



chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, July 2008, Vol. 111, No. 9

MESSAGE FROM YOUR PRESIDENT

From our grass roots organization to health care's forefront: your participation counts!

I'm proud to report that several CMS resolutions were adopted at the recent AMA Annual Meeting in Chicago. (See inside coverage for reports and resolutions.)

Thanks to our CMS councilors and ISMS delegates, the AMA will now support national efforts aimed at improving toy safety and educating parents. At your behest, the AMA also recognized the dangers of loud noise exposure, and it will actively support initiatives to inform Americans of the health risks. Last, the AMA adopted policy recognizing the need for physician participation at every level of the healthcare debate. Our involvement will be essential if we want to safeguard our patients' access to healthcare and the practice of medicine as we know it during this time, where it is clear that some type of health system reform needs to be undertaken.

Clearly, our resolutions' progress is proof that your participation at the grassroots level counts. When many minds come together, as they do in our meetings, a resolution is analyzed, amended, and improved. Once behind a resolution, the AMA has an unsurpassed ability to advocate on doctors' and patients' behalf with legislators. In fact, this very process—beginning at the grass roots—and its tangible results were what sold me on organized medicine more than 25 years ago.

In addition to my CMS post, I'm a delegate from



Photos by Ted Grudzinski, AMA

Dr. McDade at the AMA's recent Annual Meeting in Chicago: "Our involvement will be essential if we want to safeguard our patients' access to healthcare."

the American Society of Anesthesiologists (ASA), and I testified on ASA resolutions during last month's House meeting. When I announced I would be running for a seat on the AMA Council on Medical Education, the ASA was there to support my candidacy. (The AMA House of Delegates will hold the election for the position next June.) My experience in continuing medical education in a number of medical organizations, service in medical school administration at the University of Chicago, representation as Pritzker's Delegate to the AMA's Section on Medical Schools, and my understanding of the AMA at all levels will help me as we look toward a future in medical education that will impact the care of patients for the next half-century.

I hope to earn your support and encouragement.

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

NATIONAL MARK

CMS contributes to AMA policy-making body

THE 565-MEMBER AMA HOUSE OF DELEGATES held its annual meeting this June at the Hyatt Regency in Chicago. As part of the Illinois Delegation, CMS leaders joined the national debate on issues in science, ethics, government, public health and business. The ISMS delegation, made up of 16 delegates, 16 alternates, and one regional student delegate, brought approximately 20 resolutions to the policy-making table. Coverage begins on page 4.

CMS members in the spotlight

CMS/ISMS PAST PRESIDENT **M. LEROY Sprang, MD**, was elected president of the Organization of State Medical Association Presidents (*see story below*). The group holds educational pro-



Sprang



Kraus

grams, addresses issues of importance to medical professionals, and facilitates communications among members, constituent associations, and the AMA. In other AMA meeting highlights, Highland Park child and adolescent psychiatrist **Louis J. Kraus, MD**, was elected to serve on the AMA Council on Science and Public Health. Kudos to both doctors.

LEGACY OF SERVICE

Dr. M. LeRoy Sprang to lead national presidents' group

CMS/ISMS PAST PRESIDENT **M. LEROY SPRANG, MD**, was elected president of the Organization of State Medical Association Presidents (OSMAP) this past June, when the organization met in conjunction with the AMA Annual Meeting in Chicago.

Dr. Sprang feels the major issue facing medicine today is the imbalance in the relationship between physicians and third-party payers. Physicians, he believes, must work to regain their rightful role of leadership in the health-care system.

"Physicians cannot expect hospitals, insurance companies or the government to magnanimously create a system that protects our interests. We need to do this ourselves," Dr. Sprang said. "Physicians are the only ones with the education, experience, and expertise to know what it takes to provide high-quality, cost-effective health care."

Approximately 250 current and past state medical association presidents and executive staff from across the country attended OSMAP's General Session this year. The General Session gives OSMAP members a unique opportunity to share their experiences and share their strategies. It also allows them to learn from each others' successes and failures so they can be more effective in ac-

complishing medicine's goals.

In helping its members to lead state associations, OSMAP holds its General Session in conjunction with both the AMA Annual and Interim Meetings.

