chicago medicine
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY OF COOK COUNTY
Newsletter, October 2006, Vol. 109, No. 13

PREVENTING MEDICAL ERRORS

CMS to launch city's largest simulation facility

Patient simulators are computerized, life-sized mannequins with a heartbeat and pulse. They can speak, breathe, bleed, and accurately mirror human responses to procedures such as CPR, IV medication, intubation, ventilation, and catheterization.

THE RECENT TRAGIC DEATH OF A YOUNG girl at a Chicago-area dentist's office reminds us that seven years after the Institute of Medicine landmark report, *To Err is Human,* tragic medical errors continue to occur.

And with the hope that improved training can help prevent such tragedies from happening, the Chicago Medical Society will open a regional patient simulation facility in June 2007, while offering courses in as little as a few months.

Spending the past year evaluating the potential for such a facility, CMS visited simulation centers nationwide and spoke with Chicago-area hospital administrators who affirmed the need for a Chicago facility.

The Regional Simulation Center will be located in the Chicago Medical Society building, (515 N. Dearborn St.) with easy access to area freeways and public transportation. It will be the first large-scale stand-alone simulation facility in Illinois and the largest in the Chicago area. Its seven simulator-equipped rooms will include areas for operations, emergencies, intensive care, patient care and skills training.

The facility will initially target individual and small-group practitioners and the code and rapid response teams of community hospitals. Future courses will target nurses, residents, and specialists. Other potential markets include medical device companies, pharmaceutical manufacturers, dental professionals, emergency responders, health care organizations, accrediting agencies and academic medical centers.

Creating an environment that mimics the hospital or ambulatory setting as closely as possible allows trainees to have

SIMULATION FACILITY *(continued from page 1)*

a more realistic experience without subjecting actual patients to risk. Each room will be equipped with simulators and standard medical equipment to appear exactly as it would in a hospital or clinical setting. The skills training room will have retractable walls, allowing for one large training room, or three smaller spaces. A designated room for obstetrical training is anticipated in the near future. Courses will be conducted by expert Center staff, who will also train educators from hospitals to lead scenarios.

Courses can be customized to fit the different procedures and situations of area hospitals. Prior to the simulation, trainees will complete a pre-test to obtain a knowledge baseline and receive some online training. Following the actual simulation, they will participate in a debriefing. The debriefing allows trainees to discuss the simulation and view video of their performance. Trainees will then complete a post-test and course evaluation. Their feedback and improvement in knowledge will be used to improve future courses.

Start-up funding was provided by a grant from the Sprague Memorial Institute.

For more information, please contact: Ellen Wuennenberg at (312) 329-7326 or e-mail ewuennenberg@cmsdocs.org

HEALTH CARE INDUSTRY SHAKEUP

Retail health clinics hitting Chicago area

TAKECARE HEALTH SYSTEMS RECENTLY opened four walk-in clinics inside Walgreens pharmacies in Elk Grove Village, Morton Grove, St. Charles and Plainfield. The company plans to open four more Walgreens clinics by the end of November in Naperville, Mount Prospect, Libertyville and Montgomery, and another 10 clinics early next year in the city and suburbs. Doctors from Advocate Health Partners will over see the care and be available for phone consultations.

The clinics treat common ailments, provide vaccinations and physicals.

Take Care, an independent operator of convenient care clinics, is based in Conshohocken, Pa.

What CMS has to say:

AT ITS SEPTEMBER COUNCIL MEETING, CMS set policies and guidelines for care and follow-up in retail health clinics. They state:

- All patients should be referred back to their primary care physicians only.
- Follow-up care should be recommended to all patients, using similar guidelines/ policies that exist for emergency care at hospitals and health care centers.
- All patients should be given a written copy of all procedures performed, treatment and recommendations given at the clinics to ensure continuity of care with primary care physicians.
- A regulatory entity should be formed immediately to monitor the availability of physician consultants, conflict of interest issues, policies for follow-up on results of diagnostic procedures and laboratory tests, drug usage (including controlled drugs level II and above), continuity of care, appropriate physician collaboration and oversight.

