



chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, 2010, Vol. 113, No. 11

PRESIDENT'S MESSAGE

Health care through the horse



CMS President Dr. David A. Loiterman comments on a proposed resolution during the 2010 AMA Interim Meeting in San Diego. Coverage begins on page 12.

Photo courtesy Ted Grudzinski, AMA

AFTER RELOCATING TO THE MIDWEST from the East Coast years ago, I happened to have a conversation with a local carpenter who lived in Jo Daviess County, Illinois.

After a little back and forth the carpenter told me something that I have never forgotten and it has stood me in good stead.

“Quality is kind of like buying oats. If you want good clean oats you must pay a fair price. However, if you are satisfied with oats that have been through the horse . . . well, they are a little cheaper.”

His comment came back to me as I was attending a recent summit sponsored by the Illinois Institute of Government and Public Affairs, at the University of Illinois. During the summit, we learned that the state of Illinois spends almost eight billion dollars, or approximately three out of every five dollars collected each year in revenue, on just under three million citizens receiving Medicaid.

More than half of that expenditure goes toward providing long-term care and care for the disabled.

In the coming years, an estimated 3.5 million Illinois residents will be receiving Medicaid, out of a total state population of just under 13 million.

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PRESIDENT'S MESSAGE *(continued from first page)*

While the traditional "80-20" distribution rule does not exactly apply, a small fraction of the insured consume a lion's share of the expense.

Clearly, certain questions ought to be addressed:

- Can health care delivery in Illinois be made more economically efficient?
- Would community structures such as faith-based charities or cooperatives better serve some citizens receiving long-term care through Medicaid?
- Can more employment opportunities be structured into the public and private sectors so that some disabled citizens can work?
- Should our health care delivery models be directed by government-imposed command price and service structures, or should we construct sys-

tems that rely on the interplay of interests, both those of consumers and health care providers?

- What role does or should politics play in these important choices that impact everyone?

In our quest to achieve the ideal of access, affordability and accountability, all citizens should ponder the aphorism about quality, and consider whether they or their families would be satisfied with health care "that has been through the horse."



David A. Loiterman, MD
President
Chicago Medical Society

NEWS FOR CHICAGO PHYSICIANS

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"We are reaching the point where the profession is not providing what society wants. When that happens, regulators can step in and say they won't fund education anymore," Dr. Michael Whitcomb tells an audience of Illinois residency program directors.

CMS/ISMS program updates educators on impending physician shortages

BUILDING ON THEIR LONGSTANDING RELATIONSHIP with medical educators, CMS/ISMS hosted the third annual Illinois Residency Program Directors Meeting. The half-day session, held Dec. 4 at ISMS headquarters, updated participants on workforce issues and trends, status of GME funding, and the latest in residency training news.

Presenter Russell Robertson, MD, Chairman of the Council of Graduate Medical Education and advisor to Congress, predicted the current physician shortage will likely worsen significantly with the expected addition of 30 million more uninsured people in 2014. With the greatest shortages in the primary care specialties, physicians of the future will need to be trained differently to manage adults with chronic diseases, he said.

Speaker Michael Whitcomb, MD, former Senior Vice President for the Medical Education Association of American Medical Colleges, offered his assessment: "We are reaching the point where the profession is not providing what Society wants. When that happens, regulators can step in and say they won't fund education anymore."

Another serious challenge is lack of adequate funding for medical education. Dr. Whitcomb said that new and innovative approaches are needed to finance GME or reallocate existing resources.



Dr. Craig A. Backs, Chairman of the ISMS Board of Trustees, introduces Dr. Whitcomb to the Illinois residency program directors.

But the greatest obstacle involves our representatives in government who don't understand the needs and issues in medical education and health care delivery. "We must carry out high level talks and educate representatives of the public," Dr. Whitcomb said.



CMS President Dr. Loiterman welcomes attendees.

(continues on page 6)

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Protecting the practice of medicine in Illinois

CHALLENGES *(continued from page 4)*

“Unless everyone agrees on how to proceed, we won’t be able to create an accountable care system,” he predicted.

Despite rapid expansion of American schools of medicine, continuing growth of off-shore medical schools, and growing need for more physicians in the pipeline, the number of PGY-1 postgraduate training positions in the U.S. remains frozen at about 27,000, according to Dr. Robertson. He cited evidence that U.S. medical students are failing to obtain postgraduate training positions.

