



CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

chicago medicine

Newsletter, August 2008, Vol. 111, No. 10

MESSAGE FROM YOUR PRESIDENT

Despite jubilation, Medicare reimbursement challenge still looms



Protecting senior citizens access to Medicare was a priority for physicians this summer.

Congress recently gave us cause to celebrate when it overrode President Bush's veto of H.R. 6331, *the Medicare Improvements for Patients and Providers Act of 2008*. But the jubilation among physicians in Chicago and Illinois will be short-lived. The challenges of in-

adequate Medicare reimbursements are not new and are unlikely to go away anytime soon.

H.R. 6331 provided some relief in that it replaced the 10.6 percent payment cut that went into effect July 1 with a 0.5 percent update extension through Dec. 31. It also provides an additional 1.1 percent update for 2009. The 18-month reprieve gives physicians time to work with Congress on developing a long-term solution to a payment system that, as the American Medical Association emphasizes, is "fatally flawed."

Even with a new Administration moving into the White House next January, there is no guarantee the problem will be resolved. This year's battle over the measure is proof of the pudding.

The U.S. House of Representatives passed H.R. 6331 June 24 by an overwhelming, veto-proof majority of 355-59. (However, Illinois' Peter Roskam (R-6th Dist.) voted against the legislation.) But the Senate failed to pass the bill before the Fourth of July recess. As the result of solid grassroots action by physicians and patients, the Senate did approve the bill on July 9 by another veto-proof majority of 69-30. President Bush refused to endorse the action and vetoed the bill on July 15. Later that same day the House and Senate voted to override the veto by respective counts of 383-41 and 70-26.

Passage of H.R. 6331 and the veto override by Congress speaks volumes as to how concerted efforts by physicians can have a major impact on our legislators. The Chicago Medical Soci-

(continued on page 2)

MESSAGE FROM YOUR PRESIDENT *(continued from page 1)*

ety is deeply grateful to all who contacted their elected representatives to put pressure on Congress. Appreciation also must be extended to the Illinois Congressional delegation for its strong support.

Inadequate Medicare reimbursements will continue to challenge physicians in Illinois. The main problem is payment responsibility; that is, who pays for what. Since the inception of Medicare in 1965, health care providers – physicians and hospitals – have become more and more dependent on the federal and state governments for reimbursements. Keep in mind, too, that private insurance companies follow the lead of Medicare fee schedules in reimbursing doctors for treating patients.

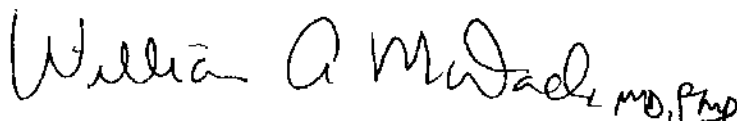
The problem is destined to become compounded with the aging population growing each day. That means a steady increase in the number of Medicare-eligible residents in our state.

The damaged, and damaging, reimbursement formula is a recurring problem; 18 months from now another cut will be looming over physicians if the Sustainable Growth Rate (SGR) formula isn't fixed. And efforts to make the alterations a reality need the help of all in the medical profession.

The July 15 victory created by the veto override in Congress was made possible by organized medicine, which many physicians, especially nonmembers, take for granted. Sadly, nonmembers expect this service from organized medicine but they do not want to be involved. Without organized medicine, the original Medicare cuts, and others like them, would have taken place. Too many physicians do not recognize the ramifications of sitting on the sidelines and doing nothing.

Through organized medicine – i.e., Chicago Medical Society, Illinois State Medical Society, American Medical Association – physicians' voices can be heard and the process can be changed. Such grassroots advocacy as writing resolutions, attending meetings and communicating with elected legislators is essential.

To effect permanent change in Medicare reimbursements – or any other matter that affects physicians and, more important, their patients – we need physician unanimity. The H.R. 6331 victory symbolizes the power of unified action by physicians. Anything less than total commitment is unacceptable.