NEWS FOR CHICAGO PHYSICIANS

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Newsletter, October 2006, Vol. 109, No. 13

515 N. Dearborn St.
Chicago IL 60610
James R. Tarrant, CAE, *Executive Director*
Liz Sidney, *Co-Editor/Editorial*
Scott Warner, *Co-Editor/Production*

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The Officers and Trustees of
the Chicago Medical Society
request the pleasure of your company at our

Annual Holiday Reception

Wednesday, December 13, □□□□

from

4 p.m. to 7 p.m.

Conrad Chicago Hotel (formerly Le Meridien)

Ile De France Ballroom (6th floor)

521 N. Rush St.

(Rush St. & Grand Ave)

Chicago, Illinois

Celebrate the season with your friends and Colleagues!
Complimentary hors d'oeuvres and refreshments will be served.

I (and a guest) will attend the Chicago Medical Society Holiday Reception.

Number of Persons:_____

Name:_____

Please Print Name of Each Person Attending

Address:_____

Please reply no later than December 10, 2006. Call Janet Hill at (312) 670-2550, Ext. 322

Fax your response to (312) 670-3646 • E-mail your response to jhill@cmsdocs.org

Mail reply to: Chicago Medical Society, 515 N. Dearborn St., Chicago, IL 60610

COUNCIL HIGHLIGHTS

The CMS Council met Tuesday, Nov. 7, to debate and vote on policy. Following are highlights of the meeting:

Nominations for leadership offices:

Chicago Medical Society

William A. McDade, MD, PhD *President-elect*
William N. Werner, MD *Secretary*
David A. Loiterman, MD *Chairman of the Council*
Howard Axe, MD *Vice-Chairman of the Council*
Kuhn Hong, MD *Trustee*
Kenneth G. Busch, MD *Trustee*

Councilor-at-Large
Bapu Arekapudi, MD
Brian P. Farrell, MD
Nunilo Rubio, MD
Anna Szpindor, MD
Boone Brackett, MD
Earl E. Fredrick, Jr., MD
Gerald E. Silverstein, MD
Michael Wasserman, MD

Alternate Councilor-at-Large
Ismael Angulo, MD
Zahurul Huq, MD
William J. Marshall, Jr., MD
Arthur R. Peterson, MD
Rafael Campanini, MD
Terrence Lerner, MD
Aldo F. Pedroso, MD
William G. Troyer, Jr., MD

Judicial Panel
Steven M. Malkin, MD

Illinois State Medical Society

Shastri Swaminathan, MD *President-elect*
Joan E. Cummings, MD *Secretary-Treasurer*
M. LeRoy Sprang, MD *Vice-Speaker of the House*

Trustees
Saroja Bharati, MD
Steven M. Malkin, MD
Charles Drueck III, MD
Thomas M. Anderson, Jr., MD

American Medical Association

Delegates
Sandra F. Olson, MD
M. LeRoy Sprang, MD
Neil E. Winston, MD

Alternate Delegates
Saroja Bharati, MD
James P. Ahstrom, Jr., MD
Peter E. Eupierre, MD
Steven M. Malkin, MD
William N. Werner, MD

Definitive answer coming on insurance discounts

CMS legal counsel and auditors are studying ways the CMS Insurance Agency can support the Society without violating insurance rules, regulations or laws. A summary of their report will outline activities the Agency can and cannot undertake.

Bylaws changes adopted

The Council approved recommendations to:

- Clarify election procedures for general elections and Council elections.
- Correct voting requirements so that nominations for all positions require a three-fifths majority.
- Align dates in the Policy Manual with those in the Bylaws (in 2005 the Bylaws were revised to reflect the new governance structure, but the Policy Manual was not updated).
- Allow ethnic societies to become affiliated societies.

Specs set for Midwest Clinical Conference

The Midwest Clinical Conference is scheduled for March 16-17, 2007, at the Hyatt Regency McCormick Place. In addition to clinical medicine, next year's MCC will offer the latest in practice management, patient safety initiatives, emergency preparedness and technology. Moreover, both hospitalists and residents will find new tracks designed to meet their educational needs. Registration rates have been significantly reduced to encourage attendance. The "early bird" package starts at $125 for members ($175 for non-members) and includes two lunches, a dessert reception and plenty of coffee and refreshments. Discounted parking will be available for $10 per day.