Medical schools must do a better job encouraging students to go into primary care and work in rural shortage areas, Dr. Robertson said. Although return on investment is important to students, Dr. Robertson believes another reason students avoid primary care is a lack of positive role models. Students are often exposed to primary care doctors who aren’t happy in their profession, Dr. Robertson explained.

Dr. Robertson worries that students today are making decisions based on the current state of the health care system. Here again, medical schools could do more to inform students of the realities of practice, and the importance of primary care, Dr. Robertson said. He noted that *Annals of Family Medicine* recently reported that 70% of patients seen by specialists should have been referred back to the primary care doctor. Roughly 20,000 people die yearly from lack of primary care, he added.

On the local scene, approximately half of graduating Illinois residents and fellows are leaving Illinois to practice elsewhere, Dr. Robertson reported. Over half cite malpractice insurance rates and the medical liability environment. Other reasons include family, and spouse employment opportunities.

Setting duty hour limits

The physician shortage is complicated by restrictions on the number of hours residents can work, many believe. In 2003 the ACGME implemented 2003-2010 resident duty hour limits of 80 hours per week, a change that many educators said interfered with residents’ learning and required hospitals to hire more personnel. Jeanne K. Heard, MD, PhD, Senior Vice President of Accreditation at ACGME, explained how and why the resident duty hours were implemented—in response to the threat of federal legislation and regulation



Dr. Jeanne K. Heard, Senior Vice President of Accreditation at ACGME, discussed restrictions on resident work hours.



ISMS President Dr. Steven Malkin was also on hand to welcome the program directors.

Thus the ACGME agreed to implement duty hour standards and to review them in five years. The organization began a comprehensive systematic review in 2008 that also included the learning environment. The new standards, effective July 1, 2011, retain the current 80 hour duty hour limit per week, averaged over four weeks, but are designed to better match residents’ levels of experience and emerging competencies, Dr. Heard explained.

According to ACGME’s guiding principles, the standards recognize societal demands for improved patient safety, while assuring a humanistic educational environment.



ISMS Secretary-Treasurer Dr. William A. McDade, left, discusses the physician shortage with presenter Dr. Russell Robertson, Chairman of the Council on Graduate Medical Education.

LEADERSHIP

Nominations for CMS, ISMS, and AMA offices in 2011-2012

*The nominations of the following physicians were announced
at the CMS Council Meeting on Nov. 15, 2010*

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Rafael Z. Campanini, MD

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Dr. Olivier honored for helping Haitians see

CMS MEMBER MILDRED OLIVIER, MD, IS A recipient of the 2011 Dr. Nathan Davis International Award in Medicine. Presented by the AMA Foundation, in association with Pfizer Inc., the award recognizes physicians who have dramatically improved medical practice, education or research for an international patient population.



Dr. Olivier

Dr. Olivier works to eradicate preventable blindness due to glaucoma in Haiti, where the depressed economy and lack of infrastructure makes identifying and treating glaucoma very difficult. Since 1993, Dr. Olivier has led regular medical missions to Haiti several times a year, bringing medical equipment, her skills, other practitioners and training programs for the local Haitian doctors. Every trip to Haiti is organized so that Haitian physicians and medical practitioners conduct large on-site clinics.

Additionally, she initiated research on the substitution of diode laser treatments instead of scarce, costly medications for primary open

angle glaucoma patients. She is working with a team to identify markers for glaucoma through registration and genetic sampling of families in Haiti with high incidence of the disease.

An estimated 17,000 patients have been helped by Dr. Olivier, her colleagues and others she has helped train. She not only trains Haitian physicians and nurses, but is sought after by organizations wanting to learn more about glaucoma, vision screening, Haiti, health care disparities and women in leadership.

The award will be presented on, Feb. 8, at the 2011 Excellence in Medicine Awards Ceremony, in conjunction with the AMA National Advocacy Conference in Washington, DC.



Dr. Vemuri S. Murthy, (left) Chairman, Project SMILE (Saving More Illinois Lives through Education) showcased his CPR initiative at the recent 30th Annual Meeting of the Indian American Medical Association in Illinois. With Dr. Murthy are Heather Gavras, American Heart Association, Ted Kanellakes, Executive Director of CMS, and Dr. David Loiterman, CMS President.