William A. McDade, MD, PhD
President, Chicago Medical Society

NEWS FOR CHICAGO PHYSICIANS

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Since the reforms were enacted, we've begun a near-miraculous recovery. We've stemmed the flow of doctors leaving the state, assuring greater access to care for patients. We've reduced skyrocketing medical liability premiums that are ultimately passed on to employers, workers and their families in higher health insurance costs. In short, we've started to mend a medical liability system that was on the brink of collapse.

Now, trial lawyers want to overturn this fair, sensible—and *necessary*—reform and take us back to the dark days of excessive jury awards, higher medical liability premiums, escalating health care costs, and reduced access to care for patients.

Don't let trial lawyers destroy the progress we've made on medical lawsuit reform. Let's continue working to close the wounds, provide patients with the care they deserve, and keep physicians in Illinois.

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NEW MARCHING ORDERS FOR DISTRICTS

Dramatic gains in membership during the last two years show that the Society has the ability to recruit new members and reinstate former members. Yet even as membership totals rise significantly for the first time in a decade, trends show that half of all new members drop out of the Society within the first five years. The great challenge facing CMS is how to retain those physicians who join but then find they don't identify with the Society's core interests or don't feel the Society is representing their needs. To address that challenge and find a solution, CMS President William A. McDade, MD, PhD, led a planning session for District leaders at Society headquarters on Saturday, July 19. The following article outlines new policies for Districts and suggestions for both recruiting and retaining members.

Changing the way CMS communicates with members

DISTRICTS MUST FOCUS ON REDUCING ATTRITION and increasing attendance. Key to their success will be changing the meeting format and allowing members to express their needs and interests, Dr. McDade told District leaders recently. Beginning now, he announced, Districts should conduct business on behalf of the Society. He asked leaders to consult special resource binders containing information on CMS/ISMS/ISMIE, and he noted sample items inside (meeting agendas, membership talking points, contacts and listings, and calendar of events). Dr. McDade suggested that leaders refer to the binders for meeting topics, such as legislation, membership recruitment, development of resolutions, or Society activities. Districts may continue holding educational programs, he explained, but members should try to bring nonmember physicians as guests. Districts should also make the recruitment of young physicians and academic doctors a priority.

COMMITTEE ON EMPLOYED DOCTORS

Dr. McDade appointed an ad hoc Committee on Employed Physicians. He charged the new committee with educating employed members on their rights and responsibilities within the hospital or group setting.

LEADERS SUGGEST PROGRAM CONTENT

At Dr. McDade's invitation, District leaders offered ideas for programs that would appeal to young and employed physicians.

- Negotiating employment and insurance contracts.
- Hosting a final-year residency forum to instruct young physicians on what they didn't learn during their training.
- Offering guidance on living through a hospital closure.

- Educating employed physicians on their rights and responsibilities within the hospital or group setting. (Activities might include sponsoring informational seminars.)
- Addressing issues uniting all employed doctors.
- Defining what it means to be a professional.
- Forming a focus group of employed physicians to identify their needs and interests.
- Reaching out to hospital administrators.
- Inviting administrators to District meetings.
- Collaborating with ISMIE.

On the administrative side, District leaders suggested that staff create a dues breakdown index card for leadership use; build an email database; develop powerpoint demonstrations for all membership categories; increase the use of electronic communications; and eliminate the duplication of CMS/ISMS services.

ALL DISTRICT MUST HOLD MEETINGS

Dr. McDade urged District leaders to fill vacancies in their District leadership. He said they are required to schedule meetings this year if they wish to maintain funding, adding that CMS will schedule meetings for them in the event that Districts don't comply. In further comments, Dr. McDade urged councilors to begin introducing resolutions in September, so they can travel to ISMS in time for the AMA meeting. Districts should also apply now for CME accreditation.

FULL DELEGATION IMPERATIVE FOR ISMS HOD

Delegates and alternates must be present at ISMS HOD meetings, Dr. McDade told the group.

Alternates should always be confirmed in place of delegates. CMS needs a full delegation, especially in 2010, when the HOD meets in Springfield during the Lincoln Bicentennial Celebration.

