

chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY



Newsletter, July 2007, Vol. 110, No. 8

You are invited...

Please be a part of your Society's Council Meeting, Tuesday, Sept. 11, 2007, at 7:00 p.m. at Maggiano's Banquets, 111 W. Grand Ave., Chicago. A reception with cash bar and complimentary buffet dinner will be held beginning at 6:00 p.m. I encourage you to bring a potential member and let's hear from you. For more information or to RSVP, call Janet Hill (312) 329-7322 or jhill@cmsdocs.org.

Saroja Bharati, MD
President, CMS

GOING THE DISTANCE

CMS Resolutions adopted at ISMS, AMA annual meetings

The following is the latest report of what your Society is doing for you through ISMS and AMA

WORKING THROUGH THEIR STATE DELEGATION, CMS leaders helped channel the message from Illinois, speaking out on timely issues such as nutrition, health insurance, retail clinics, and graduate medical education, during the recent AMA meeting in Chicago. *Of the 26 resolutions ISMS brought to the policy-making table, six of them originated in grassroots discussion at CMS.*

Following passage by the Council, the resolutions journeyed to the ISMS, where they were adopted in April of this year. At their final desti-

nation—the AMA—four were approved, joining dozens of new policy positions adopted by the House of Delegates. There they will help to shape the organization's consensus on emerging issues.

The June 23-27 meeting also included installation ceremonies, educational sessions, forums, and town hall meetings.



HOUSE OF DELEGATES

WEIGHS CMS RESOLUTIONS

Dr. Bharati (above) testifies as the AMA considers six resolutions sponsored by individual CMS members. The resolutions were discussed and approved by the CMS Council, then adopted by the ISMS House of Delegates last April, and passed on to the AMA for consideration at this year's Annual Meeting.

CMS RESOLUTIONS ADOPTED AT ISMS, AMA ANNUAL MEETINGS *(continued)*

SUPPORT OF SUDDEN INFANT DEATH SYNDROME (SIDS) RESEARCH—*Adopted as amended.*

- Directs the AMA to advocate for research into SIDS and encourage medical examiners and coroners to collect tissue samples for research purposes from infants who have died suddenly and unexpectedly, to the extent permissible by law.

REDUCING TRANS FATS—*Adopted as amended.*

- Directs the AMA to encourage and promote the reduction of trans fats in the American diet in order to maintain good health and lower the risk for coronary artery disease; directs the AMA to work to ensure that when trans fats are removed from foods, they are replaced with healthier fats or oils.

NURSING HOME ABUSE AND NEGLECT—*Referred.*

- Asks the AMA to adopt a policy that recognizes elder abuse and maltreatment in nursing homes as continuing problems, and that further supports comprehensive steps to reduce their incidence.
- Asks the AMA to support passage of appropriate legislation that would help prevent elder abuse in nursing homes and give consumers more information to guide nursing home placement.

(While testimony unanimously supported the need to address elder abuse and maltreatment in nursing homes, the majority of testimony also supported the need for a more comprehensive assessment of this problem (extending beyond nursing homes). Additional testimony cited the need to address liability and legal concerns surrounding this issue.)

THE PRESERVATION, STABILITY AND EXPANSION OF FULL FUNDING FOR GRADUATE MEDICAL EDUCATION—*Adopted in lieu of CMS Resolution Medicare REDUCTION IN GRADUATE MEDICAL EDUCATION PAYMENT, AND OTHERS.*

- Directs the AMA to collaborate with stakehold-

er organizations to advocate for the preservation, stability and expansion of full funding for the direct and indirect costs of graduate medical education positions from all existing sources.

- Directs the AMA to advocate for the stable provision of matching federal funds for state Medicaid programs that fund GME positions.

- Directs the AMA to seek congressional action to remove the caps on Medicare funding of GME positions for resident physicians that were imposed by the Balanced Budget Amendment of 1997.

GUIDELINES FOR HEALTH INSURANCE

COUNCIL ON MEDICAL SERVICE REPORT 7—*Adopted in lieu of CMS Resolution STANDARD HEALTH CARE BENEFIT.*

- Establishes guidelines to evaluate the adequacy of health insurance options. The guidelines suggest that insurance coverage include a wide array of age-appropriate coverage options, provisions to assist low-income individuals with high costs, and mechanisms to educate patients and assist them with making informed choices about their health care.

PHARMACY COMMUNICATIONS—*Referred.*

- Asks the AMA to support legislation or other appropriate action to allow pharmacies to share databases and information, regardless of pharmacy ownership, regarding a patient's controlled substance medication prescriptions and to share that information with the prescribing physicians.

(While testimony was generally supportive, testimony also raised concerns regarding issues such as the obligations that pharmacies ought to have in sharing databases and information regarding a patient's controlled substance medication prescriptions with prescribing physicians, as well as issues of confidentiality. Due to the sensitivity and critical nature of these ancillary issues and their impact on patient care, Reference Committee recommended referral.)