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Illinois General Assembly's veto session proves significant to physicians

THE ILLINOIS GENERAL ASSEMBLY RECENTLY wrapped up its 96th Session with actions significant to physicians. In an unusual move, the Assembly held a prolonged "lame duck" session to address several issues. As always, ISMS' lobbying team was hard at work representing your interests at the Capitol. Here is a quick roundup.

Allied health professionals

Topping the victory list for Illinois physicians and patients was our successful push to override Gov. Quinn's veto of ISMS-supported SB 2635. This bill, which is now state law, clarifies that allied health professionals (AHPs) can be employed by physicians without running afoul of the state's fee-splitting ban. Physicians and the allied health professionals they employ can rest easy knowing that these mutually beneficial relationships are protected by law and patient choice remains protected. Be aware, though: physicians who employ some types of AHPs (physical therapists, occupational therapists, athletic trainers or genetic counselors) must notify patients when referring internally and must offer a referral for outside/independent services upon request. ISMS has prepared a sample disclosure form for members, which can be downloaded at www.isms.org.

Midwives

Another significant victory for patient safety came out of the lame duck session, when the Illinois House voted down a proposal to license direct-entry midwives. The bill received only 46 of the 60 votes it would have needed to pass, but this issue is likely to resurface in the future, so stay alert. ISMS and the Illinois Section of ACOG vehemently oppose licensure of individuals who are unqualified, undertrained, unsupervised and uninsured for liability to provide this most sensitive level of medical care for mothers and babies. Thanks to all concerned physicians who contacted their lawmakers on this important issue. Our hard work paid off.

Workers' compensation

Select lawmakers from both political parties worked feverishly to "reform" workers' compensation and ultimately recommended adoption of Senate Bill 1066, which contained many provisions that are opposed by ISMS. Chief among these provisions are a 15% reduc-

tion in the workers' compensation fee schedule; collapsing the 29 fee schedules into four; limiting patient choice of physicians; and imposing very strict utilization review standards. Fortunately, no legislation was passed before the close of the session.

It is certain, however, that these efforts will continue in the 97th General Assembly, which has been sworn in and will return in February. The stated goal is to cut costs, but ISMS is fighting to make sure cost cutting doesn't undermine access to medical care. CMS member and workers' comp expert Preston Wolin, MD, recently testified before special workers' comp study committees in the Illinois House and Senate. He explained how miles of red tape, rules and the state's adversarial legal climate intrude daily on physicians' treatment of workers' comp patients. Unfortunately, many of the proposals being considered may have a negative impact on the care provided to workers' comp patients, and more physician input is needed. Stay tuned.

Medicaid reform

A bill aimed at cutting costs in the Medicaid program passed both houses of the General Assembly. This legislation restricts Medicaid eligibility, requires periodic proof of eligibility and re-application to the program, and moves at least half of Illinois Medicaid beneficiaries into coordinated care over the next four years. Details about this coordinated care arrangement are still emerging, so watch ISMS publications in the coming months. Rest assured we will continue to advocate for the best interests of physicians and their patients.

"Lawsuit Loan Shark" bill

Thanks in part to ISMS lobbying, a bill to legitimize the industry of lending at steep rates to plaintiffs in civil suits (SB 3322) was defeated 87-28 in the Illinois House. This bill would have incentivized frivolous lawsuits against businesses and health care providers – something we do not need in Illinois' already-difficult litigation climate. This bill is dead, but the rules for this type of lending remain vague, and the issue will likely reappear.

Medical Practice Act

Illinois' Medical Practice Act was extended for 11 months, until Dec. 1, 2011. No changes were made this year, but watch for attempts at substantive

ISMS UPDATE *(continued)*

change next year. License revocation for physician sex offenders is one topic the General Assembly is expected to address soon, through the Practice Act renewal or independent legislation. We may also see attempts to increase medical license fees and shorten the licensure cycle from three years to two; ISMS firmly opposes both these changes. As always, ISMS is actively working to secure safety for patients and fairness for physicians. Our primary goal is a 10-year extension of the Act.