A member of organized medicine since 1976, Dr. Sprang is a senior attending at Evanston Northwestern Healthcare (ENH) and St. Francis Hospital in Evanston. He is past president of the professional staff of ENH. Dr. Sprang is currently in private practice in Evanston and is president of a 32-member OB-GYN group. He also is professor of clinical OB-GYN at Northwestern University, Feinberg School of Medicine.

In addition to his current service on CMS/ISMS committees, Dr. Sprang is on the boards of ISMS, ISMIS, as well as vice-speaker of the ISMS House, and chairman of PBT. He is past chairman of the boards of both CMS and ISMS. Dr. Sprang serves on the ISMS AMA delegation, and is a member of the AMA Board of Trustees Selection Committee for the Public Member. He also serves on the Practicing Physicians Advisory Council to the Secretary of the Department of Health and Human Services and to the Centers for Medicare and Medicaid Services.

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House of Delegates installs second woman leader

*Uninsured patients top priority
for new AMA president*

NANCY H. NIELSEN, MD, PhD, BECAME THE AMA's 163rd president and second woman president during the Annual Meeting held in Chicago. Dr. Nielsen, an internist from Buffalo, NY, has practiced for more than two decades. She served as medical director for a Buffalo health plan until last year. Dr. Nielsen is currently senior associate dean at the State University of New York at Buffalo School of Medicine and Biomedical Sciences.

In Dr. Nielsen's incoming speech she vowed to "let the nation know that we must cover America's uninsured," and pointed to the engineering used in building bridges to highlight the unique opportunity facing organized medicine.

"Why not start weaving wires into cables—join with patients, employers and maybe even insurers—to build a bridge to a better future, where the real enemies are not each other, but disease, despair and untimely death?" she asked.

Dr. Nielsen succeeds Ronald M. Davis, MD, of East Lansing, Mich. A preventive medicine specialist, Dr. Davis was president of the CMS Student Branch and served his medical residency in Chicago before leaving the state. He is currently undergoing treatment for pancreatic cancer.

The House elected J. James Rohack, MD, president-elect of the AMA. Dr. Rohack is a cardiologist from Temple, Texas, who has served as member of the AMA Board of Trustees for the past seven years.

Delegates also re-elected Denver psychiatrist Jeremy A. Lazarus, MD, to a second term as speaker and Andrew W. Gurman, MD, a hand surgeon in Altoona, Pa., to a second term as vice-speaker.

Advocacy in the courtroom

SPEAKERS AT THE AMA LITIGATION CENTER'S open forum outlined recent cases that are affecting physicians and patients, including *American Medical Association v. UnitedHealthcare*, which the Litigation Center filed in 2000 with the Medical Society of the State of New York (MSSNY) and the Missouri State Medical Association.

AMA President Nancy H. Nielsen, MD, PhD, and Robert Goldberg, DO, MSSNY's past president, detailed the lawsuit, which alleges that Ingenix, a subsidiary of United and the nation's largest provider of health-care billing information, uses a database to determine "usual, customary and reasonable" charges based on unreliable or insufficient data, and that charges for certain procedures are higher than insurers allow.

"This means something to everyone in this room," Dr. Goldberg said, "someone is taking something very valuable [from] you—payment for services."

NOTE: At the ISMS meeting in April 2008, delegates directed the Board of Trustees to urge the Office of the Illinois Attorney General to undertake a comprehensive study similar to the study undertaken in New York on the uses of data and the reimbursement practices of third-party payers in Illinois.

Source: American Medical Association

NEWS FOR CHICAGO PHYSICIANS

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Elder Mistreatment

CMS was the driving force behind two reports adopted by the AMA House of Delegates.

MORE THAN A YEAR AGO, CMS SPONSORED A resolution urging organized medicine to help combat elder abuse and neglect in nursing homes. ISMS adopted and forwarded that resolution to the AMA, which then referred it for study and report back. And in a report from the Council on Science and Public Health, the AMA recommended new policies related to the recognition and treatment of elder abuse. The report encouraged the development of curriculum at the residency level on how to recognize elder mistreatment and the appropriate referrals and treatment when mistreatment is found. It further encouraged the adoption of legislation that promotes clinical, research, and educational programs in the prevention, detection, treatment, and intervention of elder abuse, neglect, and exploitation.