(AMA HOUSE OF DELEGATES COVERAGE CONTINUES ON P. 6)

NEWS FOR CHICAGO PHYSICIANS

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medicine



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CHICAGO MEDICAL SOCIETY

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The Chicago Medical Society
in Conjunction with the
Center for International Rehabilitation, Chicago, IL

Presents a **3 hr.** CME Activity on:

**Humanitarian Relief Through International Tele-Medicine:
Information Technology to Build Global Bridges in Medicine**

Moderator: Saroja Bharati, M.D., President, Chicago Medical Society

Date: Saturday, September 8, 2007

Time: 8:00 a.m. – 12:00 p.m.

Location: Robert H. Lurie Medical Research Center of Northwestern University,
303 E. Superior, Chicago, IL (Eleanor R. Baldwin Auditorium)

Audience: All Interested Physicians

Learning Objectives: At the conclusion of this learning activity, participants should be able to:

- explain how information and computer technologies are transforming where the examination room of tomorrow will be;
- describe the scope of humanitarian medical need through international telemedicine;
- identify the usefulness of the Center for International Rehabilitation's learning program in conflict affected countries;
- assess clearly how their expertise can be utilized by their counterparts in remote and medically underserved areas;
- recognize the opportunity to become a part of the volunteer network.

Program Schedule:

8:00 a.m.	Registration-Complimentary Coffee
8:45 a.m.	Welcome and Opening Remarks Saroja Bharati, M.D., President Chicago Medical Society, Professor of Pathology, Rush University Medical Center, Chicago, IL
9:00 a.m.	Tele-Medicine: Where We Are and Where We Need to Be Jay H. Sanders, M.D., Professor of Medicine, Johns Hopkins University School of Medicine (Adjunct), Baltimore, MD, President Emeritus of the American Telemedicine Association
9:30 a.m.	International Tele-Medicine for Humanitarian Goals Ronald C. Merrell, M.D., F.A.C.S., Professor of Surgery and Director of the Medical Informatics and Technology Applications Consortium (MITAC), Virginia Commonwealth University, Richmond, VA
10:15 a.m.	Coffee Break
10:30 a.m.	International Consultants in Medicine: A New Volunteer Initiative William Kennedy Smith, M.D., Director, Center for International Rehabilitation, Chicago, IL
11:15 a.m.	Panel Discussion: Doctors Sanders, Merrell, and Smith Moderator: Saroja Bharati, M.D.
12:00 p.m.	Adjourn

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Chicago Medical Society and The Center for International Rehabilitation. The Chicago Medical Society is accredited by the ACCME to provide continuing medical education for physicians.

The Chicago Medical Society designates this educational activity for a maximum of 3.0 category 1 credits towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

For registration information, please contact the Chicago Medical Society's Education Department at 312-670-2550 or
www.cmsdocs.org

Chicago Medical Society

in conjunction with

DuPage County Medical Society *hosts the*

**Date
Change**

9th Annual **GOLF OUTING** and *Family Picnic*

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Wednesday September 26, 2007

For

**All Illinois County Medical Societies- Members,
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Golf Registration Fees:

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Noon: Registration

1:30 PM: Golf, Shotgun Start, Scramble Format

After Golf: Cocktails, Dinner and Awards Reception



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Or

Register Online: www.cmsdocs.org

9th Annual Golf Outing and Family Picnic, September 26, 2007
Registration Form

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Phone: _____ Fax: _____

► I will be golfing Please check box and fill in information below

Foursome : Name: _____ Name: _____

Name: _____ Name: _____

► My family will attend the complimentary picnic after the Golf Outing

Please check box and fill in information below

Spouse: _____ # of Children attending: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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AMA HOUSE OF DELEGATES COVERAGE *(continued)*

NEW LEADERS WELCOMED

To thunderous applause, incoming AMA President Ronald M. Davis, MD, called for unity among physicians as they lead fundamental reforms to the nation's health care system. (Dr. Davis, of East Lansing, MI, served his medical residency in Chicago before leaving the state.) Dr. Davis, who specializes in preventive medicine, is the 163rd president; he replaces William G. Plested III, MD. The House elected Nancy H. Nielsen, MD, PhD, president-elect of the AMA. Dr. Nielsen is an internist from Buffalo, NY, who has served as speaker for the past four years. Delegates also elected Jeremy A. Lazarus, MD, a psychiatrist in Denver, to speaker.

ILLINOIS DOCTORS OUTSPOKEN ON MINUTE CLINICS

Two ISMS-sponsored resolutions, **The Alliance of Retail Clinics with Pharmaceutical Chains**, and **Retail Medical Clinics**, generated considerable media coverage and debate among delegates. The *Chicago Tribune* noted that Illinois has been one of the most vocal states in calling for scrutiny of the clinics. And thanks to ISMS' efforts, the AMA House of Delegates added new language to its policies.