Physician profiles

An amendment re-enacting physician profiles was approved by the Illinois House, but received no consideration in the Senate. This is another issue we are likely to see again in the future. ISMS believes physician profiles should only be considered as a component of more comprehensive medical liability reforms

Out-of-network payments:

One issue that continues to be of great concern is insurer payments for hospital-based, out-of-network physician services delivered at in-network facilities. At issue is whether state law will empower insurers

to dictate reimbursement levels for non-contracted physicians. ISMS and facility-based medical specialties are battling this dangerous precedent, which would boost insurers' already-huge market leverage.

Unfortunately, insurers and business groups won the first round. They rushed their "solution" (HB 5085) through the veto session, ignoring ongoing good-faith negotiations between ISMS and other affected parties, which were being directed by the bill's sponsors. ISMS has urged Gov. Quinn to veto HB 5085 based on the negative impact it will have on many physician practices and on access to care at Illinois hospitals.

This battle is far from over, however. Legislators continue to hold negotiations with ISMS and the insurance industry in order to resolve outstanding differences, and ISMS is prepared to introduce legislation that will represent a fair compromise. **Visit ISMS' Grassroots Action Center to urge Gov. Quinn to veto HB 5085 and watch ISMS online for continuing updates on this fast-moving issue.**

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Delegates gather for the 2010 Interim Meeting of the AMA in San Diego, where a CMS member's resolution was part of the agenda. *Photo courtesy Ted Grudzinski, AMA*

AMA Interim meeting: exercise in advocacy

THE 2010 INTERIM MEETING OF THE AMA House of Delegates (HOD) tackled many issues, but none more urgent than enacting Medicare payment reform.

Following up on a June HOD directive, AMA leadership unveiled a new grassroots campaign to push for the adoption of the Medicare Patient Empowerment Act. The proposed legislation would allow Medicare patients to contract privately with physicians while allowing physicians to set fees and charge patients more than the standard Medicare rates. Doctors would have the option of not collecting co-payments from patients who cannot afford them. The measure was slated for introduction early in 2011. Delegates at the next Annual Meeting will hear progress updates.

The Medicare Patient Empowerment Act sprang forth from historic action in June 2010, when delegates debated various balance billing resolutions, including one sponsored by the Illinois Delegation. While the topic had simmered for years, 2010 marked the first time the House took such action. Delegates combined and substituted

several resolutions, incorporating language from the ISMS resolution into a final adopted resolved (Resolution #204—Assuring Patients' Continued Access to Physician Services):

RESOLVED, That our American Medical Association immediately formulate legislation for an additional payment option in Medicare fee for service that allows patients and physicians to freely contract without penalty to either party, for a fee that differs from the Medicare payment schedule and in a manner that does not forfeit benefits otherwise available to the patient. This legislation' language shall be available to our AMA members no later than September 30, 2010.

This action came before Congress passed another reprieve, removing the threat of any further Medicare payment cuts through 2011 (see page 14e for story).

The Interim Meeting took place in San Diego, Nov. 6-9.

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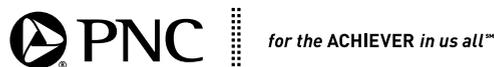
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Congress passes bills blocking Medicare physician pay cut

On Dec. 15, President Obama signed legislation sparing physicians from any Medicare payment cuts through 2011. In removing the threat of the 25% pay reduction that was scheduled to begin Jan. 1, 2011, the bill keeps Medicare physician pay at its present level, which includes the 2.2% increase that physicians received when Congress overrode an SGR-mandated pay cut in June.

The SGR has calculated declines in physician pay numerous times since 2002. In 2010 alone, Congress has overridden declines five times. On top of the 2010 overrides, Congress added a two-month patch in December 2009 that covered January and February 2010.

President Obama has said he hopes to see a permanent fix of the Medicare payment system passed in 2011. A poll released earlier by the AMA showed that 94% of Americans are concerned about a looming cut in Medicare physician payments.

The latest delay in Medicare cuts is expected to cost \$19.2 billion and would be paid for by expanded IRS recoveries under the national health system reform law. The law offers subsidies based on income to people who sign up for coverage through the health insurance exchanges spelled out by the legislation.

