)

September 24-27

Day 8
Private coach transfer to Paris and check-in to our hotel
Optional dinner at Sacre Coeur

Day 9
Half Day tour of Paris including views of the Eiffel Tower, Champs Elysees and the Left Bank.
We'll have plenty of options for afternoon and evening activities as a group.
Meals: Breakfast

Day 10
Day at leisure to explore this enchanting city that you've always dreamed of visiting.
Let's get together and have dinner at one of the "in" spots.
Meals: Breakfast

Our Viking River Cruise

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CHICAGO—PHYSICIANS NEEDED, OB-gyn, full- or part-time. Pregnancy terminations, tubal sterilization, infertility, and other services. Downtown and suburban Chicago locations. Full- or part-time, hourly and salaried positions available. Residents welcome, will train. Malpractice insurance available. Mail C.V. to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email tammy.s@covad.net.

LOOKING FOR YOUNG DOCTORS. Send resume to 7000 W. North Ave., Chicago, IL 60707 Attn: Pat or call Pat @ (630) 308-2285 for interview.

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For information on placing ads, contact Chris Sienko (312) 670-2550, ext. 334.

NEWS FOR CHICAGO PHYSICIANS

chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY

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

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