NEW AMA POLICIES ON IN-STORE CLINICS

- Urges state and federal agencies to investigate ventures between retail clinics and pharmacy chains with an emphasis on inherent conflicts of interest in such relationships, patients' welfare and risk, and professional liability concerns.
- To continue working with state and specialty societies in developing guidelines for model legislation that regulates the operation of store-based health clinics.
- Opposes waiving state and/or federal regulations for store-based health clinics that do not comply with existing standards of medical practice facilities.

The new language builds on policies adopted last year; it sets guidelines for: scope of practice; use of standardized medical protocols derived from evidence-based practice guidelines; nurse practitioner supervision by doctors consistent with state law; protocols ensuring continuity of care with practicing physicians in the local community; and a referral system if a patient's conditions go beyond the scope of services, among others.

(For more details on approved retail clinic policy, go to www.ama-assn.org, click on 2007 AMA Annual Meeting of the House of Delegates, click on Annotated Reports, and click on Reference Committee G.)

In summing up the extensive, and often mixed, testimony, ISMS President Rodney Osborn, MD, expressed the concerns of the Illinois delegation: "Our primary focus is patient safety and patient care, and the retail clinics have a different mission of selling products and prescriptions," he told the *Chicago Tribune*. "We want these clinics to be held accountable."

Supporting Dr. Osborn's comments, CMS President Saroja Bharati, MD, warned against further fragmentation of the health care delivery system. "Continuity of care is a great concern," she said. "How will information be communicated from in-store clinics back to the primary-care provider?"

CMS supports ISMS-backed legislation in Illinois that would charge the Illinois Department of Public Health with regulating health care services provided in retail stores or pharmacies. Sponsored by state Rep. Mike McAuliffe (R-Chicago), HB 1885, "The Retail Health Care Facility Permit Act," would also improve communication between retail clinics and community doctors.

coverage continues on p. 8

AMA HOUSE OF DELEGATES COVERAGE *(continued)*

PFP A HOT-BUTTON ISSUE

Another issue drawing intense scrutiny and opposition was **PAY FOR PERFORMANCE**. Following divided but impassioned testimony, the AMA voted to:

- Collaborate with interested parties to develop quality initiatives that exclusively benefit patients, protect patient access, do not contain requirements that permit third-party interference in the patient-physician relationship, and are consistent with AMA policy and Code of Ethics, including Policy H-450.947, which establishes the AMA's Principles and Guidelines for Pay-for-Performance and Policy H-406.994, which establishes principles for organizations to follow when developing physician profiles.
- Actively oppose any pay-for-performance program that does not meet all the principles set forth in Policy H-450.947.
- Strongly oppose the use of tiered and narrow physician networks that deny patient access to, or attempt to steer patients towards, certain physicians primarily based on cost-of-care factors.

(Delegates testified on all aspects of public and private quality programs, such as pay-for-performance, pay-for-reporting, and physician economic profiling. Many testified that physicians' primary responsibility and intent in treating patients is to have the patients' best interests at heart and always to provide them with the highest quality of care. The committee recommended a modified solution that encompasses many of the concepts proposed and testimony given; the amended Board Report 18 seeks to strengthen the AMA's hand in these negotiations and to ensure that physicians have the policy tools for effective advocacy. It encompasses many of the views presented in the resolutions that were considered by the Reference Committee, along with Board Report 18.)

(More details on the approved policy can be found on the AMA website under 2007 Meeting of the AMA House of Delegates/Annotated Reports/Reference Committee B.)

RISING HEALTH CARE COSTS

The AMA approved strategies for containing health care costs and achieving even greater value for health spending. The four broad strategies are to:

- Reduce the burden on preventable disease.
- Make health care delivery more efficient.
- Reduce non-clinical health system costs that do not contribute to patient care.
- Promote "value-based decision-making" at all levels.

From these broad strategies follow a number of specific policy interventions to improve the cost-effectiveness of the U.S. health care system.

MEDICARE PAYMENT REFORM

- The AMA called on Congress to stop Medicare physician payment cuts and instead update payments in line with practice cost increases. The organization is pursuing legislation that provides for at least two years of payment updates that reflect increases in costs for caring for seniors. The AMA also called on the government to eliminate the rising subsidy to Medicare Advantage plans, which is, on average, 12 percent more than is paid for patients enrolled in traditional Medicare. The AMA advocates for fiscal neutrality between private Medicare plans and traditional Medicare.

During the HOD, delegates heard details of AMA's advocacy efforts to prevent steep cuts in Medicare physician payments. EVP and CEO Michael D. Maves, MD, MBA, unveiled "Faces of Health Care," a television ad asking patients to call their members of Congress. Dr. Maves also gave the audience a sneak peek at a few advertising concepts to be used in the AMA's "Voices for the Uninsured" campaign, a three-year endeavor that will launch this fall.

PRINCIPLES FOR HEALTH COURTS

- The AMA adopted new principles for special medical courts composed of judges trained in medical standards who could render more accurate decisions on whether or not medical malpractice has actually occurred. Leadership emphasized that while MICRA reforms are a proven medical liability standard, health courts are a promising alternative for states.