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Jill Morgenthaler, center, Democratic candidate opposing Rep. Peter Roskam in the sixth congressional district, met with CMS District Presidents to discuss her ideas for reforming the U.S. health care system.

Democratic challenger Jill Morgenthaler visits CMS CMS District presidents heard from Jill Morgenthaler, the Democratic candidate opposing Rep. Peter Roskam in the sixth congressional district.

Ms. Morgenthaler said she supports a comprehensive approach to reforming the health care system, and would work to ensure that all Americans have access to affordable coverage. She stated that she supports lowering premiums so that small businesses can afford to cover their employees, and she would do more to protect consumers' rights, safeguard privacy, and improve quality.

Candidate Morgenthaler noted that her opponent, Rep. Roskam, had voted against HB 6631 (*Medicare Improvements for Patients and Providers Act*) last July. However, the legislation did pass and Congress overrode President Bush's veto of the legislation. (See President's Message on page 1.)

Ms. Morgenthaler stated that Republicans support her positions on health system overhaul. She touted her experience working with doctors and her bipartisan approach to solving problems.

Prior to running for office, Ms. Morgenthaler served as Illinois' Homeland Security Advisor. She

served 14 years at Argonne National Laboratory, helping to establish the Center for Nanoscale Materials, and also served as Argonne's emergency response manager. Her background includes employment with the United States Department of Commerce International Trade Administration. Her military career spans 30 years of active and reserve duty.



District presidents attend their meeting on July 19 in the CMS Building, offering ideas on programs to appeal to young and employed physicians.

“Building a Healthier Chicago” targets physicians

By James M. Galloway, MD, Assistant Surgeon General, HHS; Lesley Craig, DHHS staff; Amber Ryan, MEd, AMA; Joseph Harrington, CDPH, on behalf of *Building a Healthier Chicago*.

THE PHYSICIAN ADVISORY BOARD OF THE “Building a Healthier Chicago” (BHC) coalition met recently to lay out a plan for educating area physicians about a new initiative to improve Chicagoans’ health.

The coalition is a working partnership of the Chicago Department of Public Health, the American Medical Association, and the HHS Office of the Regional Health Administrator for Region V. The advisory board meeting drew representatives from community-based organizations, public agencies, academic institutions, industry, and medical associations.

BHC aims to improve the health of Chicago residents and employees by promoting a wide range of events and interventions, including policy and system changes. Specifically, BHC encourages healthy eating, physical activity, as well as the prevention, detection, and control of high blood pressure. The program will promote and track the adoption of selected programs, practices, policies, and supportive environments throughout worksites, schools, health

care organizations, faith-based organizations, parks, and neighborhoods of Chicago.

As a founding partner, the AMA is focusing on physicians and hospitals. In collaboration with CMS, the AMA will educate physicians and office staff, in addition to linking physicians’ offices to community health resources.

“The ultimate goal of Building a Healthier Chicago is for Chicago to serve as a model city for better health and healthy lifestyles policies. To be successful this coalition must integrate its efforts and initiatives into our city’s culture and support city residents, workers, and businesses in a culture of wellness,” said Terry Mason, MD, Commissioner of Health for the city of Chicago.

In addition, BHC has partnered with Shaping America’s Health and Avenet to launch its new website. The site will feature information about BHC partners, conferences, interventions and events. It will provide individuals with free customized access to their own health history, data, calendars, reminders, as well as health education. This system, called myHealthfolio, is a secure Internet-based system that allows users to create and manage their own personal health portfolios that can be printed out and taken to their physicians. To

(continued on page 8)



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NEW HEALTH INITIATIVE *(continued from page 6)*

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CMS President William A. McDade, MD, PhD, represents the Society on the Board, which also includes Hugo Alvarez, MD, Medical Director of Access Community Health Network, and Chairman of the CMS Public Health Committee; James Galloway, MD, Assistant Surgeon General, U.S. Public Health Service, Regional Health Adminis-

trator, Region V; Allen Goldberg, MD, MBA, of the CHEST Foundation; and Quentin Young, MD, Chairman of the Health and Medicine Policy Research Group.