Prescription drug monitoring

In 2007 CMS also sponsored a resolution on prescription drug monitoring in an effort to prevent the abuse of controlled substances. In a report issued by the Board of Trustees, the Board recommended adoption of the following statements in lieu of the original resolution:

- That our AMA support the refinement of state-based prescription drug monitoring programs and development and implementation of appropriate technology to allow for Health Insurance Portability and Accountability Act (HIPAA)-compliant sharing of information on prescriptions for controlled substances among states.
- That AMA policy be that the sharing of information on prescriptions for controlled substance with out-of-state entities should be subject to the same criteria and penalties for unauthorized use as in-state entities.
- That our AMA actively support the funding of the National Schedules Prescription Electronic Reporting Act of 2005 that would allow federally funded, interoperative state-based prescription drug monitoring programs as a tool for addressing patient misuse and diversion of controlled substances.



CMS member Raj Lal, MD, provides testimony at the AMA House of Delegates meeting.

To the Big House Your resolutions travel the distance

The following resolutions were sponsored by CMS members

INCONSISTENT INSURANCE COVERAGE FOR CHILDREN, HABILITATIVE SERVICES FOR CHILDREN
Current policy reaffirmed.

STUDY OF UNIVERSAL HEALTHCARE SYSTEMS RESOLVED, That our AMA recognize that as our health care delivery system evolves, direct, and meaningful physician input is essential and must be present at every level of debate.
Adopted as amended.

UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT
Referred

A MODERN CHEMICALS POLICY
RESOLVED, that our American Medical Association call upon the United States government to implement a national modern, comprehensive chemicals policy that is in line with current scientific knowledge on human and environmental health, and that requires a full evaluation of the health impacts of both newly developed and industrial chemicals now in use; and be it further
RESOLVED, that our American Medical Association support the restructuring of the Toxic Substances Control Act to serve as a vehicle to help federal and state agencies to assess efficiently the

(continued on page 8)



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Edward Gometz, center, member, CMS Student District, participates on a reference committee.

human and environmental health hazards of industrial chemicals and reduce the use of those of greatest concern; and be it further

RESOLVED, that our AMA support the Strategic Approach to International Chemicals (SAICM) process leading to the sound management of chemicals throughout their life-cycle so that, by 2020, chemicals are used and produced in ways that minimize adverse effects on human health and the environment; and be it further

RESOLVED, that our AMA encourage the training of medical students, physicians, and other health professionals about the human health effects of toxic chemical exposures.

Substitute Resolution Adopted.

TOY SAFETY

RESOLVED, That our American Medical Association support educational campaigns to raise awareness among the public regarding the safety of toys and other child-related products that are recalled; and be it further

RESOLVED, That our American Medical Association

support national legislation aimed at improving toy safety.

Adopted as Amended.

NOISE POLLUTION

RESOLVED, That our American Medical Association recognize noise pollution as a public health hazard, with respect to hearing loss, and support initiatives to increase awareness of the health risks of loud noise exposure.

Substitute Resolution Adopted

ENCOURAGING "GREEN" INITIATIVES

Referred

Students speak up for the uninsured

HELPING TO FOCUS ATTENTION ON THE plight of the uninsured, approximately 400 AMA students, residents and fellows took to U.S. Cellular Field with a powerful message. As crowds entered the stadium to watch the Chicago White Sox play against the Colorado Rockies, AMA volunteers spoke to Chicago-area fans about the two million uninsured residents in Illinois, and the tens of millions more living across the United States. They further encouraged fans to vote in the November election with this issue in mind.

This outreach event was part of the AMA's overall "Voice for the Uninsured" campaign—a three-year multimillion dollar effort to spur action to cover America's 47 million uninsured—and the first of the AMA-MSS' 2008-2010 National Service Project, "Covering the Uninsured and Protecting Access to Care."

The students and residents also distributed fliers explaining the AMA's proposal on health-care reform. And while fans took their seats, they viewed the new "Voice for the Uninsured" television ads that ran on the center-field scoreboard. Two "Voice for the Uninsured" billboards will be displayed along major Chicago highways throughout June. In addition, the AMA launched a new "Voice for the Uninsured" Web site.