COVERING UNINSURED KIDS

- The AMA voted to reinforce efforts to improve children's health care in the U.S. through SCHIP, the federal-state program that currently provides health care to more than six million low-income children. The AMA voted to continue to support the reauthorization of SCHIP and advocate for adequate funding for the program. SCHIP, which will expire in September, is expected to be renewed by Congress in the coming months.

coverage continues on p. 10

ISMS RESOLUTIONS IN THE SPOTLIGHT

9 Tobacco Settlement Fund and All for Health—*Adopted as Amended or Substituted*

11 Pharmaceutical Samples—*Current Policy Reaffirmed*

13 Access to Care and Medicine—*Current Policy Reaffirmed*

35 Environmental Contaminants and Bio-Monitoring Programs—*Not Adopted*

36 Drug Expiration Dates—*Current Policy Reaffirmed*

39 Insurer-Designated Laboratories—*Adopted*

46 Grade-Level Railroad Crossings—*Adopted as Amended or Substituted*

51 Request for CEJA Report on Paternalism—*Not Adopted*

53 Transparency of Employer-Sponsored Health Insurance—*Adopted*

55 Apologizing to Patients—*Adopted as Amended or Substituted*

56 Physician Participation in Lethal Injection Exe-

cution—*Current Policy Reaffirmed*

72 Cash-Based Practices—*Referred*

74 Hotel Sanitation Practices—*Not Adopted*

78 Surrogate Requirement for Nursing Home Residents—*Referred*

83 Smoke-Free Environments—*Current Policy Reaffirmed*

85 Mandating Electronic Medical Records (EMR) for Physicians—*Current Policy Reaffirmed*

--Fee Transparency—*Current Policy Reaffirmed*

--Gun Control—*Current Policy Reaffirmed*

--"Secret Shopper" Patients are Unethical and Utilize Resources—*Adopted as Amended or Substituted*

To view the original ISMS resolutions, go to www.isms.org, click on the members section and click on resolutions status update. To view language adopted by the AMA, go to www.ama-assn.org, click on 2007 AMA Annual Meeting House of Delegates, and click on Annotated Reports.



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COVERING CHILDREN

Call for increased tobacco tax to fund SCHIP reauthorization

IDENTIFYING INCREASED SPENDING ON children's health insurance as "a very sound investment in our nation's future," the AMA and more than 60 other national health organizations sent letters to congressional leaders in support of a minimum 61-cent increase in the federal tobacco tax to fund reauthorization of SCHIP. The letters note the importance of SCHIP to ensure America's low-income children have health insurance while documenting the public health benefits resulting from higher tobacco costs.

The AMA has strong policy supporting increases in tobacco taxes and considers the reauthorization of SCHIP to be an important piece of legislation covering the country's nearly 45 million uninsured patients. "By discouraging smoking through an increase in the tobacco tax and using the resulting revenues to improve enrollment in children's health insurance programs, we are creating a win-win proposition in support of our children's health," the signatories wrote.

Doubling up on the Hill

LAWMAKERS ARE FEELING THE PRESSURE to pass legislation on two AMA priorities—reauthorization of SCHIP, which provides health coverage for low-income children, and preventing steep cuts in Medicare physician payments. The U.S. House will be considering the Children's Health and Medicare Protection Act (CHAMP Act) in late July. The Act would preserve access to doctors for Medicare patients, limit older Americans' out-of-pocket costs, strengthen Medicare for lower-income people and extend health-care coverage to millions of uninsured kids.

The CHAMP Act would be paid for by reducing excess payments to insurance companies and by raising the tobacco tax, which would have the additional benefit of decreasing smoking.

Now is the time for physicians to contact their legislators and urge them to reauthorize SCHIP and stop the Medicare physician payment cuts. Doctors should also encourage their patients to make their voices heard through the AMA's Patients' Action Network.

- *Physicians' Grassroots Network: (800) 833-6354*
- *Patients' Action Network (888) 434-6200*

What's New with the 2007 OSHA Training Workshops?

OSHA requires annual training for **all** health care workers with potential occupational exposure to blood borne pathogens. Attend the 2-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, including **dentists** and **dental medical staff**. At the conclusion of this activity, participants should be able to: 1) Identify the requirements of OSHA standards including blood borne pathogens; 2) Explain how the standards apply to them; 3) Discuss and select safer needle devices; and 4) Identify safety and health hazards at their facility.

OSHA requires that all healthcare employers maintain a written **Exposure Control Plan**. The plan must include a risk analysis, Hepatitis B vaccinations, follow-up procedures, an evaluation of safer sharps and training. The 2-hour update will provide you with tools, including a sample program, to ensure that you meet all the requirements. OSHA requires that your plan be reviewed annually, the newest technology be reviewed annually, and that training is repeated annually.

Also, have you ever attended a workshop only to realize that after the completion of the workshop you still had questions that were unanswered? As a result, the Chicago Medical Society together with the Chicago North office of OSHA have obtained a list of **Frequently Asked Questions** from former OSHA attendees that can be found on CMS's website at www.cmsdocs.org.

Save the Date!