For more details, call (312) 670-2550, ext. 338.

continued on p. 6

Resolutions adopted

The Council passed the following action items:

● **Dangers of the Internet, Including Child Pornography**

Encourages schools to have programs educating children on the dangers of the Internet, including child pornography, and to have a mandatory curriculum on the advantages and disadvantages of the Internet.

● **Full Disclosure Law**

Invites a representative from the Sorry Works Coalition and ISMS to give a talk on "I'm Sorry" legislation before the Council; offers a related program at the Midwest Clinical Conference.

● **Notification Regarding Ill or Deceased Members**

Develops an administrative policy for an electronic communications system through which CMS members can be promptly notified of deceased colleagues; publishes notices asking members and their colleagues to inform CMS when a member has died.

● In other news, Councilors were invited to attend a luncheon with U.S. Comptroller General David Walker, who visited Chicago as part of a Fiscal Wake-Up Tour, a nationwide series of town hall forums on the nation's long-term fiscal challenges. The event, held Nov. 9, was hosted by the Institute for Truth in Accounting and held at the Federal Reserve Bank of Chicago.

● Another announcement focused on the Medicare pricing update. As of Nov. 7, there was no word on whether Senate Majority Leader Bill Frist, MD, (R-Tenn.) had introduced last-minute legislation to enact a freeze or fix the SGR.

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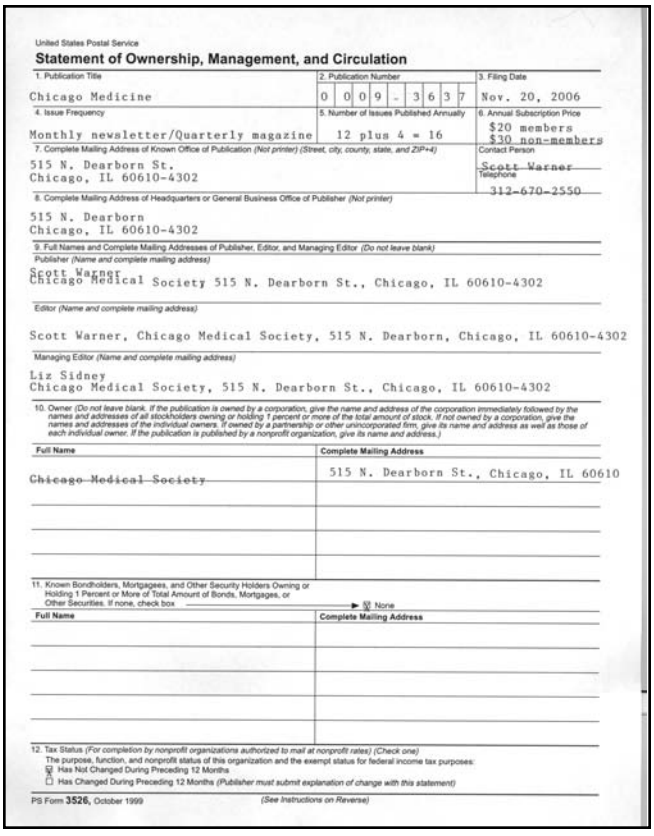

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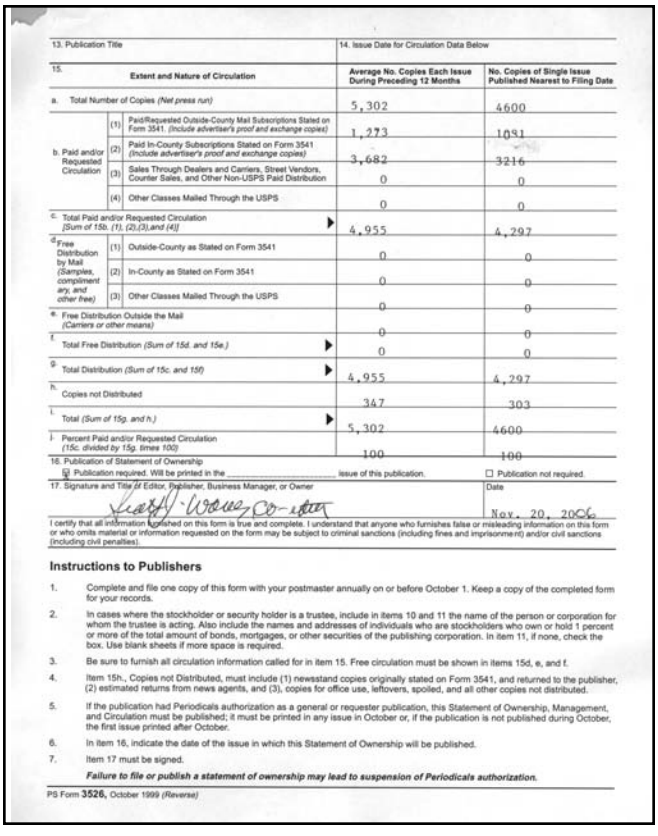

