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THE MEDICAL SOCIETY
OF COOK COUNTY

chicago medicine

Newsletter, 2011, Vol. 114, No. 3

PRESIDENT'S MESSAGE

Our country, our profession, at a pivotal junction



CMS President Dr. David A. Loiterman (left), addresses the Cook County Caucus. Seated next to him are Drs. Raj Lal and Philip B. Dray, CMS Treasurer.

Writing in the May 19, 2011, issue of *The New York Times*, Tara Parker Pope thoughtfully addressed the primacy of the physician-patient relationship in the delivery of health care. (See "Finding

the Patient in a Sea of Guidelines.")

Few would argue that at this moment in history, we have a dysfunctional health delivery system in the United States, one that is dominated by the often-conflicting agendas of the insurance industry, large hospital systems, multinational pharmaceutical and medical device manufacturers, as well as our own federal government. Such large federal and non-governmental cross currents have influenced the judgment and actions of physicians and have contributed in no small measure to the current morass.

The fraction of our national gross domestic product being spent in the health-care sector is accelerating at the expense of investment in other important and necessary infrastructural segments, which are

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

equally important and also contribute to the well-being of our country and citizens.

National and state budgets are in significant disequilibrium as a result of the disproportionate spending on healthcare. Yet in spite of this spending, both academic and mainstream press have repeatedly reported that our citizens are no healthier than in countries that spend less.

Having travelled the country this past year, visiting other county medical societies and colleagues, I've noticed that increasing numbers of physicians are shifting toward the delivery of cosmetic services as well as specialty and practice-related "boutique" types of service, rather than disease prevention and healthier lifestyles. For others, apathy and deteriorating morale contribute to the "industrialization" of health delivery and degrade the interpersonal relationships, which we all know play an important role in the physician-patient relationship.

Certainly, it would be unfair to claim any single large special interest is adverse

to our profession or the health of our nation's citizens. There are no fast or easy solutions to our national or organizational challenges, but in my opinion, our efforts ought to be directed toward the creation of functional equipoise across these interests; a balanced equilibrium of agendas, intentions and needs. It would appear that we have fallen short historically in achieving that balance.

However, I sense everyone is in agreement that our country and profession are at a pivotal junction, and that there are times and circumstances when fresh insight and perspective are exactly what is needed at such inflection points.

To get where we need to be, it will be important for all of us to contribute to the national dialogue.



David A. Loiterman, MD, FACS
President,
Chicago Medical Society

NEWS FOR CHICAGO PHYSICIANS

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OF COOK COUNTY
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Chicago Medical Society

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Chicago Medical Society's

Midwest Clinical Conference

Wednesday, July 13, 2011

DoubleTree by Hilton Hotel Oak Brook
1909 Spring Road, Oak Brook, IL 60523

“Practice Management Workshop Series”

Electronic Medical Record “How To” Workshop Series

- How to Leverage Stimulus Payouts
- How to Optimize Vendor Performance and Negotiate a Performance-Based Contract
- Implementation Strategies That Work

Accountable Care Organization (ACO) Workshop

- Understanding the Proposed CMS Regulations

The Patient Safety Education Project

- Systems-Based Care Meets Professionalism
- Bridging the Patient Safety-Medical Liability Chasm

Medical Practice & Staff

- Training Your Staff to Increase Office Efficiency and Enhance the Patient Encounter

EARN UP TO 8 CME CREDITS!

Target Audience:

All Physicians and their healthcare team will benefit from this CME activity, including Residents, Nurses, Physician Assistants, Hospital Administrators, and Practice Managers.

Healthcare Information Technology (HIT) “How-To” Workshop Series

Making the transition and reaping the financial benefits!

The Electronic Health Record is transforming healthcare and is at the forefront of the industry as it relates to ARRA and Meaningful Use. This workshop series will consist of 3 programs that will cover the lifecycle of EHR transformation, how to prepare for the future, how to implement and optimize an existing EHR, ways to protect your investment and avert risk and how to achieve maximum financial benefits and incentives. Now more than ever, physicians need information about implementing EHR's as the American Recovery and Reinvestment Act begins offering financial incentives for physicians to implement HIT. The challenge for today's physician is how to effectively adopt EHR's in order to improve the quality of care in their medical practice, patient safety, and practice viability.