Advocacy in action

The Interim Meeting focuses on advocacy issues, pursuant to Policy G-600.052. Here's a recap of other actions taken by the AMA House during the Interim Meeting:

- Ask the AMA Board to provide further clarity regarding non-physicians who may perform invasive procedures, including the use of fluoroscopy, interventional pain management procedures and other treatments. New policy states that in academic settings, the AMA will only support payment models for non-physician practitioners that do not interfere with graduate medical training.
- Ask the Centers for Medicare and Medicaid Services to address problems that physicians have had enrolling in Medicare's online registration system, the Provider Enrollment, Chain and Ownership System, or PECOS. The Association also will seek an extension of the Jan. 3, 2011, enrollment deadline.

- Require all endorsements of nominations of officials for public office to be considered and voted on by the Board of Trustees before making any public pronouncements of support. The policy, presented by five delegations, calls for a task force to report back on the issue at the Annual Meeting in June.

- Referred a decision on the future of the Interim Meeting. In a poll at the Annual Meeting in June, two-thirds of delegates said they wanted to keep the November meeting. But many have questioned why the Interim Meeting, which focuses on advocacy and legislative issues, is not held in Washington, DC.

- Referred a proposal from the Texas delegation calling for an ad hoc committee to study transforming the AMA into an "organization of organizations." The change would have shifted the AMA from an association of individual, voluntary members to an umbrella group for state and specialty societies. The idea had been raised in previous years, and the new proposal said the issue deserves another look because of declining membership. Some delegates favored revisiting the concept, but others said the AMA already is addressing concerns about membership.

- Adopted policy that physicians should routinely discuss advanced care planning with patients, regardless of age or health status. Doctors should be prepared to answer patients' questions and encourage them to discuss their plans with loved ones. Through such discussions, physicians help protect patients' rights and ensure their end-of-life medical care is in line with their wishes.

- Adopted policy calling for universal immunization of health care workers against seasonal and pandemic influenza. Also approved was a recommendation calling for universal immunization of physicians against vaccine-preventable diseases.

- Adopted policy that young athletes suspected of having a concussion should have written or other approval by a physician before they can return to play or practice. The new policy calls for the AMA to promote adoption of this requirement by school and other organized youth sports. The AMA also will encourage educating athletes, parents, coaches, and trainers on concussions.

- Approved policy to support legislation requiring the use of helmets by youths age 17 and younger

while snowboarding and skiing. The policy encourages adults to use helmets in both activities as well. Physicians will be encouraged to educate patients about the importance of using helmets, and promote the availability of rental helmets at commercial skiing and snowboarding areas.

- Voted to continue monitoring health effects resulting from the April 20 Deepwater Horizon oil rig explosion that dumped an estimated 4.9 million gallons of oil into the Gulf of Mexico. A report by the Council on Science and Public Health examined ill effects in residents and clean-up workers.
- Voted to ask the federal government to reevaluate the Schedule 1 status of marijuana and related cannabinoids used for medical care to facilitate research. Much meaningful research is blocked by the current status, because researchers have to get special certification for studies involving Schedule 1 drugs.

Resolution travels the distance

Hoping to help ease and expedite the transition to electronic medical records, Howard Axe, MD, CMS Trustee and Chairman of the Council, authored the resolution (“Health IT and Meaningful Use”) to reduce the burden of “meaningful use” provisions on physicians. Proposed by the Centers for Medicare and Medicaid Services, the provisions require physicians to meet certain quality improvement standards if they wish to apply for incentive payments. Such payments would help cover the cost of EMR technology. Yet linking outcome measures with incentive payments doesn’t address the largest barrier to EMR implementation, Dr. Axe argued. Acquisition and start-up costs are the biggest reason for non-adoption. His resolution called upon the AMA to develop policy for changing “meaningful use” criteria so that

(continued on page 16)

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physicians can better carry out the nationwide implementation of EMRs. The AMA House reaffirmed the resolution as a reinforcement of its stance on this issue.

AMA approves standards for ACOs

The AMA adopted a series of principles on the establishment and operation of accountable care organizations (ACOs), one of the new payment and delivery models established under the Affordable Care Act. According to the AMA guidelines:

- ACOs should increase access to care, improve quality of care, and ensure efficient care delivery.
- ACOs must be physician-led and encourage collaboration, putting patients' interests first. Physician and patient participation should be voluntary.