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I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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PS Form **3526**, October 1999 *(Reverse)*

Doctors triumphant in two major court decisions

PHYSICIANS POSTED A PAIR OF SIGNIFICANT legal victories in Florida recently that allow them to sue health insurers for slow or reduced payments.

On Oct. 19, the Florida Supreme Court ruled that physicians at Broward-based Westside EKG Associates could sue Humana and Blue Cross Blue Shield of Florida for late payment of their claims. In its decision, the court ruled that an out-of-network physician may sue a health maintenance organization (HMO) for failing to follow the state's prompt payment laws on the basis that the physician is a third-party beneficiary of the contract between the HMO and its subscribers.

A day earlier, a state appellate court upheld the right of a Pompano Beach orthopedic surgeon to sue four insurers because of underpayments for out-of-network services. The court agreed with AMA member Peter Merkle, MD, who contended that Florida's insurance laws create an implied private cause of action in favor of physicians and against insurers for payment of emergency medical services.

The AMA Litigation Center and the Florida Medical Association provided support for the Broward physicians and for Dr. Merkle by filing an amicus curiae brief in both cases.

Source: Courtesy of the AMA

Congressional action needed

Time running out on Medicare physician pay rule

IF CONGRESS FAILS TO ACT, PHYSICIANS WHO care for Medicare patients will see an across-the-board payment cut of 5%, as specified in a final rule issued Nov. 1 by the Centers for Medicare & Medicaid Services.

However, the AMA calculates that for nearly half of U.S. physicians, the 2007 cuts will range from 6 to 20 percent because of additional payment policy changes.

The real victims will be patients, as nearly half of physicians tell the AMA they will be forced to reduce the number of new Medicare patients they treat. This comes at a time when millions of Baby Boomers begin to retire.

Congress must act during the upcoming lame-duck session to stop the cut.

CMS encourages you to contact your congressional representative through our Web site www.cmsdocs.org.

Medicare participation options for physicians

WHILE IT REMAINS POSSIBLE THAT CONgress could reduce or avert the physician pay cuts, some cuts do seem inevitable. For this reason the AMA has posted information for physicians who want to reconsider their current Medicare participation arrangement. Physicians will be allowed to switch their current Medicare participation or nonparticipation status any time between Nov. 15 and Dec. 31, 2006. Prior to that time, carriers are expected to provide each physician in their area with a CD-ROM containing information about the 2007 participation sign-up and a "Medicare Participating Physician/Supplier Agreement."

To learn more go to ama-assn.org. Click on Physician Medicare Payment.

Campaign trail needs more physicians

WITH THE ELECTIONS CONCLUDED, NOW IS the perfect time to explore whether you'd like to gain more expertise in political campaigning--either as a volunteer or as a potential candidate. The political education programs of the American Medical Association Political Action Committee (AMPAC) scheduled for early next year are a great way for AMA members to get involved.

AMPAC's Candidate Workshop, to be held Feb. 16-18, and Campaign School, scheduled for April 18-22, are primers for physicians considering running for public office or who want to learn more about the particulars of political campaigns. Taking place in Arlington, Va., and taught by several of the country's premier political consultants, these comprehensive programs detail how to organize support for a candidate, whether that person is you or someone else.

Both programs are provided at no charge for AMA members and their spouses. AMPAC provides the meals and hotel accommodations.