For more information on the BHC initiative, please contact: Lesley Craig, Project Coordinator, DHHS (312) 353-4321; or Amber L. Ryan, MEd, Project Coordinator, AMA (312) 464-5659.

BUILDING A HEALTHIER CHICAGO: PHYSICIAN ADVISORY BOARD

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National survey comes to Cook County

Patients urged to complete all phases

THE NATIONAL CENTER FOR HEALTH STATISTICS is conducting a major study of the health of persons living in the United States. Cook County has been selected as one of the survey locations.

The National Health and Nutrition Examination Survey (NHANES), which is part of the U.S. Public Health Service's continuing study of the nation's health, began July 18 and continues through Sept. 23. A sample of 331 people from designated households in Cook County is being asked to participate.

Health interviews are conducted in respondents' homes, while health measurements are performed in specially designed and equipped mobile centers, which travel to locations throughout the country. The study team consists of a physician, medical and health technicians, as well as dietary and health interviewers.

The interview includes demographic, socioeconomic, dietary, and health-related questions. The exam

component consists of medical, dental, and physiological measurements, as well as laboratory tests.

Findings will be used to determine the prevalence of major diseases and risk factors. NHANES findings are also the basis for national standards for such measurements as height, weight, and blood pressure. Data from this survey will be used in epidemiological studies and health sciences research, which help develop public health policy.


Participants are being urged to complete all phases of the survey, so that researchers don't have to make assumptions about the missing information.

"The National Health and Nutrition Examination Survey takes the pulse of America, giving us vital information about our health, from the average height and weight of our babies to the cardiovascular health of our seniors," said Julie Gerberding, MD, MPH, director of the Centers for Disease Control and Prevention.

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Practices That Set The Standard

New survey links medical lawsuit reform to improved OB/GYN service access in Illinois

Strong concern remains regarding Illinois' medical liability climate and the fate of reforms.

- OB/GYNs less likely to reduce services over liability concerns.
- Number of OB/GYNs recommending Illinois to colleagues increases.

Chicago – A new survey of Illinois OB/GYNs demonstrates strong positive gains in physicians' perceptions of the state's medical liability climate and access to obstetric/gynecological care since enactment of medical liability reform in 2005. Despite this overall improvement, the findings also signal a warning: medical liability remains a top-level concern for OB/GYNs worried that Illinois' lawsuit situation remains exceedingly precarious. Conducted jointly by the OB/GYN Crisis Coalition and the Illinois Section of the American College of Obstetricians and Gynecologists (ACOG), the study follows up on a similar survey conducted in 2004.

"Illinois' liability climate has improved, but we definitely aren't out of the woods quite yet," said OB/GYN Crisis Coalition co-chair Lewis Blumenthal, MD, in reaction to survey findings. "The reform law has only been on the books for about three years and affects a small fraction of claims in the litigation pipeline. We need more time to allow lawsuit reforms to take root, especially considering OB/GYNs' improved attitudes and willingness to take on higher risk cases, as these survey findings show. We are only now beginning to experience the stabilization this law was intended to achieve."

Denise Elser, MD, chair of ACOG's Illinois Section, characterized the harm imposed by the medical liability crisis as "severe and longstanding." "We can't expect an overnight transformation, but it appears we may be turning a corner. In 2004, our survey found that Illinois' toxic legal environment would have led only one in 10 OB/GYNs to recommend practicing in this state to a colleague. Now, twice as many of my colleagues would encourage new physicians to come here. We need to be able to compete with other states to attract talented young physicians. About three-fifths of our OB/GYN workforce is over the age of 46, which is a big concern given that younger doctors serve a larger share of obstetrical patients."

The following information highlights key survey findings. Dr. Blumenthal is a Chicago-area OB/GYN who serves as co-chair of the OB/GYN Crisis Coalition. Dr. Elser is a south suburban Chicago urogynecologist who chairs the Illinois section, American College of Obstetricians and Gynecologists.