AMA leaders are scheduled to meet with the Obama administration in 2011 to discuss the AMA position and vision for what ACOs should look like. Leaders clarified the AMA's support of antitrust relief for physician-led ACOs, which it previously stated in a letter to the Federal Trade Commission and other agencies.

Delegates urge caution with social media

Both personally and professionally, physicians increasingly rely on social media. But they should exercise caution, many delegates cautioned. Electronic communications—Twitter, Facebook and other social media—can be accessed by others, with serious professional repercussions. Not only that, patient privacy laws could be violated.

Delegates approved a recommendation that physicians should approach colleagues whom they believe have posted unprofessional content online. While some objected to the proposal, others likened the recommendation to existing standards requiring physicians to report colleagues for unprofessional behavior. This latter view was expressed by CMS member Kavita Shah, MD, an obstetrics-gynecology resident, and resident member of the Council on Ethical and Judicial Affairs.

Physicians exempt from red flags rule

While generating a lot of heat at the AMA Interim meeting, the red flags rule has since been ruled on. Physicians will be exempt, according to a bill recently passed by Congress and signed by Presi-

dent Obama. The rule requires creditors who hold financial data on clients to install theft detection and monitoring programs. The FTC had said physicians were covered under the red flags rule because they bill people for services after they are provided, and because they allow payment plans. The AMA and others objected, noting that under HIPAA, physicians are responsible for ensuring the confidentiality and security of patients' medical information. The AMA and others argued that the red flags rule, on top of HIPAA, was redundant, and an unfunded mandate that would create unnecessary bureaucracy for practices while resulting in little, if any, public benefit.

The AMA, the American Osteopathic Association, and the Medical Society of the District of Columbia, filed a federal lawsuit in May 2010 to prevent the FTC from holding physicians to the red flags rule. The AMA filed the lawsuit through the Litigation Center of the American Medical Association and the State Medical Societies.

Source: adapted from amednews.com

Physician ranks grow in Congress

Twenty-one physicians were elected to Congress on Nov. 2 and two physicians will be heading home—a net addition of six for a total of 22. How major-party candidates fared:

