

REGISTER NOW WITH CDC

CMS links to PHIRE: new electronic emergency information system

THE CENTERS FOR DISEASE CONTROL and Prevention (CDC) is launching a national electronic communication service that allows health providers to directly receive important emergency information at the time of an event. The Chicago Medical Society has been selected as the initial organization with whom CDC is working to secure the participation of individual physicians in the system.

Called PHIRE—the Public Health Information Rapid Exchange—the service is designed as a secure electronic system where physicians, health providers, hospitals and laboratories will be able to directly receive relevant health information in the event of a national, regional or local emergency. The system will also give physicians and individual health providers access to moderated forums for additional information and exchange.

Three forms of invitation will be issued to CMS members: 1) email invitation with direct link to the registration site; 2) letters to CMS members sending them to the secure site; and 3) advertisements in CMS newsletters posting the email and phone number for more information on how to sign up.

"We hope to register all physicians and health providers across the country in order to more fully protect and preserve the health of the nation," said Judith Aguilar, acting director, division of health information at the CDC and director of PHIRE.

CMS hopes a majority of its members will sign up for the free service, which takes only a few minutes to complete.

"This is a wonderful opportunity for us to be actively engaged in an important public health effort and to assist the federal government in working through a process to ensure smooth sailing for other medical societies and physicians who will be invited to join in the coming months," said James Tarrant, CMS executive director.

For more information, please go to www.cdc.gov/phire



Body Worlds discount tickets for CMS members: See pg. 8.



"Elegance on Ice," one of the exhibits at Body Worlds at the Museum of Science and Industry through April 29.



Chicago Medical Society



515 North Dearborn Street / Chicago, Illinois 60610 / Telephone: 312-670-2550 / FAX: 312-670-3646 / www.cmsdocs.org

February 20, 2007

Dear CMS member:

The Chicago Medical Society (CMS) and Centers for Disease Control and Prevention (**CDC**) invite practicing physicians to voluntarily register into a national Public Health Information Rapid Exchange (PHIRE) system to:

- allow notification of critical care and health information,
- tiered by severity (i.e., immediate action, guidance/surveillance, information, update) and
- disseminated directly to those who can act most expeditiously to preserve and protect our nation's health.

The system is ready for registrants and seeks only to include your name, work setting, city/county and preferred email address for **rapid transmission of CDC emergency** health information.

The system and its content will be managed by a CDC expert who will exercise great discretion for the quantity and quality of information provided to you. Your contact information will not be shared with others only CDC and Chicago Medical Society have access. A full description of the system, its rationale and frequently asked questions (FAQs) can be found when you register at the following link:

(https://wwwn.cdc.gov/phire/register.aspx?WorkSettingID=3&InviteCodeID=827)

At this time, the CDC is engaging in a stepwise process for registering physicians, health care providers, hospitals and laboratories. CMS and CDC appreciate your willingness to register for this free service and for agreeing to support this important public health effort.

Sincerely,

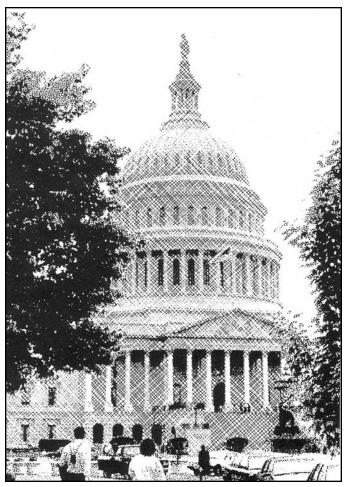
Shastri Swaminathan, MD President, Chicago Medical Society

mark.

Judith R. Aguilar Acting Director, Division of Health Information Dissemination National Center for Health Marketing Coordinating Center for Health Information and Service Centers for Disease Control and Prevention

CONTACT YOUR REPRESENTATIVES!