Source: American Medical Association

(AMA coverage continues on next page)

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AMA to rate claims processing performance of insurers

THE AMA ANNOUNCED IT HAS LAUNCHED a new campaign to encourage insurers to make the claims processing performance more efficient, cost-effective, predictable and transparent.

As announced during the Annual Meeting in Chicago, the "Cure for Claims" campaign will utilize a National Health Insurer Report Card that rates the claims processing performance of Medicare and seven national commercial insurance companies. They include Aetna, Anthem Blue Cross Blue Shield, CIGNA, Coventry Health Care, Health Net, Humana and United-Healthcare.

The card's purpose is to provide AMA members and the public with an objective and reliable source of information.

The metrics of this card cover: (1) timeliness (2) accuracy (3) transparency of contracted fees (4) compliance with generally accepted pricing

rules (5) transparency of contracts and (6) denials (as percentage of claims). These measures were selected because they are critical to the health-care claims process, and provide actionable data that physicians and payers can use to improve the efficiency of billing and collections, thereby reducing overall health-care costs to patients, physicians, employers, health insurers and other payers.

The AMA strongly encourages all physicians to take part in the "Cure for Claims" campaign. The AMA's Practice Management Center offers online resources that can help physicians prepare claims, follow their progress and appeal them when necessary.

For more information, go to www.ama-assn.org/golcureforclaims or www.ama-assn.org/golpmc.

*Source: American Medical Association
(AMA coverage continues on next page)*

Orienting residents to organized medicine



CMS and ISMS staff hand out recruitment materials to potential members at Advocate Illinois Masonic Medical Center.



ISMS President Shastri Swaminathan, MD, addresses Rush residents about the benefits of organized medicine.

Photos by Amanda Worley, CMS

CMS and ISMS representatives visited resident orientations at several Cook County hospitals this June. CMS President-elect William N. Werner, MD, and ISMS President Shastri Swaminathan, MD, discussed the importance of organized medicine and its advocacy efforts on physicians' behalf. The two leaders were assisted by staff who described member benefits and services while handing out reading material. Many residents were eager to learn about CMS and ISMS and several joined on the spot!

New policy highlights

Delegates at the AMA meeting considered more than 700 reports and resolutions. For a comprehensive download of all documents, please visit the AMA web site: www.ama-assn.org. We present a brief summary below:

- Adopted policy asking for appropriate financial and other incentives to help physicians use electronic prescribing, and for the removal of barriers that keep doctors from utilizing it.
- Resolved to express its grave concern to the Bush administration and Congress that a veto of legislation concerning a budget reduction in the Medicare Advantage program with a corresponding increase in the Medicare Physician Fee Schedule would be an egregious error.
- Resolved to study free clinics with the goal of facilitating improved access to care for the uninsured, consistent with the message of the "Voice for the Uninsured" campaign.
- Resolved to place high on its legislative agenda modification of the National Organ Transplantation Act to rescind prohibition of "valuable consideration" for cadaveric organ donation, so that pilot studies of financial incentives can be carried out.
- Referred a resolution asking the AMA to oppose all public and private efforts to bundle providers' payments around hospitalization and follow-up outpatient care, and work with appropriate public and private officials and advisory bodies to ensure that bundled payment reforms do not lead to hospital-controlled payments.
- Voted to continue its strong opposition to non-payment for conditions outlined in the Hospital Acquired Condition—Present on Admission law that are not reasonably preventable through the application of evidence-based guidelines. The AMA will advocate for monitoring practice changes made as a result of the HAC-POA law, educate physicians about the law, and continue to educate and advocate to CMS, members of Congress and the public about the unintended consequences of the law that may adversely affect access and quality of care.
- Resolved to support efforts to ban the sale of tobacco products and/or tobacco byproducts in retail outlets housing store-based health clinics.
- Adopted policy to recognize that insufficient ev-



AMA delegates resolved to study free clinics with the goal of facilitating improved access to care for the uninsured.

idence exists to specifically restrict use of high fructose corn syrup or other fructose-containing sweeteners in the food supply, or to require the use of warning labels on products containing high

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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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AMA HIGHLIGHTS (continued)

fructose corn syrup. The AMA will encourage independent research—including epidemiological studies—on the health effects of high fructose corn syrup and other sweeteners, and on the evaluation of the mechanism of action and relationship between fructose dose and response.