2008 Illinois OB/GYN Survey Highlights Views of Illinois' Medical Liability Climate are Improving

- The number of OB/GYNs who "strongly agree" that the professional liability environment is the biggest issue facing health care in Illinois dropped from 87% in 2004 to 58% in 2008. Liability reform clearly remains a high-level concern for OB/GYNs, but the degree of concern has declined among OB/GYNs.

- The number of OB/GYNs who "strongly agree" with the statement, "I would not encourage an obstetrician just starting out to practice in Illinois" declined from 63% in 2004 to 43% in 2008.

- The number of OB/GYNs who would recommend practicing in Illinois doubled from 11% in 2004 to 23% in 2008. While three-quarters of doctors remain hesitant to encourage colleagues to come to Illinois, views appear to trend toward an improving practice climate.

OB/GYN Services: More Availability after Medical Liability Reform

The following charts detail a series of identical questions asked of Illinois OB/GYNs in 2004 and again, in 2008.

Chart One reflects physicians' responses when asked if they had made any significant practice-related changes in the previous two years.

CHART ONE In the last two years have you?	Answered "yes" in 2004	Answered "yes" in 2008
Limited or stopped performing VBACs * Vaginal Birth after Cesarean (VBAC)	63%	37%
Performed more Cesarean sections	54%	34%
Limited the number of high-risk patients you see	50%	34%
Decreased the scope of medical services offered	47%	28%
Performed fewer major gynecological surgeries	39%	30%
Added/expanded the scope of medical services	21%	24%

ISMS UPDATE *(continued)*

Responses from the practice change questions cited above indicate OB/GYNs are more willing to perform procedures associated with higher risk and offer expanded care options to patients in 2008 than they were in 2004.

Chart Two reflects responses from physicians who reported they made a practice change in the previous two years. These physicians were asked if the change was a result of concern over professional liability.

CHART TWO In the last two years have you made a change as a result of professional liability concerns? (asked only to the physicians who indicated "yes" a change had been made – see Chart One)	Answered "yes" in 2004	Answered "yes" in 2008
Limited or stopped performing VBACs	58%	32%
Performed more Cesarean sections	48%	28%
Limited the number of high-risk patients you see	48%	29%
Decreased the scope of medical services offered	42%	25%
Performed fewer major gynecological surgeries	28%	20%
Added/expanded the scope of medical services	10%	6%

The follow-up question posed to physicians making practice changes between 2004 and 2008 indicates professional liability decreased as a motivating factor.

Survey Note: Physicians were only asked about changes made during the previous two years of practice. Some physicians may have made these changes for the entire period or for certain instances only.

Other Statistics of Note

•In 2008 slightly more than 64% of responding OB/GYNs were over the age of 46. In 2004, 57% of survey respondents were over age 46. According to statistics from the American Medical Association, the national average age for OB/GYNs engaged in patient care is 47 years old, which suggests the average age for Illinois OB/GYNs is above the national average.

•Physician age is associated with willingness to practice obstetrics as older physicians are less likely to provide obstetrical services. The survey found 69% of OB/GYNs between the ages 36-40 practice obstetrics, contrasted with only 37% of the OB/GYNs between the ages 56-64. This variation underscores the critical importance of attracting newly trained physicians to Illinois.

•Slightly more than 84% of OB/GYNs believe women's access to care is being compromised by Illinois' medical liability climate.

About the 2008 Survey

A total of 2,091 practicing physician OB/GYNs were contacted to complete this survey; only physicians identified as being in active practice were contacted. Students, residents, retired physicians and non-OB/GYNs were not solicited. A total of 487 valid surveys were completed online or through the mail. The response rate was 23.3%. Margin of error is +/-5.1% at the 99 percent confidence level. The survey was conducted from April through June 2008.

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Registration is free, but space is limited.

For more information please contact:

Theresa Angell, Email: tangell@uic.edu Phone: 312-996-8741
Department of Neurosurgery, University of Illinois at Chicago

CMS CALENDAR OF EVENTS

2008

SEPTEMBER

Friday, Sept. 5

**Young Physicians Group Summer Outing
White Sox Game**
U.S. Cellular Field
7:00 p.m. - 11 p.m.

Tuesday, Sept. 9

Council Meeting
Maggiano's
6:00 p.m. - 9:00 p.m.