CMS advocates for you in DC

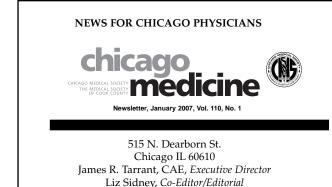


CMS officials visited the offices of congressional representatives recently to share their concerns over issues affecting physicians and access to care. SAROJA BHARATI, MD, CMS PRESIDENTelect, and James Tarrant, executive director, recently represented the Chicago Medical Society at the AMA National Advocacy Conference in Washington, DC. There they attended conference sessions that addressed national issues like the flawed sustainable growth rate formula, which has required annual fixes to avoid payment cuts to physicians, pay for performance, Medicaid funding, the uninsured, universal healthcare, and tort reform.

Dr. Bharati and Mr. Tarrant, accompanied by John Schneider, MD, a CMS past president, visited the offices of Senators Richard Durbin, Barack Obama and Hillary Clinton, as well as Representatives Rahm Emanuel, Peter Roskham and David Camp. During these visits, they shared CMS membership concerns on each of the issues and requested that Congress support future access to care by supporting the physicians who provide that care.

CMS members are urged to contact their respective members of Congress and ask them to support a permanent fix to the Medicare payment formula, to support medical liability reform at the national level, to expand coverage for the uninsured, and to increase access to care.

For more information on these topics, go to the AMA Web site, http://www.ama-assn. To determine who your representatives are, go to www.cmsdocs.org, click under advocacy and look up your representatives in Congress; or go to: http://www.votervoice.net.



Scott Warner, Co-Editor/Production

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LIABILITY COVERAGE

ISMIE policy holders eligible to earn "rewards"

Options to help doctors save on premiums

ISMIE POLICY HOLDERS WHO PARTICIPATE in the Risk Rewards program can earn savings of up to 15% each year on their medical malpractice insurance policy premiums.

Risk Rewards offers seminars, self-study courses, on-site office assessments, and Web-based training. A new Fellowship recognition program allows doctors to earn 10% savings each year over a two-year period. Participating in the Fellowship program means physicians will have only to complete an additional 5% of Risk Rewards each year, for a maximum of 15% savings per year.

All programs offer practical advice on managing liability risk, in addition to offering resources on improving patient care, preventing claims and defending lawsuits.

Risk Rewards is offered free of charge to ISMIE policy holders.

Discounts earned in 2007 will be applied at the time of renewal on or after July 1, 2008. Anything over 15% will not be carried over to the next calendar year.

ISMIE Mutual announces new dividend plan, partial lifting of moratorium

ISMIE MUTUAL POLICYHOLDERS WHO MEET certain requirements will be eligible for dividends beginning July 1, 2007. Citing the cost-savings reaped from medical litigation reform, ISMIE Chair Harold L. Jensen, MD, said dividends will be based on the company's loss experience for the 2005-2006 year. The actual dividend amount, if any, will be announced in the spring. ISMIE will also partially lift the current moratorium to accommodate 400 additional insureds beginning April 1, 2007. Newly practicing physicians emerging from medical residencies and those joining medical groups already insured by ISMIE are not included in the count.

ISMIE will make available details on both the dividend plan and increased moratorium capacity in early 2007.

In other news, ISMIE Mutual and ISMS announced the addition of former U.S. Solicitor General and constitutional scholar, Theodore B. Olson, to the legal team defending the constitutionality of medical litigation reform in Illinois.

Needed: Full complement at ISMS HOD

ISMS WILL HOLD ITS ANNUAL HOUSE OF Delegates meeting April 20-22, 2007, at the Oak Brook Hills Hotel. Registration will commence at 7 p.m., Thursday evening, April 19. The House will be called to order at 8:00 a.m., Friday, April 20, and will conclude late afternoon, April 22. Attention, CMS Delegates and Alternates: CMS needs a full complement. *Contact Janet Hill* (312) 329-7322 to confirm your attendance.

Resolutions deadline

Resolutions for the ISMS HOD must be received (not postmarked) at ISMS by the end of business (4:45 p.m.) on March 21. Any resolution received after the deadline will be considered a late resolution, and will thus be reviewed by the Committee on Rules and Order of Business.