Hands-On Workshop Toolkit

Participants will receive several templates of self-help tools that will be developed and customized during these workshops. Some examples of these tools include the following:

- **Master Template/Sample Request for Proposal (RFP)**, RFP evaluation criteria, contracting requirements, including phased in payment schedules and other relationship management services.
- **Vendor Vetting Tools:**
 - Sample demo scripts
 - Sample score cards
 - Sample site visit check list
 - Sample cost comparison tool
- **Meaningful Use Assessment Tool**

American Recovery and Reinvestment Act—

How to Leverage Stimulus Payouts (July Workshop)

The American Recovery and Reinvestment Act of 2009, aka “the Stimulus Bill,” signed into Law in February 2009 included \$19.2 Billion, which is intended to be used to increase the use of EHR by physicians and hospitals. This portion of the bill is called the HITECH ACT. The intended use of the \$19 Billion will be for incentive payments, grants, and loans. At the same time, the legislation presents new challenge: to medical groups by expanding the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). This session delivers information you need to get ready for big changes in healthcare, and specifically, how the adoption of Electronic Health Records (EHR) can transform healthcare while earning your practice dollars. This will bring you up to speed on where to begin with EHR adoption, how to start thinking about the process to ensure that you make the best purchasing and adoption preparations. This will also include special stipulations for critical access hospitals (CAHs).

Accountable Care Organization (ACO) Workshop:

Understanding the Proposed CMS Regulations (July Workshop)

In March of 2011, the Department of Health & Human Service (HHS) released the proposed rule for Accountable Care Organizations (ACOs) which has created various challenges for physicians such as: identifying the direct and indirect benefits, determining how the ACO model will actually work, and developing long-term, strategic decisions that will be needed.

How to Optimize Vendor Performance and

Negotiate a Performance-Based Contract (Fall Workshop)

Practices today are compelled to implement electronic medical (or computerized medical records) to improve clinical quality, enhance efficiency, and augment financial performance in their practices. However, discerning what vendor and system to select, based on the unique objectives of the practice, can be overwhelming given the many choices available. In some instances, making the right selection can be career defining. The investment and risk are both substantially high, and success with EHR can be challenging and time consuming. This session provides many helpful strategies for negotiating a rock solid contract that is a win for the practice and holds the vendor accountable for delivery of promises.

Implementation Strategies that Work (Fall Workshop)

Whether the objectives of attaining optimum clinical quality, practice efficiencies, and financial performance are achieved or not is directly tied to the strategy of the practice to obtain and use information technology to its highest attainable level. The practice leader must learn about information technology at the selection level, but also for understanding implementation and use of systems to generate real value.

Desired Learning Outcomes:

The Patient Safety Education Project: Systems-Based Care Meets Professionalism

by Martin J. Hatlie, JD

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

- Deploy new skills and behaviors in their medical practice to improve communication with patients and families and reduce liability exposure.
- Change the norms in their practice setting to advance professionalism and systems-based practices that can reduce medical errors.

The Accountable Care Organization (ACO) Workshop: Understanding the Proposed CMS Regulations

Panel Members: Sue Hertlein, Max Reiboldt & Jeffrey Daigrepoint

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

- Assess the CMS ACO proposed requirements and their ability to meet the requirements.
- Apply knowledge gained about the quality and cost containment programs for the CMS ACO model to evaluate the shared savings program and determine if this structure could work for their organization.
- Identify the key elements of patient-centered care, care coordination and the focus on quality of care to Medicare beneficiaries and all patients to make effective decisions about their current environments.
- Adopt helpful tools and complete a check list to assess if they are ready to participate in an ACO.

CME Luncheon Keynote: Bridging the Patient Safety – Medical Liability Chasm

by Timothy B. McDonald, MD, JD

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

- Describe a comprehensive approach to patient harm and list the reasons why a focus on patient safety reduces liability.
- Identify opportunities to improve communication after harm or when near harm occurs.

The Healthcare Information Technology (HIT) “How To” Workshop Series 1 of 3: Making the Transition, Improving the Quality of Care, and Applying for Financial Incentives

by Jeffrey Daigrepoint, EFMP, CAPP

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

- Assess current healthcare information technology (HIT) legislation, standards, and how other organizations have successfully adopted HIT.
- Recognize where to begin with EHR adoption, including system qualifications and configurations, related penalties, and “how to” make the transition.
- Apply the latest HIT information to make effective decisions about EHR purchasing, adoption preparations, and quality care improvements.
- Perform a customized stimulus analysis to estimate your practice’s earning potential in federal incentives.