- Adopted policy that asks the AMA Council on Science and Public Health to undertake a review of "anti-aging" medications, their efficacy, benefits and risks, and to report back to the House of Delegates.

- Adopted recommendations that call for all medical care outside of the United States to be voluntary. They address financial incentives, insurance coverage for care abroad and care coordination. The principles also call for patients to be made aware of their legal rights, and have access to physician licensing and facility accreditation information prior to travel. To ensure that insurance companies and others that facilitate tourism adhere to the new principles, the recommendations also call for the AMA to introduce model legislation for consideration of state lawmakers.

- Adopted policy allowing all patients with chronic medical conditions to maintain an emergency reserve of prescription medications. It also encourages patients to carry a list of current medications and the prescribing physician's contact information with them to ensure continuity of care in the event of a disaster or other emergency.

- Adopted policy supporting requirement that medical schools inform students of all government loan opportunities along with private loans, and will require medical schools to disclose why preferred lenders were chosen. The new policy also calls on the AMA to support transparency in how medical schools spend increases to students' tuition and fees.

- Adopted policy supporting state legislation that would prohibit the sale or distribution of flavored tobacco products targeted toward children.

- Adopted policy calling for a simplified rating system to the nutritional label on processed foods.

- Adopted policy calling on the FDA to re-examine the current Daily Reference Intake Value for Vitamin D in light of new scientific findings that suggest it is overly conservative.

Source: American Medical Association

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A "memorable evening" awaits visitors to this 26-year-old North Shore "treasure", a "fine-dining" "temple on Temple Ave" that's ranked No. 1 for Food among Chicagoland restaurants on the strength of its "superb", "very creative" new French fare, which is accompanied by a "fantastic wine list" and served by a "staff that knows when to be friendly and when to be reserved"; the feel is "formal yet extremely comfortable, with cozy booths and soft lighting", making it a "great celebration place"—"if you can afford it"; jackets required for gentlemen. *Zagat Chicago Restaurants 2007/08*

ChicaGourmets! Hosts Jim Price & Don Newcomb

MENU

Paired with Wines

Ramiro Velasquez, Chef de Cuisine

Adam Grandt, Sous Chef

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Vegetable Crudités

Halibut Ceviché with Crispy Tortillas

Wild Cannoli

Crab Cake with Caviar

Zinfandel and Star Anise Poached Pear Stuffed with Stilton Blue Cheese, Petit Salad, Spiced Walnuts and a Red Wine-Herb Vinaigrette

Chervil- and Truffle-Crusted Hamachi with Roasted Parsnip Purée, Caramelized Carrots and Truffle-Thyme Reduction

Cabernet Braised Short Rib with Butter Poached Fingerling Potato & Roasted Cauliflower Ragout with Braising Liquid Jus

Symphony of Desserts

Long the finest dining destination north of Evanston, Carlos and Debbie Nieto's elegant and tiny restaurant reigns supreme on the North Shore. Grounded in French and Italian technique, chef Ramiro Velasquez's food is seriously "haute," opulently sauced, and sometimes baroque in its intricate presentations.

—Chicago magazine



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Council gives young physicians a seat at the table

DISTRICTS MAY GAIN EXTRA SEATS ON THE CMS Council by electing young physicians to serve as their councilors and alternates, according to rules adopted last year by the Council.

The new language allows Districts to add one **young physician** councilor for every 100 District members. (Districts are entitled to two councilors for their first 100 dues-paying members, and one councilor for each 100 thereafter.) But so far, only a few Districts have met this challenge.

Young members are the future of any dynamic, progressive organization. At CMS they are encouraged to participate in policy activities that will affect them for years to come, including the debate over health system reform. Young physicians comprise 24% of the total physician population, and they are needed for membership recruitment, particularly of younger members. Coming from a different practice environment, young physicians can enhance Council deliberations while sharing their knowledge and experience with other young members.

CMS defines “young physicians” as those physicians under 40 years of age or within the first eight years of professional practice after residency and fellowship training.