- **Thursday, September 13:** Rush North Shore Medical Center at 2 p.m. to 4 p.m.
- **Friday, September 21:** Chicago Medical Society Building (Downtown) at 2 p.m. to 4 p.m.
- **Wednesday, October 10:** Oak Lawn Hilton at 10 a.m. to 12 p.m.
- **Friday, October 26:** Advocate Lutheran General Hospital at 2 p.m. to 4 p.m.
- **Wednesday, November 7:** Chicago Medical Society Building (Downtown) at 10 a.m. to 12 p.m.



Registration Fee:

- ❖ \$59 each CMS member or staff person - 2 Hr. Initial Update
- ❖ \$99 each Non-member or staff person - 2 Hr. Initial Update
- ❖ \$69 each CDS member or staff person - 2 Hr. Initial Update



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

OSHA Trivia!

Think you know everything there is to know about OSHA? Well, test your knowledge with the newsletter's latest addition of OSHA TRIVIA!



1. Are receptionists considered health care workers and are they covered under the OSHA bloodborne pathogen standard?

Answer: According to OSHA standard **Bloodborne Pathogens** - 1910.1030(c)(2) - Each employer who has an employee(s) with occupational exposure (*meaning reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.*) shall prepare an exposure determination. This exposure determination shall contain the following:

- A. A list of all job classifications in which all employees in those job classifications have occupational exposure;
- B. A list of job classifications in which some employees have occupational exposure; and
- C. A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

This exposure determination shall be made without regard to the use of personal protective equipment. In this case, the employer must ascertain if the receptionists' job duties have exposure to blood and other potentially infectious materials and thus require those employees to be included in the exposure control plan.

2. What does OPIM mean?

Answer: According to OSHA, **Other Potentially Infectious Materials** (OPIM) means: (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Watch for next month's new OSHA Trivia Questions!



INTERNATIONAL RELATIONS

CMS/ISMS leaders host World Medical Association execs



CMS President Dr. Bharati, with Dr. William Kennedy Smith, accompanies Dr. Nachiappan Arumugam, president, World Medical Association, on a tour of Stroger Hospital June 27.

CMS PRESIDENT SAROJA BHARATI, MD, joined by ISMS President Rodney Osborn, MD, hosted World Medical Association President Dr. Nachiappan Arumugam and Secretary General Dr. Otmar Kloiber for a tour of the world-famous Stroger Hospital (formerly Cook County Hospital). The group, which included Drs. Osborn, Arumugam, Kloiber, and William Kennedy Smith, observed the ER and met with each department head. Peter Orris, MD, and Philip Dray, MD, both of Stroger, organized the tour and served as guides, while Dr. Dray also described the facility's colorful history. The tour was held June 27, immediately following the AMA meeting.

Among the topics raised during Drs. Arumugam and Kloiber's visit were their impressions of Stroger Hospital, how their respective countries (Malaysia and Germany) handle electronic medical records, and what type of tort system their countries have. Following is a Q&A with Dr. Kloiber:

Q: What were your impressions of Stroger Hospital?

A: Cook County Hospital was known worldwide for its dedicated staff who provide high-class medical care under difficult circumstances. The "new" Stroger Hospital is a modern, well-equipped municipal hospital with the dedicated staff still on board. The bandwidth of care provided is as im-



Medical dignitaries on the Stroger tour included (from left): Drs. Smith, Bharati, Arumugam, Peter Orris, Stroger; Eileen Couture, Stroger; Otmar Kloiber, secretary general, WMA; Rodney Osborn, ISMS president; Philip Dray, Stroger; and Mr. Ted Kanellakes, CMS interim executive director.

pressive as the technological advancements and numerous nationalities of health care staff and patients seeking medical care there. The openness of this high-performance hospital for all who need care, regardless of their financial and insurance situation, makes it a remarkable example. The huge ER and trauma care are very impressive. In my home country (Germany), all ambulatory care is provided by office-based physicians. Together (in a region or city), the office-based physicians maintain off-hours care. They either offer emergency clinics or see their patients at home. Each office-based physician has to participate in that service once in a while. As a consequence, hospital ERs are much less frequented and considerably smaller in Germany. Secondly—and I am happy about it—gunshot wounds are very rare in Germany. The success rate at Stroger in treating injuries caused by weapons is outstanding, but preventive action (by politicians) would be better.

Q: How prevalent is the use of electronic medical records in your country? How does it differ from our system in the U.S.?

A: Difficult to say. Everything that has to do with billing and reimbursement has been electronic for two decades now. However, real electronic medical records or electronic patient records are still rare and installed only locally in hospitals or prac-

tices. Real portability of electronic records does not exist. The current nationwide introduction of the second-generation electronic patient card is set to have prescription date, vital health information, plus pointers to medical records on it. However, patients can select whether and how much medical data should be on the card. They can blind out parts of their records or limit access of individual health professionals to the content. Only the prescription data will be mandatory and even that may be cached. Medically, this doesn't make sense. There seems still to be confusion about patient and medical records, which will have to be clarified.