Training Your Staff to Increase Office Efficiency and Enhance the Patient Encounter

By Sue Hertlein

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

- Assess and prioritize their practice’s training needs and design a training program.
- Apply best practices and helpful tools for staff/patient interaction.

Speaker Disclosures

The following speakers do not have any relevant financial relationships with commercial interests: Timothy McDonald, MD, Max Reiboldt, CPA, Sue Hertlein, and Jeffrey Daigrepoint, EFMP, CAPP. Martin J. Hatlie, JD has disclosed that he receives a salary for employment services and profit distribution from P4PS, Ltd.

CME Disclosures, Accreditation & Designation Statements

The planning members of the Chicago Medical Society’s CME Planning & Executive Committee do not have any relevant financial relationships with commercial interests: David A. Loiterman, MD, President, Thomas M. Anderson, MD, Kenneth G. Busch, MD, Philip B. Dray, MD, Howard Axe, MD, Robert W. Pantan, MD, William N. Werner, MD, MPH, William A. McDade, MD, MPH, Course Director, and Cecilia Merino, Director of Education. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME). The Chicago Medical Society is accredited by the ACCME to provide continuing medical education for physicians. The Chicago Medical Society designates this live activity for a maximum of 8.0 *AMA PRA Category 1 Credit(s)*.[™] Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Schedule & Topics for July 13

- 7:30 - 8:00 a.m.** **Registration & Breakfast**
- 8:00 - 9:30 a.m.** **The Patient Safety Education Project: Systems-Based Care Meets Professionalism**
by Martin J. Hatlie, JD, President, Partnership for Patient Safety (P4PS, Ltd.), Chicago, IL
- 9:30 - 10:00 a.m.** **Exhibits/Refreshment Break**
- 10:00 - 12:00 noon** **The ACO Workshop: Understanding the Proposed CMS Regulations**
Panel by Sue Hertlein, Jeffrey Daigrepoint & Max Reiboldt, CPA, President & CEO, Coker Group, Alpharetta, GA
- 12:00 - 1:00 p.m.** **CME Luncheon: Bridging the Patient Safety-Medical Liability Chasm**
by Timothy B. McDonald, MD, JD, Chief Safety & Risk Officer For Health Affairs, University of Illinois at Chicago
- 1:00 - 1:30 p.m.** **Dessert Reception in Exhibit Area**
- 1:30 - 3:45 p.m.** **The Health Information Technology (HIT) "How To" Workshop Series 1 of 3: Making the Transition, Improving the Quality of Care, and Applying for Financial Incentives**
by Jeffrey Daigrepoint, EFMP, CAPPM, Senior VP of Coker Group, Alpharetta, GA
- 3:45 - 5:00 p.m.** **Training Your Staff to Increase Office Efficiency and Enhance the Patient Encounter**
by Sue Hertlein, Manager, Coker Group, Alpharetta, GA
- 5:00 - 6:00 p.m.** **Cocktail Reception: New Member Welcome!**
- 6:00 - 9:00 pm** **CMS Council & Annual Meeting**

2011 MCC Registration Form,

Registration Date: Wednesday, July 13, 2011

Fees:*

(Please check the appropriate selection.)

- | | |
|--|---|
| <input type="checkbox"/> CMS Member or staff \$50.00 per person | <input type="checkbox"/> Onsite CMS Member or staff \$75.00 per person |
| <input type="checkbox"/> Non-Member or staff \$199.00 per person | <input type="checkbox"/> Onsite Non-Member or staff \$225.00 per person |

* Fees include breakfast and lunch.

Names of Attendees:

(Please print.)