Visit www.ama-assn.org/ama/pub/category/6277.html to learn more about these programs.

IN MEMORIAM

Dr. Charles McCartney

CMS past president

CHARLES P. MCCARTNEY, MD, CMS president from 1973-74, died on Oct. 8, 2006, at the age of 94. He had been a member of CMS since 1951.

Dr. McCartney served his internship and residency in obstetrics and gynecology at the University of Chicago, where he also became a professor of obstetrics and gynecology and delivered more than 60 babies a month at Chicago Lying-In Hospital. He later became a clinical professor at the University of Illinois. Dr. McCartney was a diplomate of the American Board of Obstetricians and Gynecologists, a fellow of the American Gynecological Society, and chairman of the Illinois Section of the American College of Obstetricians and Gynecologists. Dr. McCartney served during World War II as a major with the Army Medical Corp. Our condolences to his family.

More African-American women dying of breast cancer than white women in Chicago: Study

AFRICAN-AMERICAN WOMEN IN CHICAGO have not benefited from advances in mammography screening and breast cancer treatment over the last 22 years as their white counterparts have, according to a study released in October.

Conducted by the Sinai Urban Health Institute, the study calls the disparity between black and white women a relatively recent phenomenon. Mortality rates were similar in the 1980s at about 38 per 100,000 women, but began to diverge in the 1990s, according to the report. As of 2002, the last year for which statistics are included, the breast cancer mortality rate for African-American women in Chicago was 40 per 100,000, or 54% higher than that of white women. When averaged together over five years (1998-2002), the disparity was 39%. While the breast cancer mortality rate for African-American women rose slightly during this time period, the mortality rate for white women declined to 26 per 100,000.

The trend appears to be continuing. Chicago breast cancer mortality rates for the year 2003, which were not included in the report, show an increase in the disparity between African-American and white women to 75%. This statistic far exceeds that of the nation as a whole, which was 37% in 2003.

"This report should be a wake-up call to the medical community throughout Chicago. We must all do more to improve breast cancer awareness, access, screening and treatment," said Alan Channing, president and CEO of the Sinai Health System. The report recommends specific actions all health care providers can take, beginning with the collection and sharing of mammography quality measures as recommended by the American College of Radiology.

The ACR's Mammography Quality Standards Act of 1998 established specific requirements for accreditation; however, the accreditation process itself is voluntary with significant variation in mammography quality. The Sinai report includes quality measures for Mt. Sinai Hospital and Mercy Hospital.

DISPARITIES *(continued from page 10)*

KEY HIGHLIGHTS:

- **African-American women have lower incidence rate of breast cancer**

The lack of progress for African-American women is compounded by the fact that white women have a higher incidence of breast cancer. From 1998 to 2002, the breast cancer incidence rate for African-American women was 126 per 100,000; the incidence rate for white women was 149 per 100,000. Thus, although white women get breast cancer at a rate that is 18% higher, African-American women die from it far more often.

- **Early detection also unequal**

Though the proportion of breast cancers detected at an early stage has been increasing for all women, African-American women in Chicago are still far more likely to be diagnosed in the late stage of the disease. The early cancer detection rate for African-American women is still only 69% of the rate for white women. African-American women are also more likely to be diagnosed with and die from breast cancer at a younger age.

- **Possible explanations for differences**

Genetic or biological differences would account for only a small percentage of differences in outcomes, says Steve Whitman, PhD, director of the Sinai Urban Health Institute. The report proposes three explanations for the disparity in breast cancer mortality: African-American women may be receiving fewer mammograms in general and in a less than optimal sequence; mammography screenings received by African-American women may be of lesser quality; and African-American women may receive delayed or less effective treatment once breast cancer is diagnosed.

The researchers analyzed the Chicago portions of data from the Illinois State Cancer Registry, the Illinois Vital Records files, the Illinois Behavioral Risk Factor Surveillance System and the United States Census. The report also includes data collected at Sinai with funding from the Avon Foundation.

CLASSIFIED ADS *FOR INFORMATION, CALL (312) 329-7334*

Office/building for sale/rent

EXCELLENT OAK BROOK LOCATION FOR doctor's office. Modern building with atrium; 1733 sq. ft. available. Landlord will assist in build-out and remodeling cost; $23/sq. ft. Call (630) 279-5577.