CMS Alliance plans future

Discussing new initiatives for the Chicago Medical Society Alliance (CMSA) at a recent meeting are: (from left): Michelle Paperello, guest; Jennifer McDade, president, CMSA; Benilda Hizon, president, ISMS Alliance; Tara Swaminathan, CMSA member; and Megan Whalen, membership director, CMS.

CMS to host young physicians at White Sox game

CMS' YOUNG PHYSICIANS HAVE BEEN invited to a complimentary social and networking event at U.S. Cellular Field on Friday, Sept. 5. The Chicago White Sox will be playing against the Anaheim Angels beginning at 7:11 p.m. CMS' Young Physicians Group (YPG) has reserved a block of seats in the lower reserved area; and a limited number of tickets are free for young CMS members.

CMS defines “young” as those physicians under age 40 or within the first eight years of professional practice after residency and fellowship training. Like the AMA's Young Physicians Section, the CMS YPG aims to improve the practice of medicine for medicine's younger generation, including the transition into practice. The YPG also seeks to include new doctors in policy development and to promote young physician leadership throughout organized medicine.

The September outing is the first for the YPG,



The CMS Young Physicians Group will gather Sept. 5 at U.S. Cellular Field for a social and networking event.

which has met several times this year to plan events such as this. The YPG also monitors the progress of CMS programs and services on young members' behalf. In recent months, the YPG has noted enhancements in CMS' Web site, which now includes job listings, blogs for young doctors, and a grass roots advocacy center. Young physicians are also eligible for substantial membership discounts and educational programs on contract negotiations.

For more information, contact Jennifer Cox at (312) 670-2550, ext. 324; or jcox@cmsdocs.org

Chicago Medical Society

Presents

2008

Parliamentary Procedures Workshop

Audience: CMS District & Council Officers, Board Members, Executives,
Officers of Specialty Societies and Hospital Leadership

Date: Wednesday, August 20, 2008

Location: CMS Building, 515 N. Dearborn Street, 4th Floor
(*corner of Grand & Dearborn*)

Fee: \$15 (*includes lunch*)

Other: Non-CME activity

Schedule:

- **Part I: 10:00 a.m. – 12:00 p.m.**
- Lunch (*provided by CMS*): 12:00 p.m. - 1:00 p.m.
- **Part II: 1:00 p.m. - 3:00 p.m.**

*Seating is limited to first fifty participants! CMS
will be providing lunch so please **RSVP by 8/15.***

Registration:

Name: _____ Phone: _____ E-Mail: _____

Method of Payment:

Check enclosed in the amount of \$ _____

Charge \$ _____ to my:

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Signature: _____

Please fax your response to (312) 670-3646 or visit www.cmsdocs.org to register.

Questions? Please call Annette Boksa at (312) 329-7340 or aboksa@cmsdocs.org

What didn't happen at the Illinois Capitol in 2008

NORMALLY THIS TIME OF YEAR IS WHEN WE inform physicians about the health-related legislation that cleared the Illinois General Assembly. However, these aren't normal times. Despite Democratic control over all three branches of the public policy-making process (State Senate, House and Governorship), political infighting and gamesmanship appear to be thwarting meaningful dialogue on advancing even the most basic legislation.

The 2007 legislative session, which was also considered extremely contentious, generated 750 bills that reached consensus in both the House and Senate. This year the General Assembly managed to pass just 283 bills – a sizable decline and an indicator of just how much more toxic the political environment has become.

What does this mean for physicians and patients? Many physicians probably think a slowdown in legislative interference isn't so bad. In such an environment, slowing down legislation that is bad for medicine can be more easily accomplished. An example of a negative bill the Illinois State Medical Society was successful in stopping this year was a proposal to grant licensure to lay midwives. These midwives are not comparable to nurse midwives, and do not have medical training. ISMS successfully led a coalition to convince lawmakers that licensing untrained providers of medical care would be bad for patients.