Q: Please describe the tort system for medical errors in your country.

A: Germany is under the civil law system, as opposed to the common law system. Litigation is much more difficult. Too difficult—even the physicians have found. Instead of starting a civil procedure against physicians, patients first file criminal complaints. Those resulting in state attorney investigations against physicians are in most cases closed after the investigation. However, the physicians are under intense scrutiny. Being subject to a criminal investigation is no fun, especially when you have a clinic or practice to run.

More than 30 years ago, the German State Chambers of Physicians (self-governed bodies combining the functions of state medical boards or councils and societies) set up expert commissions

or arbitration boards. Those commissions or boards work independently and provide either medical advice or arbitration between the parties. The patient can turn to these bodies without delivering evidence and without cost. The boards will examine the case, provide expertise, give a recommendation or arbitrate directly. This system differs from state to state. But the result is the same: If the commission or board finds that the patient's problem is not due to normal developments in the course of the care, insurance will normally compensate the patient.

In comparison to the U.S., levels of compensation are much lower in my home country. Furthermore, there are no punitive damages, no contingency fees and advertising by lawyers is strictly regulated. As a consequence, liability insurance for physicians is much cheaper.

Thirty years ago, many other countries in Europe, starting with the Scandinavian countries, also installed patient insurance. The insurance covers damages that are not due to the normal course of care ("medical injuries"). There is no question of liability or fault, no litigation and no punitive damages. One could argue that this type of insurance lacks a preventive effect on malpractice or mistakes. That is certainly true. Yet, there is no indication that physicians or health professionals are less diligent and careful than in countries with individual tort systems. That may not please the lawyers. But is it the job of the health care system to please lawyers?

Metropolitan Chicago Healthcare Council conducts annual meeting



CMS President Saroja Bharati, MD, greets Benjamin Carson, MD, (above) director of the Division of Pediatric Neurosurgery, Johns Hopkins Hospital, and keynote speaker for the Metropolitan



Chicago Healthcare Council's annual meeting. Dr. Bharati attended as a special guest of MCHC President and CEO Kevin Scanlan (above). The event took place at Navy Pier on June 20.

SOURCES

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WHERE DO PHYSICIANS GO FOR INFORMATION? CMS would like to know what sources you find most useful, and encourages you to share them with colleagues. *Please e-mail or fax us your recommendations.* (312) 670-3646; or esidney@cmsdocs.org

Chicago Department of Public Health
www.cityofchicago.org

Cook County Bureau of Public Health
www.cookcountypublichealth.org

Illinois Department of Public Health
www.idph.state.il.us.org

Illinois State Medical Society
www.isms.org

American Medical Association

www.ama-assn.org

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

National Library of Medicine & National Institutes of Health (Medline) www.nlm.nih.gov

MedLaw.com

Medscape.com

American College of Physicians

www.acponline.org

Centers for Medicare & Medicaid Services (CMS)

www.cms.hhs.gov

Wisconsin Physicians Service (WPS)

www.wpsic.com

2007 Parliamentary Procedures Workshop

Each year the Chicago Medical Society provides a training workshop known as "*Parliamentary Procedures Workshop*," based on the *Sturgis Rules of Order*. This workshop offers tools and techniques to help sharpen leadership ability, meeting skills and pertinent protocol. The Parliamentary Procedures course is intended to help physicians become active in their societies. Hence, this course is designed for CMS District & Council officers, Board members, executives, officers of specialty societies, and officers from various hospitals.

At the end of this workshop, participants should be able to:

1. Discuss the basic principles and rules of parliamentary law
2. Prepare a basic agenda
3. List the steps in handling a motion
4. Define a main motion, a subsidiary (secondary), a privileged, and a restorative motion
5. Differentiate between a "primary," a "secondary," and a "substitute"
6. List five rules governing debate
7. Identify five essential points to successfully preside over a meeting
8. Utilize the ranking motions



This year's Parliamentary Procedures Workshop will be held on **Wednesday, August 22, 2007, from 10 a.m. to 3 p.m. at the CMS building.** A non-refundable fee of \$15 is needed with your RSVP--lunch is included with this fee. A *Save-the-Date* flyer along with a letter of invitation will be mailed out in June. In the meantime, if you have any questions, contact Annette Boksa, Education Coordinator, at (312) 670-2550 ext. 340 or aboksa@cmsdocs.org.

CMS, ISMS part of unified national campaign to stop Medicare cuts

CMS MEMBERS SPOKE THROUGH ISMS TO their U.S. representatives and senators from Illinois, urging them to prevent the projected Medicare physician payment cuts. In a letter dated May 23, ISMS called upon leaders to make it “a priority to enact legislation that would repeal the Medicare physician payment system, replace it with a system that adequately keeps pace with increases in medical practice costs, and establish a 1.7% Medicare physician payment update in 2008, as recommended by the Medicare Payment Advisory Commission (MEDPAC).”

The letter notes that, “despite congressional interventions to avoid steep cuts in 2003 through 2007, payment rates are about the same in 2007 as they were in 2001.”