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MEDICAL OR PARAMEDICAL BERWYN office for rent. Excellent location, very reasonable rent. Executive office. Phone (630) 660-4661 or fax request to (630) 789-3420.

OFFICE AND MEDICAL SPACE FOR LEASE. Great locations, high visibility! Locations: 318 W. Grand Ave., Chicago; 1640 N. Arlington Heights Rd., Arlington Heights; 1650 Maple Ave., Lisle; and other locations. Aggressive rental rates of $10.50 to $32.50 per sq. ft. Contact: Mark Singer of Aarmor Realty & Investments LLC (312) 203-0011; or email mrmarksinger@hotmail.com.

MEDICAL/PHYSICAL THERAPY SPACE to sublet. Total of 1500 sq. ft. in Edgewater neighborhood (North Side). Fully equipped, brand new build-out. Immediate occupancy available. Call (773) 784-6682 with inquiries.

COMPLETELY FURNISHED AND EQUIPPED medical office, 6950 W. Archer Ave., Chicago. Two exam rooms, reception, lab and office. Heated garage parking. (773) 716-7701.

Personnel wanted

HOME PHYSICIANS, A MEDICAL GROUP located in Chicago/northwest Indiana and specializing in house calls, seeks physicians. Individuals trained in primary care/surgical debridement. Phone (773) 292-4800, (630) 571-9800 or (219) 864-9900; fax (773) 384-7053; www.homephysicians.com.

GENERAL PRACTICE OR FAMILY PRACTICE for outpatient clinic—Chicago-area. Part-time or full-time. Spanish-speaking neighborhood. No night calls. No hospital practice. Call (630) 452-8445.

PART-TIME/FULL-TIME PEDIATRICIAN for pediatric practice located 45 minutes from downtown Chicago. Reply to Box #2284, c/o *Chicago Medicine, 515 N. Dearborn St., Chicago, IL 60610.*

POSITION FOR INTERNAL MEDICINE physicians, J1 or H1 waiver available for MD or DO. Prefer new graduate. Available for July 2007, includes benefits. Please fax resume to (630) 789-3420; will call for interview.

PHYSICIANS NEEDED—FULL- OR PART-TIME. Downtown Chicago and suburban Chicago locations, northwestern and western suburbs. Ob/gyn for pregnancy termination, urology, GI, general surgery, family practice, plastic/cosmetic surgery, and anesthesiology specialties wanted. Residents in Illinois programs welcome. Malpractice insurance available. Hourly or salaried positions available. Mail CV to Administrator, 1640 Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email Tammy.s@covad.net.

GENERAL PRACTICE OR FAMILY PRACTICE for outpatient clinic—Chicago area—Cicero and Berwyn. Flexible hours— work only a few hours per week, or as many as you wish. Spanish-speaking neighborhood. Please call (708) 257-0461.

HELP WANTED—INTEGRATIVE MEDICAL center location in Riverwoods/Deerfield in beautiful facility close to Lake Cook exit of 294 is inviting a committed board-certified or board-eligible internist, family practitioner, DO or other interested MD who would like to be part of our healing team of doctors, chiropractors, acupuncturists, and naprapath. You will be able to incorporate our full natural pharmacy and lab into your practice. Call Barrie at (847) 236-1701.

SEMI-RETIRED PART-TIME PHYSICIAN looking for doctor to do physical exams for rehab center. Call for info: (773) 685-0443.

PRIMARY CARE PHYSICIAN WANTED for outpatient dermatology clinic three afternoons-evenings and three Saturday mornings per month. Should have own liability insurance. Fax resume: (630) 833-5510.

INTERNIST SEEKING ASSOCIATE FULL-time/part-time or graduating resident for busy practice. Competitive compensation based on experience. Fast-track to partnership. 10718 S. Ewing Ave., Chicago, IL 60617.

GROUP PRACTICE NEEDS TO ADD RADI-ologist, internist, cardiologist, ophthalmologist, plastic surgeon, and dermatologist to form a group in a modern all-equipped institution surrounded by five hospitals in west suburbs of Chicago. If interested, e-mail CV to or fax (773) 673-5029.

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