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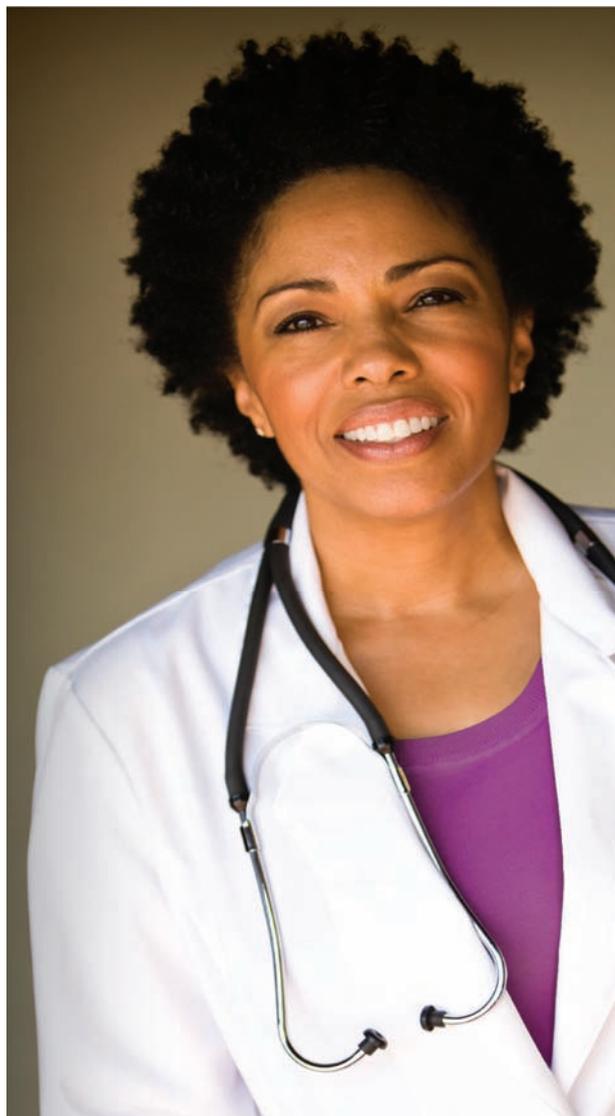
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Each year the Chicago Medical Society Committee on Committees appoints members to CMS committees and recommends interested physicians to Illinois State Medical Society councils and committees. As in the past, we urge you to participate and invite you to volunteer right now for any committee you wish.

Every member is unique and each has a contribution to make. CMS and ISMS offer committee assignments for every interest-from professional liability insurance to public health to physician education. Over 10 committees to choose from. CMS is one of the largest county medical societies in the United States. We have the numbers and the potential, but we need your active support to achieve success. *Together we will make a difference.*

Here's the procedure...

- **Complete and return the form by July 5, 2011**
- The Committee on Committees (COC) will meet to make appointments/recommendations at this time, the COC will also recommend nominees to ISMS Councils and Committees.
- Recommendations to ISMS Councils and Committees will be forwarded to ISMS.

Indicate your top three preferred committees individually for CMS and ISMS committees by inserting the numbers 1, 2, and 3 in the appropriate space.

CMS Committees

- _____ 113 Bylaws/Policy Review
- _____ 114 Continuing Medical Education
- _____ 123 Long Range Planning
- _____ 128 Physicians Review (Peer Review)
- _____ 131 Resolutions Reference
- _____ 132 Subcommittee on Fee Mediation
- _____ 133 Subcommittee on Medical Practice
- _____ 134 Subcommittee on Joint Sponsorship
- _____ 140 Physician Advocacy
- _____ 145 Public Health
- _____ 147 Healthcare Economics
- _____ 148 Credentials/Elections
- _____ 149 Communications/Technology
- _____ 150 Membership/IMG

ISMS Councils and Committees

- _____ 302 Economics
- _____ 303 Education and Health Workforce
- _____ 305 Governmental Affairs
- _____ 306 Medical Legal Council
- _____ 307 Membership and Advocacy
- _____ 320 Medical Service
- _____ 325 Communications
- _____ 329 Peer Review Appeals Committee
- _____ 332 Committee on CME Accreditation
- _____ 333 Committee on Drugs and Therapeutics
- _____ 361 Committee on CME Activities

Name _____

Phone _____

Please fax this form no later than July 5, 2011
to: **Ruby Bahena (312) 670-3646**
or mail to: CMS COC, 515 N. Dearborn St.,
Chicago, IL 60654

Henrietta Herbolsheimer, MD Annual Public Service Award Nomination form

Nominee (full name): _____
(Nominee must be a member of the Chicago Medical Society. To find out a doctor's member status, call Elvia Medrano at (312) 670-2550, ext. 338).

Reasons for nominating (community projects, public offices, participation in civic, service and charitable organizations, etc.) Please type or print. Use additional paper, if necessary.

Deadline for receipt of nominations: July 1, 2011

The award will be presented on July 13, 2011, at CMS' Annual Midwest Clinical Conference.