Submit resolutions by mail, email, or fax: ISMS, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Fax (312) 782-2023; email: www.hod@isms.org

OVERVIEW

The whys and wherefore of OSHA

In this issue we provide a brief overview of the beginning of OSHA. In the next issue we will explore what happens when an OSHA inspector visits a workplace to conduct an inspection.

DID YOU KNOW?

The Occupational Safety and Health Administration (OSHA) works to assure safe and healthful working conditions for all of America's workers. Both OSHA and the National Institute for Occupational Health (NIOSH) were created when President Richard M. Nixon signed the Occupational Safety and Health Act on Dec. 29, 1970.

Prior to 1970, an estimated 14,000 workplace fatalities occurred annually and 2.5 million American workers were disabled. By 2005, workplace fatalities had dropped to an estimated 5,300 and workplace injuries and illnesses had been reduced by 42%.

OSHA uses three tools to keep America's workers safe. They are:

- Strong, fair and effective enforcement.
- Outreach, education and compliance assistance.

• Partnerships and other cooperative programs.

OSHA has jurisdiction over all private sector employers where there is an employee-employer relationship. OSHA does not cover self-employed individuals or state and local governments. An employer has some major responsibilities under the OSH Act. Those responsibilities are to provide a workplace free from recognized hazards, comply with OSHA standards and regulations and to be familiar with applicable workplace standards.

The OSH Act gave OSHA the authority to conduct workplace inspections. These inspections are unannounced and can occur for a variety of reasons. The reasons for an OSHA inspection are listed in order of priority:

• Imminent danger (meaning that the workplace situation is imminently dangerous to life and health).

• Fatality and/or catastrophe investigations. A fatality is one or more deceased while a catastrophe is defined as having three or more individuals admitted into the hospital.

• Employee complaints. Current employees or their representatives can file formal complaints. These must be signed although the name of the complainant is not revealed. All formal complaints are inspected. A non-formal complaint can be filed anonymously or filed unsigned. When the OSHA office receives a non-formal complaint, the office will either telephone or fax it to the employer and ask that the complaint be addressed. If it is not addressed adequately, an inspector will conduct an inspection.

• Referral. Referrals are like complaints but they are from a different source. On occasion, a physician, medical examiner or the media will call OSHA alleging workplace hazards.

• Planned or targeted inspections. OSHA generates a list of companies that are selected randomly based on their lost workday injury and illness rates.

2007 OSHA Training Workshops

OSHA requires annual training for all healthcare workers with potential occupational exposure to blood-borne pathogens. Attend the two-hour training course, update your exposure control plan and satisfy most of your yearly OSHA regulations! All seminars are taught by specialists in exposure control. The course is designed for clinicians and their staff. At the conclusion of this activity, participants should be able to:

- Identify the requirements of OSHA standards including blood-borne pathogens.
- Explain how the standards apply to them.
- Discuss and select safer needle devices.
- Identify safety and health hazards at their facility.

AUDIENCE: PHYSICIANS AND MEDICAL OFFICE STAFF Physicians can earn 2.0 CME credits

OSHA DATES & LOCATIONS

(FOR LOCATION AND DIRECTION INFORMATION VISIT: WWW.CMSDOCS.ORG)

- Wednesday, April 11: St. Francis Hospital 10 a.m. to 12 p.m.
- Friday, May 4: Advocate Lutheran General Hospital, 2 p.m. to 4 p.m.
- Wednesday, May 23: Chicago Medical Society Building (Downtown) 10 a.m. to 12 p.m.
- Wednesday, June 13: Oak Lawn Hilton 10 a.m. to 12 p.m.
- Thursday, Sept. 13: Rush North Shore Medical Center 2 p.m. to 4 p.m.
- Friday, Sept. 21: Chicago Medical Society Building (Downtown) 2 p.m. to 4 p.m.
- Wednesday, Oct. 10: Oak Lawn Hilton 10 a.m. to 12 p.m.
- Friday, Oct. 26: Advocate Lutheran General Hospital 2 p.m. to 4 p.m.
- Wednesday, Nov. 7: Chicago Medical Society Building (Downtown) 10 a.m. to 12 p.m.