This spring, an AMA Member Connect Survey of nearly 9,000 physicians laid out the consequences of the projected 40 percent Medicare payment cut over the next nine years, beginning in 2008. The results are disastrous. Survey findings showed that 60 percent of respondents plan to limit the number of new Medicaid patients they treat if payments are cut by 10 percent in 2008. Even worse, if scheduled cuts totaling 40 percent are instituted, 77 percent of respondents would limit the number of new Medicare patients they treat.

Calling for an end to short-term last-minute fixes, CMS President Saroja Bharati, MD, urges members to contact their legislators before it's too late. “Congress must act this year to repeal the flawed SGR physician payment system. Unless Congress intervenes, in less than six months the Medicare cuts will begin again. Doctors must be proactive so that America's seniors don't pay the price for a short-sighted government payment policy.”

In addition to generating the forecasted 40 percent pay cuts by 2015, the flawed formula:

- Prevents physicians from making needed investments in staff and health information technology to support quality measurement.
- Punishes physicians for participating in initiatives that encourage greater use of preventive care in order to reduce hospitalizations.
- Leads to a budget baseline that is widely

viewed as unrealistic and that has driven policy-makers to enact short-term interventions that have increased both the duration of cuts and the cost of a long-term, permanent solution.

Impacts of Medicare physician pay cuts in Illinois

- Illinois will lose \$256 million in health care funds due to the projected 10% negative update in 2008, and the state will lose \$7.4 billion by 2015 due to eight years of SGR cuts.
- 108,513 employees, 1,576,542 Medicare patients and 152,032 TRICARE patients in Illinois will be affected by these cuts.
- 37% of Illinois' practicing physicians are over 50, an age at which surveys have shown many physicians consider reducing their patient care activities.

AMA partners with largest online physician community

AMA MEMBERS CAN EXCHANGE OBSERVATIONS about clinical cases, medical ethics, new treatments and devices—even job fulfillment—as part of Sermo, a rapidly growing online community of doctors. Sermo's discussion posts by thousands of physicians include many opinions about issues on the 2007 AMA Agenda. The site has no advertising and membership is free. Visit www.sermo.com to enter Sermo.

"PATIENTS OVER PROFIT"



Dr. Arnold Relman (seated) signs copies of his new book, "A Second Opinion," for CMS members (from left): Drs. Arnold Widen, Kuhn Hong, Gerald Silverstein and Philip Dray, at the Union League Club.

Dr. Relman calls for universal coverage

THE U.S. MEDICAL CARE SYSTEM IS A "disaster...we are gradually imploding," said Dr. Arnold Relman as he spoke before a luncheon forum at the Union League Club of Chicago.

The former editor-in-chief of the *New England Journal of Medicine* said that while the reasons for the decline are complex, the major factor is that "we in the U.S. have come to regard health care as a business...I'm a capitalist, but I don't believe investors belong in the health care system." The cure? A single payer system, he says.

Dr. Relman states his argument and his plan for change in his new book, "A Second Opinion: Rescuing America's Health Care" (Century Foundation).

Hospital liaisons needed for legislative breakfasts and more.

For information, please contact Ted Kanellakes at CMS: (312) 670-2550.



WANTED

Surplus Medical Equipment

Do you have any surplus medical equipment that may be donated to the Chicago Medical Society



Regional Patient Simulation Center

The CMS Foundation is developing a multiple room simulation center in 8,000 sq. ft. of space in our downtown headquarters. We are seeking donations of all items that would be found in an OR, ER, ICU and patient room.

The center will serve as a training facility where healthcare professionals can learn and maintain clinical skills. It will serve all area hospitals and healthcare professionals, i.e., physicians, nurses, therapists and EMTs, for training and emergency preparedness.

We are also urging our members to please contact their hospitals and inquire about donations— anything and everything will be appreciated.

*For a complete list of items to donate please contact:
Michael Boros at 312-329-7326 or mboros@cmsdocs.org*



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.

680 N. LAKE SHORE DR. OFFICE SPACE—\$20 per sq. ft.; 2000 or 2600 sq. ft. Bargain price! Act now. Call Carl: (312) 664-1877, ext. 224.

WELL-ESTABLISHED, PROFITABLE WEIGHT reduction practice for sale near downtown Chicago. Will mail or fax information on request. (630) 455-0145 or (630) 207-6634.

SUBTENANT WANTED—BRAND NEW, beautifully appointed podiatrist's office. Prime location; 2000 sq. ft.; four exam rooms plus fully equipped procedure room with sub sterile prep area and scrub sink. Wireless high-speed Internet, fax, phone, copier included. Convenient time slots available. Ideal for turnkey satellite office. Sycamore, Illinois, 60 miles west of Chicago. Contact Dr. Neil Levin (815) 899-2575.

SPACE AVAILABLE FOR RENT IN PILSEN; 1950 W. Cermak Rd., Chicago. For family physician or pediatrician. Please call Dr. Subbaraju at (773) 376-2777.