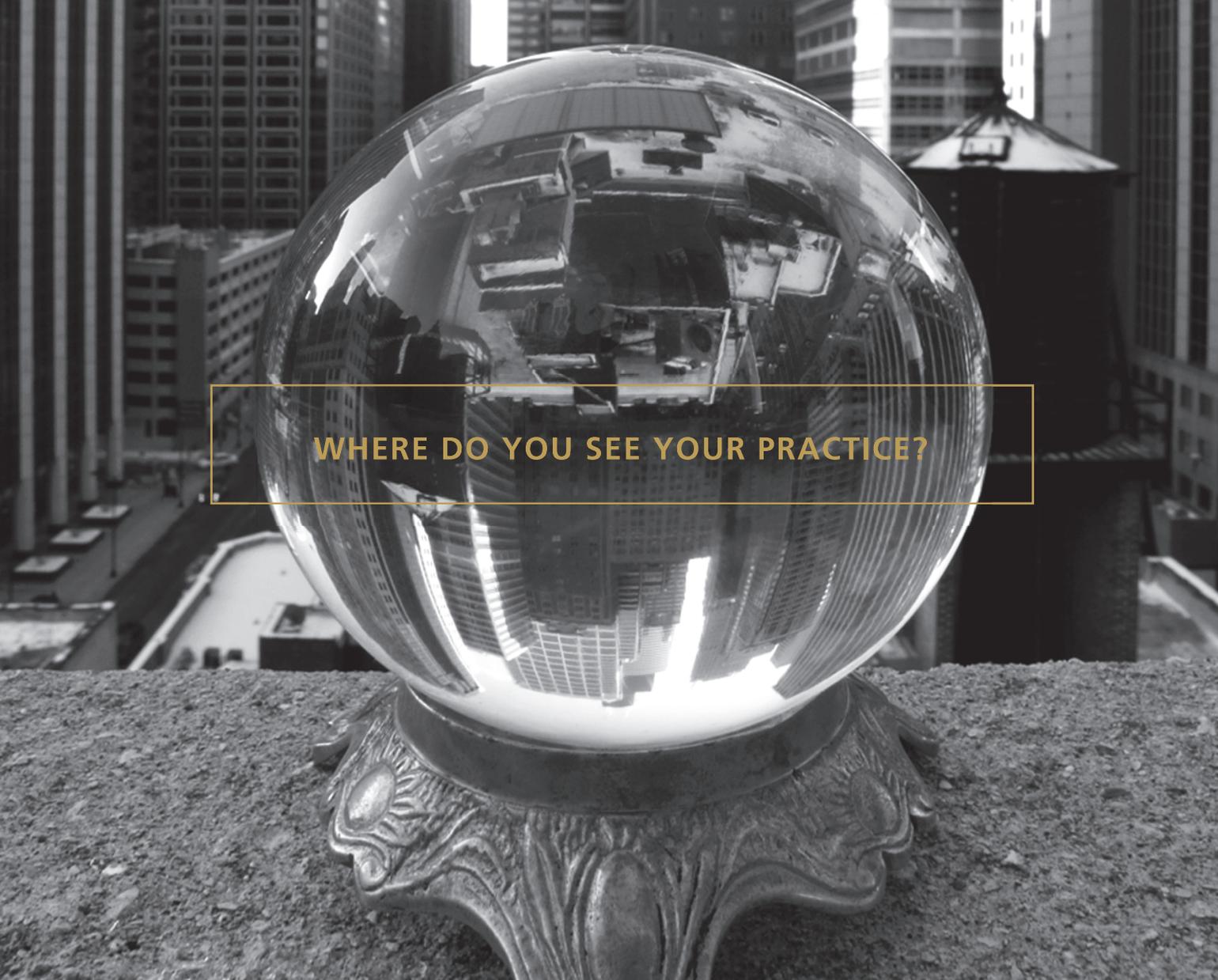
Elected to the House

Mike Fallon, MD (R-Colo.), emergency physician
Larry Bucshon, MD (R-Ind.), thoracic surgeon
Andy Harris, MD (R-Md.), anesthesiologist
Dan Benishek, MD (R-Mich), surgeon
Joe Heck, DO (R, Nev.), emergency physician
Nan Hayworth, MD (R-NY), internist
Scott DesJarlais, MD (R-Tenn.), family physician

Re-elected to the House

Rep. Charles Boustany, Jr., MD (R-La.), cardiovascular surgery
Rep. Paul Broun, MD (R-Ga.), family physician
Rep. Michael C. Burgess, MD (R-Texas), ob-gyn
Rep. Bill Cassidy, MD (R-La.), gastroenterologist/internist
Del. Donna M.C. Christensen, MD (D-Virgin Islands), family physician

(continued on page 18)



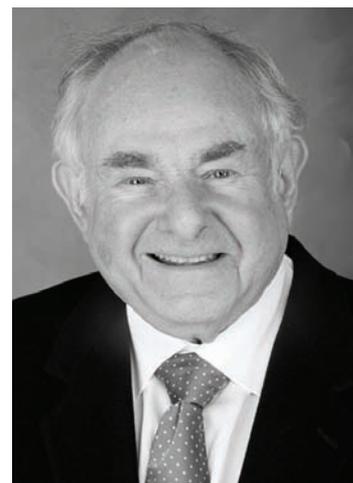
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REPORT FROM SAN DIEGO *(continued)*

Rep. John Fleming, MD (R-La), family physician
Rep. Phil Gingrey, MD (R-Ga.), ob-gyn
Rep. Jim McDermott, MD (D-Wash.), psychiatrist
Rep. Ron Paul, MD (R, Texas), ob-gyn
Rep. Tom Price, MD (R-Ga.), orthopedic surgeon
Rep. Phil Roe, MD (R-Tenn.), ob-gyn
Rep. Vic Snyder, MD (D-Ark.), family physician

Elected to Senate

Rand Paul, MD (R-Ky.), ophthalmologist [son of Dr. Ron Paul]

Re-elected to Senate

Sen. Tom Coburn, MD (R-Okla.), ob-gyn

In the Senate, not up for re-election

Sen. John Barrasso, MD (R, Wyo.), orthopedic surgeon

Lost House election

Ami Bera, MD (D-Calif.), general practitioner
Loraine Goodwin, MD (D-Calif.), general practitioner
Rep Parker Griffith, MD (incumbent, lost primary) (R-Ala.), radiation oncologist
Thomas Hayhurst, MD (D-Ind.), pulmonologist
Rep. Steven Kagen, MD (incumbent) (D-Wis.), allergist/immunologist
Marianette Miller-Meeks, MD (R, Iowa,) ophthalmologist
Rob Steele, MD (R-Mich.), cardiologist
Manan Trivedi, MD (D-Pa.), internist