Registration Fee (CMS member or staff person): \$59 – TWO HOUR Update * Student materials & an exposure control plan are included with the registration fee.

Questions? Call Elvia Rubio at (312) 670-2550, ext. 338



The Chicago Medical Society is partnering with the Museum of Science and Industry to spread the word about the Museum's current exhibit, *Gunther von Hagens'* **BODY WORLDS 2: The Anatomical Exhibition of Real Human Bodies**. This awe-inspiring exhibit offers Museum guests another amazing opportunity to investigate the mysteries of human anatomy and physiology. **BODY WORLDS 2** is the sequel to **BODY WORLDS** which had its Midwest debut at the Museum of Science and Industry in 2005.

As a member of the Chicago Medical Society you and up to four guests will receive a special discount on tickets to *BODY WORLDS 2*. (See coupon below.)

Using the ground-breaking preservation process called plastination, **BODY WORLDS 2**—the second of three anatomical exhibitions by licensed physician and anatomist Dr. Gunther von Hagens—showcases more than 200 real human specimens and more than 20 new full-body plastinates that focus on the locomotive, nervous, respiratory, digestive, cardiovascular and reproductive systems.

The exhibit will run through April 29, 2007.



Marketing Partner Discount Tickets Save up to \$3.00

Discount Ticket Information

Save \$3.00 on a daytime or evening ticket for *BODY WORLDS 2* and *The Human Body* Omnimax® film. Save \$2.00 on a daytime or evening ticket for *BODY WORLDS 2*.

The **BODY WORLDS 2** exhibit requires a timed-entry ticket. You may purchase tickets on-site at the Museum, however, same day tickets without reservations are subject to availability. Call 773-684-1414 and press Option 5 to reserve tickets by phone at least 48 hours in advance of your desired visit date. Please select daytime or evening tickets.

For reservations by phone, please provide the following promotional codes to receive your discount:

Daytime tickets: promotional code 2007111 Evening tickets: promotional code 2007112

BODY WORLDS 2 exhibit hours: Open every day 9:30 a.m. to 5:30 p.m. Special evening hours are offered until 9:00 p.m. Thursdays through Saturdays from January 17 through March 23 and every day from March 24 through April 29.

Be sure to bring this discount coupon with you to the Museum. You will need this coupon to purchase tickets on-site or to pick up your reserved tickets at Will Call under your last name.

Please note: The marketing partner discount does not apply on Museum Free Days.

MUSEUM SCIENCE INDUSTRY 57th street and Lake Shore Drive, Chicago, IL 60637 www.msichicago.org

PDRP COMPLIANCE

Prescribing data: the choice is yours

AS A PHYSICIAN, YOU DESERVE TO BE ABLE to choose who has access to your prescribing data. The AMA Physician Data Restriction Program (PDRP) makes that decision yours alone by empowering you to determine whether the prescribing data you generate is made available to pharmaceutical companies. It lets you opt out of sharing prescribing data with pharmaceutical representatives—if you want. Yet it still keeps the data available to advance important public health benefits, such as timely and appropriate communication about drug recalls and evidence-based medical research.

The AMA does not collect, sell or have access to prescribing data, but health information organizations match the AMA's Physician Masterfile to prescribing data from other sources. These organizations then license the combination of prescribing data and the AMA Physician Masterfile to pharmaceutical companies. This enables the AMA to assure compliance with the PDRP.

Visit http://www.ama-assn.org/go/prescribingdata to learn more about PDRP—and how to exercise your choice.

REIMBURSEMENTS

Medicare 2007 payment rates: what to expect

Some payments will be higher, some lower, some unchanged

EVEN THOUGH CONGRESS HAS FROZEN Medicare's 2007 conversion factor at last year's level, the law stopping the scheduled 5% cut contains other adjustments that could affect the dollar amount of reimbursements, according to the AMA. These include the statutorily mandated five-year review of physician work relative value units (RVUs), the statutorily required budget-neutrality adjustment to the work RVUs, and a revision to the methodology for calculating practice expense RVUs.