Mail Nominations to:
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Annual Public Service Award
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60654
Attn: Elvia Medrano
Or fax: (312) 670-3646
Or e-mail: emedrano@cmsdocs.org

This nomination was made by (*please print*): _____
Address: _____
Telephone Number: _____

Henrietta Herbolsheimer, MD Annual Public Service Award Nomination form

Nominee (full name): _____
(Nominee must be a member of the Chicago Medical Society. To find out a doctor's member status, call Elvia Medrano at (312) 670-2550, ext. 338).

Reasons for nominating (community projects, public offices, participation in civic, service and charitable organizations, etc.) Please type or print. Use additional paper, if necessary.

Deadline for receipt of nominations: July 1, 2011

The award will be presented on July 13, 2011, at CMS' Annual Midwest Clinical Conference.

Mail Nominations to:
Henrietta Herbolsheimer, MD
Annual Public Service Award
Chicago Medical Society
515 N. Dearborn St.
Chicago, IL 60654
Attn: Elvia Medrano
Or fax: (312) 670-3646
Or e-mail: emedrano@cmsdocs.org

This nomination was made by (*please print*): _____
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Telephone Number: _____

CMS physicians major players at House of Delegates meeting



CMS President Dr. Loiterman addresses the full House.

RELAYING THE CONCERNS OF ALL PHYSICIANS in Cook County, your CMS colleagues actively shaped new policies emerging from the Annual Meeting of the ISMS House of Delegates. With nearly 60 resolutions on the agenda, the Cook County delegation sponsored 19, along with several resolutions held over from the 2010 Annual Meeting that were assigned for further study.

Resolutions from the Cook County delegation demonstrated a strong commitment to public health. Indeed, the House adopted measures to support bans on the sale of hallucinogenic bath salts and caffeinated alcoholic drinks, and to educate physicians about the dangers of “energy drinks.” Other Cook County resolutions were aimed at protecting individuals under 18 from the harmful effects of indoor tanning, and requiring chain restaurants to post calorie counts. They easily won adoption by the House.

Cook County paves way for consensus

Resolutions this year generally reflected the changes in health care delivery and uncertain economic times facing physicians and organized medicine.

Many voices weighed in on controversial issues, such as the “Patient Protection and Affordable Care Act,” individual mandates to purchase health insurance, and accountable care organizations (ACOs)

With the ISMS House poised to vote on a resolution urging repeal of the Affordable Care Act,



Front row from left: Drs. Michael Okunieff, Scott Cole, and Thomas M. Anderson, CMS President-elect.

the Cook County caucus helped build consensus around an amendment to work with the Illinois Congressional delegation to reshape the Act so it more closely reflects ISMS principles on health system reform. The amended resolution directs the ISMS delegation to the AMA to work with the AMA to revise the PPACA.

CMS physicians also urged “referral” of the resolution “Reinstatement of the ‘Sorry Works’ Program,” which would require further study of the issues before a position is reached. The Cook County delegation requested that new concepts in patient safety and transparency, as described by CMS member Timothy McDonald, MD, JD, be incorporated into existing ISMS policy. The House, too, agreed ISMS should give the Sorry Works program a fresh look.

Dr. McDonald’s lecture on “The Seven Pillars



Dr. Howard Axe comments during the House session.

(continues on page 14)



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HOUSE OF DELEGATES *(continued)*



Dr. Vemuri S. Murthy describes the “hands-only” CPR campaign in which CMS and ISMS are partners.

more than 500% of the federal poverty level to acquire health insurance. The House also adopted a substitute resolution to request the Illinois General Assembly to write legislation that requires Illinois

Approach” was one of several CME sessions offered during the House meeting that addressed the changing healthcare landscape.

A resolution from another county asked ISMS and AMA to oppose federal or state imposition of individual mandates to purchase health insurance. But the House reaffirmed existing policy in support of requiring individuals who earn



From left: Drs. Rebecca J. Bergman, Susan Kern, and Linda F. Gruenberg listen to testimony.

to offer health savings accounts as an option to all state employees and non-Medicare state retirees.

On the medical liability reform front, the House adopted policy to support federal medical liability reforms similar to and including those proposed in the “Help Efficient, Accessible, Low-cost, Timely Healthcare” (HEALTH) Act, currently before Congress. The Illinois Delegation to the AMA was instructed to continue to support and promote similar

(continues on page 17)



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Drs. Loiterman and Robert W. Pantan, Vice Chairman of the CMS Council, address the Cook County Caucus.

federal medical liability reforms at the national level.