NEW ORLAND PARK FURNISHED MD office—2000 sq. ft.—for rent—bargain rate of \$18/sq. ft. Hot, growing locale, close to hospitals, labs, outpatient center. True handicapped access, small lab, pro-rated for part-time use. Call David at (708) 352-4852.

PEDIATRIC PRACTICE FOR SALE, established half-day, part-time practice, 150K year revenues, great expansion potential; SW Chicago (Ford City); \$30K or best offer; call (708) 293-1206.

WELL-ESTABLISHED INTERNAL MEDICINE practice for sale in Berwyn. Located directly across the street from MacNeal Hospital and Metra stop. Call evenings: (773) 929-0618.

Real Estate/Property

BARRINGTON HILLS HOME SITES—BUILD your dream home on one of our many 5+ acre home sites in prestigious subdivisions. Visit SamSellsChicago.com. Remax 1st Class. Sam Trakas (847) 921-8681.

Personnel wanted

CHICAGO—HOME PHYSICIANS IS AN innovative multi-specialty practice focused on house calls to the elderly homebound. We are looking for BE/BC primary care physicians to join our team of over 30 medical staff. Our business model allows you to practice medicine without the headaches of hospital rounds, exhausting call schedules, or the

stress of running your own practice. Home Physicians is a leader and an innovator in house calls, visiting over 250 patients per day, and utilizing an EMR system. We offer excellent compensation with productivity bonuses, comprehensive malpractice insurance with tail coverage, and company cars for patient visits. For more info, please contact Scott Schneider at (773) 292-4800; or send CV to sschneider@homephysicians.com; www.homephysicians.com.

PHYSICIANS, STOP WORKING 55-80 hours a week! Mobile Doctors seeks physicians to make house calls to the elderly and disabled. Seeking one part-time and one full-time physician. Practice primary care with patients who really appreciate you. No night or weekend work. A company car and certified medical assistant are provided. Take you time practicing medicine without a waiting room full of patients. Fax CV to Michele at (312) 640-4496; or call (312) 617-2096; or mail CV to Mobile Doctors, 1229 N. North Branch #210, Chicago, IL 60622.

PART-TIME PEDIATRICIAN FOR OFFICE located in DeKalb, 60 miles west of downtown Chicago. Contact Umesh Goswami, MD. Fax (815) 758-5144; Induskidz@aol.com.

CHICAGO RESEARCH CENTER IS SEEKING a part-time medical doctor (internist, family practitioner, or sleep) to assist in the conduct of pharmaceutical trials (phases II-IV). Will perform PEs, evaluations and safety assessments, as described by protocol. Pharmaceutical research experience a plus. Must have valid Illinois medical license. Flexible hours available. Call Stacy (773) 282-9845; or fax resume to (773) 282-9847.

IMMEDIATE OPENING FOR A BILINGUAL scheduler. Two years of experience in a doctor's office needed. Fax resume to (708) 364-0114; or call (708) 906-0741.

NEED A PHYSICIAN FOR HOME VISITS. Semi-retired MDs are welcome. H1 visa offered. Fax resumes to (708) 364-0114; or phone (708) 906-0741.

BC/BE IM/FP PHYSICIAN—PART-TIME fee-for-service compensation for disability evaluation/consultation for the Society Security Disability Program. Challenging, rewarding, and meaningful work. No malpractice required. No pager or other hassles. See pathology you've only read about in textbooks. Professional Loop office with great, supportive staff. Set your own schedule. One to three days/week ideal. Long-term availability of several years desired. Join our bright, fun group. Contact Medical Director at (312) 855-1414 (office); or (847) 721-1414 (cell); and/or fax CV and cover letter to (312) 855-0216; and/or email jrunke@maicoh.org.

FAMILY PRACTITIONER OR GENERAL practitioner wanted. Full-time or part-time, Spanish-speaking neighborhood, outpatient only - 40 hour week. Cermak Rd. and Ash-

land Ave. Call (630) 452-8445.

PART-TIME PHYSICIANS, GENERAL medicine, clinic setting, western suburb. Fax resume to (773) 522-1667.

Medical Equipment for Sale

SAVE \$\$\$\$, NEW AND PRE-OWNED exam tables, office and waiting room furniture, EKGs, sterilizers. Call for list and info: (800) 553-8367 or (815) 678-4657.

For Sale

FOR SALE: MARCO EX-TILT DELUXE 2 exam chair, including Marco Rt-300+Cyl. Phoroptor, Standard Keratometer, Marco G2 Ultra Slit Lamp, Tonometer w/2-Prisms, Indirect Ophthalmoscope, all accessories, plus Marco 101 Manual Lensometer. Value \$30,000. Used only 10 times; asking \$22,000 or best offer. Photos available. Will ship. Contact: correaeduardo@hotmail.com or (773) 248-8644.

SIX NEW HON GUEST CHAIRS, STILL IN boxes. Sled base, medium oak, black fabric. List \$260 each, sell \$130 each. (800) 553-8367.

Business services

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