Only the conversion factor and the geographic adjustments will be the same as in 2006. Payment rates for many services will change because of revisions in work RVUs and practice expense, as well as the imaging service cuts included in the Deficit Reduction Act.

The Medicare Payment Advisory Commission (MedPAC) has recommended that Congress stop the 2008 Medicare physician payment cut and update payments in line with medical practice costs increases. Current payments are essentially the same as they were in 2001, and over the next eight years of Medicare, physician payments are slated to be cut about 40 percent, while practice costs increase nearly 20 percent. The Commission voted unanimously to recommend that Congress increase Medicare's physician reimbursements by approximately 1.7 percent in 2008.

Don't delay. Use the AMA Grassroots Hotline (800) 833-6354 to urge congressional support for fixing or replacing the flawed SGR formula with a more equitable reimbursement methodology.

For background you can use when speaking to your lawmakers, including MedPAC's recommendation, go to: www.ama-assn.org/ama/pub/category/17196.html.

SMOKING ISSUES

Illinois flunks in tobacco prevention funding

ILLINOIS RANKED "F" IN A NATIONAL REPORT card that evaluates federal and state tobacco laws and compares them against recognized criteria, according to the American Lung Association. In issuing a report for 2006, the ALA said that Illinois flunked in three areas: spending on tobacco prevention and control; smoke-free air; and youth access. The state earned a "D" on its state cigarette tax.

As abysmal as these rankings are, the report contained a few rays of hope. "While we are very concerned about the Illinois report card, communities throughout the state have made great strides to protect the health of workers through local, comprehensive, smoke-free laws," said Joel Africk, president and CEO of the ALA of Metropolitan Chicago.

The citywide and suburban Cook County bans are notable examples of local governments taking control. According to the report, the state's failure to devote enough resources to tobacco prevention and control programs is compounded by the federal government's failure to give the FDA authority to regulate tobacco products. The ALA's policy agenda for Illinois includes redoubling efforts with legislators and constitutional officers to discuss the available tobacco settlement dollars and to introduce statewide clean indoor air legislation and legislation to ban the sale of flavored cigarettes.

CMS strongly supports and promotes bans on smoking in public places, including public buildings, restaurants and bars. Over the years, the Council has passed numerous resolutions recognizing the health hazards of smoking and the right of nonsmokers to breathe clean air.

Proposed statewide smoking ban targets all public places

Legislation would supersede patchwork of laws around state

SENATOR JOHN J. CULLERTON (D-6TH DIST.) has introduced comprehensive legislation that would make all Illinois workplaces and indoor public places smoke-free.

The Smoke-free Illinois Act would take effect

Jan. 1, 2008, and repeal the current Illinois Clean Indoor Air Act, while also superseding the recently passed Chicago ordinance that gives city bars until July 2008 to implement a ban. There is no exception for taverns that install ventilation systems in Senator's Cullerton's proposal.

The only exceptions would be private residences used as businesses that are not open to customers, retail tobacco stores in operation before the bill is passed, private nursing-home rooms and some hotel rooms.

Since the General Assembly allowed local municipalities to adopt clean indoor air laws, 38 communities throughout Illinois have enacted smokefree laws and by March 15, another four communities will have implemented new smoke-free laws.

"It is time to stop the needless suffering and devastation caused by secondhand smoke by giving everyone the right to breathe clean air," said Clement Rose, MD, president of the American Cancer Society, Illinois Division. "Right now, Illinois is playing catch up on this critical public health concern—and real lives are at stake."

Joining Senator Cullerton as co-sponsors of the Smoke-free Illinois Act (SB 500) are Senator Christine Radogno (R-41st Dist.) and Senator Mattie Hunter (D-3rd Dist.). In the House, the legislation is being sponsored by Rep. Karen Yarbrough (D-7th Dist.).

More than 400 organizations support Senator Cullerton. Those organizations include the Illinois Coalition Against Tobacco, American Lung Association, American Heart Association, American Cancer Society, the Illinois Academy of Family Physicians, the Illinois Public Health Association, and Chicago Medical Society.