Wednesday, Sept. 17

Executive Committee Meeting
Chicago Medical Society (4th Floor)
8:00 a.m. - 9:00 a.m.

OCTOBER

Saturday, Oct. 4

CMS Medical Student District Meeting
Chicago Medical Society (4th Floor)
10:00 a.m. - 11:30 a.m.

Saturday, Oct. 4

ISMS Student District Meeting
Illinois State Medical Society (Board Room)
12:00 p.m. - 2:30 p.m.

Tuesday, Oct. 7

Resolutions Reference Committee Meeting
Chicago Medical Society
3:30 p.m. - 5:00 p.m.

Wednesday, Oct. 15

Executive Committee Meeting
Chicago Medical Society (4th Floor)
8:00 a.m. - 9:00 a.m.

Wednesday, Oct. 15

Board of Trustees Meeting
Chicago Medical Society (4th Floor)
9:00 - 10:00 a.m.

Sunday, Oct. 19

Nominating Committee Meeting
Chicago Medical Society (4th Floor)
9:00 a.m. - 10:00 a.m.

Saturday, Oct. 25

ISMS Board of Trustees Meeting
Illinois Medical State Society
8:00 a.m. - 3:00 p.m.

For additional information, please call (312) 670-2550, or send an e-mail to askcms@cmsdocs.org.



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Office/building for sale/rent

FULLY EQUIPPED MEDICAL SUITE (exam rooms, lab, offices, storage, bathrooms). Occupied by established clinical trial center. Seeking other physicians to share (part- or full-time), or larger group to sublease entire suite. North Michigan Ave. location. If shared, revenue can be generated (negating part of rent) by seeing some of our patients. Rent very reasonable, time frame flexible. Have more space than we need. Will entertain all inquiries from other physicians. Contact at (312) 988-4500. Good for new MD(s) who want to explore feasibility in this area or semi-retired wishing to keep limited hours.

Personnel wanted

PHYSICIANS' ATTORNEY—EXPERIENCED and affordable physicians' legal services including practice purchases, sales, and formations; partnership and associate contracts; collections, licensing and disciplinary and disciplinary problems; credentialing; estate planning and real estate. Initial consultation without charge. Representing practitioners since 1980. Steven H Jesser (800) 424-0060; 790 Frontage Rd., Northfield, IL 60093; shj@sjesser.com, or www.sjesser.com.

COMMUNITY HEALTH, ILLINOIS' LARGEST volunteer-based free health clinic, is seeking volunteer physicians. Community Health pro-

vides free of charge primary and specialty care services and a licensed pharmacy. Licensed and boarded physicians and specialists (cardiology, neurology, podiatry, and ophthalmology) are asked to commit to just four hours per month (flexible scheduling). If you are interested in volunteering, please contact Kelly Jordan at kjordan@communityhealth.org; or call (773) 395-9901, ext. 23. For more information, please visit www.communityhealth.org/volunteers.

PRIMARY CARE PHYSICIANS NEEDED TO make house calls to the homebound. Full- or part-time, flexible days and hours. Richard Ansfield (773) 774-7300.

BUSY MEDICAL CLINIC LOOKING FOR a family practitioner or internist for part-time or full-time. Clinic located in South Chicago; our address is 9011 S. Commercial Ave., Chicago, IL 60617. Please call Dr. Bisla (773) 418-1313; or fax resume to (773) 768-6097.

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 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) 342-4201; or send CV to sschneider@homephysicians.com; or www.homephysicians.com.

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Practice announcements

NEW RHEUMATOLOGIST, SIDDHARTH Tambar, MD, announces the opening of his rheumatology practice in Lincoln Park; 2800 N. Sheridan Rd., Suite #100, Chicago; (773) 696-5855.

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Chicago Medicine, the quarterly publication of the Chicago Medical Society, is looking for articles from retired CMS members on what they are doing in retirement, and what retirement means to them.

For more information, please contact Scott Warner, co-editor, at (312) 329-7336; email swarner@cmsdocs.org

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