On the flip side, normally routine legislative matters can also get caught in the political cross hairs. Renewal of the Medical Practice Act (MPA) is one such issue. Despite passing the Senate with near unanimous approval, the MPA failed to be called for a vote in the House. The MPA is the backbone of the practice of medicine in Illinois and expires at year's end. The MPA must absolutely be renewed, yet it has been left on the unfinished business pile for consideration during the fall "veto session." This session is normally intended for tidying up legislative loose ends and allowing the General Assembly to attempt to override vetoes on bits of legislation the Governor chose not to allow as law. For the second time in recent years, the MPA has been delayed for consideration during the veto session, a potentially dangerous precedent, which doesn't allow much time for action on the renewal.



Photo by Scott Warner, CMS

Despite a bleak picture, things aren't all bad for CMS and ISMS members. Your dues dollars go to support one of the most respected and knowledgeable lobbying teams walking the corridors of the Statehouse.

Another major concern surrounds the state budget. When the Illinois General Assembly adjourned on May 31, 2008, it left behind a financial plan lacking approximately \$2 billion necessary to pay for the spending lawmakers had approved for the new fiscal year (which started July 1). The General Assembly's intent in passing an unbalanced budget was to leave it to the Governor to decide how to make spending cuts. This strategy is very uncommon. Governor Blagojevich countered that passing an unbalanced budget is unconstitutional and called on the General Assembly to fix the deficit. As we went to press, the Governor and other legislative leaders were still debating how to fill such a sizable void.

Despite this bleak picture, things aren't all bad for Chicago Medical Society and Illinois State Medical Society members. Your dues dollars go to support one of the most respected and knowledgeable lobbying teams walking the corridors of the Statehouse. You can count on lawmakers seeking ISMS input on all health-care related matters.

To keep track of the latest developments in Springfield and receive members-only updates from the ISMS lobbying team, visit the Capitol MEDLOG legislative health affairs blog at www.isms.org.

CMS CALENDAR OF EVENTS

AUGUST 2008

Wednesday, Aug. 6

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

Wednesday, Aug. 6

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

Wednesday, Aug. 6

OSHA Training Workshop
Lutheran General Hospital
10:00 a.m. -- 12:00 p.m.

Wednesday, Aug. 20

Parliamentary Procedures Workshop
Chicago Medical Society (4th Floor)
10:00 a.m. -- 3:00 p.m.

Saturday, Aug. 23

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

Saturday, Aug. 23

Council of Medical Staff Leadership Meeting
Maggianno's
9:00 a.m. -- 10:30 a.m.

Saturday, Aug. 23

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

Friday, Aug. 29

OSHA Training Workshop
Rush North Shore Medical Center
2:00 p.m. -- 4:00 p.m.

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



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2nd Floor	17,557 RSF	New first generation space built to suit your needs, views of Lincoln Park
4th Floor	24,741 RSF	New first generation space built to suit your needs, views of Lincoln Park and excellent views of the lake
5th Floor	20,000 RSF	New first generation space built to suit your needs, views of Lincoln Park and excellent views of the lake

Also visit us at www.lakeshoremicalcenter.org



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Andy.Bartucci@transwestern.net

Chicago Medicine classified advertising form

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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: Michael Boros, *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610; or fax it to (312) 670-3646. If you have any questions, call Mike Boros at (312) 329-7326.

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Total price per insertion	_____
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CLASSIFIED ADVERTISING

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MULTI-USE 1150 SQ. FT. HYDE PARK storefront/medical office space for lease at 1748 E. 55th St. Property at the corner of 55th and Everett. Rent is \$2,100 a month net. Contact Jonathan Feldman at (312) 823-7520 or jfeldman@atproperties.com.

PRIMARY CARE MEDICAL PRACTICE for sale in Northbrook. Faithful clientele. Owner will remain for one year to introduce new physician. Reasonable terms. Call (847) 498-1515; or fax (847) 498-2362.

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FAMILY PRACTICE PHYSICIAN WHO completed residency June 30, 2008, is looking for practice opportunities/group practice. Please contact Dr. S. Kapoor by email: skapoor45@hotmail.com; phone (847) 885-7199; cell (847) 977-9589; or fax inquires to (847) 310-0323.

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FAMILY PRACTICE PHYSICIAN WHO completed residency June 30, 2008, is looking for practice opportunities/group practice. Please contact Dr. M. Kapoor by email at mukeshkapoor@hotmail.com; by phone (847) 885-7199; or cell (630) 254-1294; or fax inquiries to (847) 310-0323.

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