Wanted: Your writing

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

COMMUNITY INVOLVEMENT

Physicians deem their public roles important

A NEW STUDY EXAMINES UNKNOWN territory: physician attitudes toward participation in community affairs, politics, and collective advocacy. As reported in *JAMA*, more than 90% of the 1662 participating U.S. physicians rated these activities as important. A majority of them rated community participation and collective advocacy as very important, and more than one-third said that individual political involvement is very important. (Collective advocacy is defined as encouraging a medical organization to advocate on an issue of public health that is not primarily concerned with physician welfare.)

More physicians rated nutrition, immunization, substance abuse, and road safety issues as very important than they did access to care issues, unemployment, or illiteracy. Approximately two-thirds of all physicians reported participating in at least one public role in the previous three years. The authors conclude the results indicate a high degree of consensus and previously undocumented willingness of physicians to engage in addressing U.S. public health concerns. Other highlights:

Compared with other specialties, more family

practitioners (64.1%), more pediatricians (65.2%), and fewer anesthesiologists (32.8%) reported participating in community organizations.

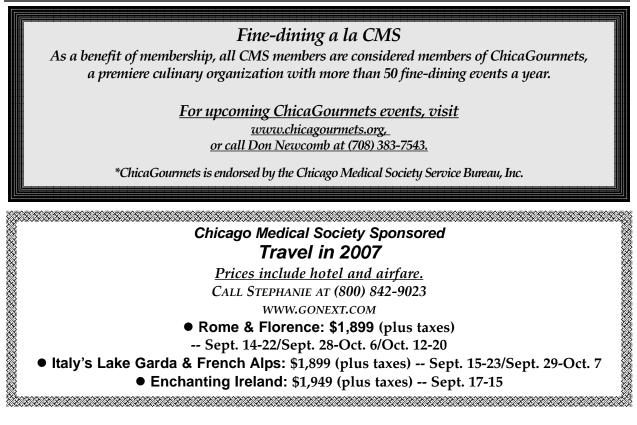
• Anesthesiologists also reported the lowest percentages active in collective advocacy (20.5%). On the other hand, anesthesiologists (30.0%) and general surgeons (32.4%) more often reported being politically involved than other physicians.

• Physicians who were preceptors of physicians in training were significantly more active than those who had not precepted physicians in training.

• 72% to 82% of physicians regarded involvement in issues closely connected to individual patients' health to be very important, but only 22% to 43% regarded involvement in issues less clearly linked to individual patient health to be very important.

• Group practice environments seem to be independently associated with much greater levels of civic activity than hospital or public clinic environments.

• A higher percentage of physicians of underrepresented race/ethnicity than those not of underrepresented race/ethnicity tended to be active in each dimension.



CMS POLICY AND PLANNING

Committees plot Regional Patient Simulation Center and facilitate resolutions



The Resolutions Reference Committee met recently to hold hearings on resolutions referred by the Council. Recommendations from the Committee to the Council help form CMS policy. Shown, clockwise, from left: Drs. Peter Orris, providing testimony; Kenneth Busch, Kenneth Printen, Earl Fredrick, Jr., chair, Ms. Liz Sidney, staff; Drs. Pola Piotrowski, providing testimony; and Saul Weiner, vice chair. Apply to join the Committee if you would like to shape our future policies.

The Simulation Advisory Commiteee discusses future steps in the formation of the CMS regional patient simulation center. Clockwise, from left: Dawn Niedner, program manager, patient safety, Metropolitan Chicago Healthcare Council; James Tarrant, executive director, CMS; Drs. Robert Vanecko, Donald Aaronson, MD, JD, MPH, and Kevin Weiss, MD, MPH, professor of medicine and director, Center for Healthcare Studies, Feinberg School of Medicine. The Committee is seeking contributions to advance the center. Contributions may be tax-deductible.