Lost Senate election

Eric Wargotz, MD (R-Md.), pathologist

Sources: State elections offices, AMPAC



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Physician Health and Resiliency in the 21st Century

By Sonja Boone, MD

Director of Physician Health
and Healthcare Disparities

AMERICAN MEDICAL ASSOCIATION



Dr. Boone

PHYSICIANS WITNESS RESILIENCY in their patients every day, as patients rebound from acute illnesses and remain resilient in the face of chronic disease. How often do physicians view themselves as resilient? Are physicians truly resilient or just sustaining (or surviving) in today's practice environment?

These questions and more were explored during the recent AMA-CMA-BMA International Conference on Physician Health 2010, hosted by the AMA and held at the Swissotel in Chicago in October. More than 300 physicians from around the globe gathered to share research and explore the various issues that challenge today's medical students, trainees and practicing physicians.

This conference was hugely successful as measured by evaluations submitted by attendees. Offering more than 15 Category I CME credits, the educational tracks included: Burnout, Quality as linked to Physician Health, Workplace Wellness Interventions, and Physical & Mental Health. The conference offered oral presentations, workshops and poster sessions, with more than 30 national and international exhibitors. We also launched the *AMA Healthier Lifesteps Toolkit™*, *A Physicians Guide to Personal Health*, a toolkit to assist physicians in making healthier life choices and preventing chronic disease. To view the toolkit, visit: www.healthierlifesteps.org.

Sessions that explored research or interventions to prevent burnout in physicians were "standing room only"! Their popularity indicates a worldwide challenge that physicians face on a daily basis: burnout. Another offering, given during the Plenary Session, was an address by Dr. Michael Myers on Physician Suicide. Although physicians live

longer in general, the rate of physician suicide is increasing, especially over the last 20 years. Dr. Myers depicted poignant stories of adult children of physicians who have committed suicide and the impact on their families and patients. The audience was in tears at one point and yet his overall message was positive because there is growing evidence that physicians are becoming more self-aware and seeking help when they suspect depression.

The closing keynote was presented by Dr. Richard Gunderman. He spoke of the wellspring that all humans have as a source of power and resilience during the most difficult times in life. The AMA Board of Trustees Chair, Dr. Ardiss Hoven, delivered closing remarks that gave perspective to the ongoing work physicians do—taking care of themselves first, in order to be present and care for their patients. The spirit of the conference left many attendees with a renewed commitment to health. As one physician stated: "Be healthier myself and encourage my colleagues to do so."

To view the conference presentations and learn more about physician health efforts at the AMA, visit: www.ama-assn.org/go/physicianhealth

The next AMA-CMA-BMA International Conference on Physician health will be in Montreal in 2012!

Dr. Boone also works with the "Building a Healthier Chicago" coalition, an effort of the AMA, Department of Health and Human Services, Chicago Medical Society, and Chicago Department of Public Health. She leads the AMA's involvement with the Commission to End Health Care Disparities and oversees the AMA's administration support of the Federation of State Physician Health Programs.

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CALENDAR OF EVENTS

February 8

CMS Council Meeting
7:00 p.m.
Maggiano's Banquets, Chicago

February 8-10

AMA National Advocacy Conference
Washington, DC

February 16

CMS Executive Committee Meeting
8:00 a.m.
CMS Headquarters

February 16

CMS Board of Trustees Meeting
9:00 a.m.
CMS Headquarters

February 17

Project SMILE Meeting
1:00-2:00 p.m.
Teleconference

March 16

CMS Online Executive Committee Meeting
8:00 a.m.

March 16

ISMS Executive Committee Meeting
12:00 p.m.
ISMS Headquarters

March 16

Chicago Gynecological Society Meeting
6:00-8:30 p.m.
Maggiano's Banquets, Skokie

April 15

ISMS Board of Trustees Meeting
9:00 a.m.
ISMS Headquarters

April 16-17

ISMS HOD Meeting
Oakbrook, IL

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