What are your colleagues up to? (Let us know, please)

Do you know a colleague who has a fascinating hobby, or who has done something interesting that we all might want to know about? Or do you have a tale to tell about your own "off-duty" activities? *Chicago Medicine* is looking for CMS members with stories to share. Past articles featured a dermatologist who wrote a novel about a physician who was a faith healer; a "diva doc" who plays piano professionally and sings opera; 60-year-old surgeon who enrolled at Harvard, moved into a student dorm, and earned a master's degree from the Kennedy School of Government; a Universityof-Chicago-trained internist and medical ethicist who apprenticed at Frontera Grill and co-authored a best-selling cookbook on healthful eating.

Let us hear from you. Please contact Scott Warner, co-editor, (312) 670-2550, ext. 336; swarner@cmsdocs.org

Chicago Medicine classified advertising form

| Classified Rates (Per Insertion) | 25 Words | 26-40 | 41-60 | 61-80 | 81-100 |
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| | or less | words | words | words | words |
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| CMS members (20% discount) | \$16.80 | \$28.00 | \$38.40 | \$48.80 | \$58.40 |

Advertising guidelines:

- 1. Chicago Medical Society publishes *Chicago Medicine* as a monthly newsletter and as a quarterly magazine. Your ad will run in consecutive issues. Deadline is the first day of the month prior to the month in which your ad will run. For example, the deadline for the December issue would be Nov. 1.
- 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.
- 5. Box reply numbers are assigned upon request at an additional \$5 per insertion (see below).
- 6. Return this completed form to: Chris Sienko, *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610; or fax it to (312) 670-3646. If you have any questions, call Chris Sienko at (312) 329-7334.

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CLASSIFIED ADS

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.

FOR SALE, WELL-ESTABLISHED INTERNAL medicine practice in near western suburb, located across from hospital. Call evenings (773) 929-0618.

NEW 2,442 SQ.-FT. MEDICAL SUITE NOW available in the Little Village, the heart of Chicago's Mexican community: 26th St. near Pulaski Rd. Rare opportunity. Three-year-old construction. Furnished or unfurnished. Competitive rate. Call Alfonso for info or appointment: (773) 762-2888.

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.

MOBILE DOCTORS SEEKS FULL-TIME and part-time physicians to make house calls to the elderly and disabled. No on-call, night or weekend work. Transportation and a medical assistant are provided. Practice "handson" medicine. Fax CV to Michele at (312) 640-4496; or call (312) 617-2096.

CHICAGO—PHYSICIANS NEEDED, OB-GYN, full- or part-time. Pregnancy terminations, tubal sterilizations, and other services. Downtown and suburban Chicago locations. Fullor part-time or Saturdays only. Hourly and salaried positions available. No night duty. Daytime hours (early a.m. to early afternoon). Residents welcome, will train. Malpractice insurance available. Mail CV to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; call (847) 255-7400, or fax to (847) 398-4585; or email tammys@networkgci.net or melissak@networkgci.net.

PHYSICIANS NEEDED—FULL- OR PARTtime positions available. Downtown Chicago and suburban Chicago locations, northwestern and western suburbs. Anesthesiology, radiology, urology, family practice, gastroenterology, general surgery, plastic/cosmetic surgery, and dermatology specialties wanted. Residents in Illinois programs welcome. Malpractice insurance available. No night duty. Hourly or salaried positions available. Mail CV to Administrator, 1640 N. Arlington Heights Rd., Suite 110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email: tammys@networkgci.net or melissak@networkgci.net.

PEDIATRICIAN—FIVE-DOCTOR PEDIATRIC office 45 minutes from downtown Chicago seeking part-time BC/BE pediatrician, salary plus benefits. Fax CV attn: Judy at (815) 729-9060.

Business services

PHYSICIAN'S ATTORNEY—EXPERIENCED and affordable physician's legal services including practice purchases; sales and formations; partnership and associate contracts; collections; licensing problems; credentialing; estate planning and real estate. Initial consultation without charge. Representing practitioners since 1980. Steven H. Jesser (800) 424-0060 or (847) 212-5620 (mobile); 790 Frontage Rd., Northfield, IL 60093.

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, and encouraging your colleagues to be more politically involved.

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

Look for the Chicago Medical Society on-line at www.cmsdocs.org