Delegates expressed strong concern that ACOs would profoundly affect the medical profession. The Center for Medicare and Medicaid Services issued proposed rules on March 31, with a 60-day comment period. It remains unclear how ACOs will actually be formed and what the exact impact on physician-hospital relationships will be. Thus, the House approved a resolution requesting ISMS to study and educate members about contractual aspects, legal consequences, quality of care implications, and logistical impact of ACOs.

The House adopted a resolution to urge Governor Quinn and the state legislature to avoid budget cuts that would compromise care provided by safety net hospitals. In outlining the potential harm to the Medicaid/uninsured population, ISMS will encourage all physicians to recruit their patients as allies in efforts to oppose cuts in Medicaid funding for safety net hospitals.

The House also approved several resolutions that were to be submitted to the AMA's House of Delegates, scheduled for June 18-22, 2011, in Chicago.

For a complete inventory of 2011 resolutions and their current status, visit www.isms.org and click on "Resolution Status Report" in the Member's Center.

Mark your calendar for the 2012 annual meeting, which will be held **April 20-22, 2012, Oak Brook**. We hope to see you there!

CME FOCUSES ON PATIENT

SAFETY, TRANSPARENCY

TAKING A BREAK FROM POLICY AND POLITICS, delegates to the ISMS Annual Meeting partook of timely educational sessions. CMS member Timothy McDonald, MD, JD, defined "The Seven Pillars Approach," a guide to improving patient safety, preventing medical errors, and communicating appropriately. Dr. McDonald is chief safety and risk officer for health affairs at the University of Illinois as well as professor of anesthesiology and pediatrics. Other CME sessions focused on systematic problem solving, effects of health reform on physicians' practices, regulatory changes, financial incentives, and accountability measures.

New ISMS President: ISMS adapting to new healthcare landscape

Delegates welcomed Wayne V. Polek, MD, as ISMS' 163rd president. The Kane County physician and Geneva-based anesthesiologist reported that ISMS is evolving to keep pace with changing practice trends and physician demographics. Serving the needs of younger, increasingly employed physicians is topmost on ISMS' agenda, he said.

A cross section of medical voices is analyzing ISMS' role in physicians' lives and practices. Dr. Polek assured members that the physicians carrying out this critical duty are a small but representative group of Illinois physicians. He encouraged all members to bring their ideas to ISMS.

CMS members elected to ISMS leadership team

The ISMS House elected a number of CMS members to leadership positions for the 2011-2012 year.

CMS Immediate Past President William N. Werner, MD, MPH, was elected as ISMS President-elect; Past President William A. McDade, MD, PhD, as Secretary-Treasurer; Council Chairman Howard Axe, MD, as Vice Speaker of the House; Past President Peter E. Eupierre, MD, as Trustee; Council Vice Chairman Robert W. Pantan, MD, as Trustee; and CMS Trustee Adrienne L. Fregia, MD, as ISMS Trustee.

(continues on page 18)



Dr. M. LeRoy Sprang, at the podium, as Dr. Cheryl D. Wolfe, addresses the House.

Cook County Delegates sponsor 19 resolutions

Here's how your colleagues advocated for you, and contributed to ISMS policies

"Invitations to Membership in Organized Medicine" -- Adopted as Amended

This resolution addressed concerns that hospital system employed physicians may soon outnumber non-employed physicians within organized medicine, potentially leading to significant conflict of interest issues. The sponsor, however, testified that CMS, ISMS and AMA have clear administrative policies addressing conflict of interest issues, should such situations arise. At her recommendation, the House approved new policy encouraging all Illinois physicians to become members of organized medicine, thereby enhancing the quality of medical care, as well as the profession. The resolution further requested ISMS to ask the AMA to invite all physicians residing and/or practicing in the U.S. who are of good moral and professional standing to join AMA.

In a similar resolution, the Reference Committee recognized that hospital employment of physicians is a significant trend that is unlikely to change in the near future. In response to this

(continues on page 19)

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Dr. Vickie L. Becker (left) and Dr. Kathy Tynus take notes during the general House session.

changing practice pattern, the House approved a resolution for ISMS to study the professional needs of employed physicians to determine how best to serve all physicians now and into the future.

“Reform Malpractice Crisis” (Reaffirmation Calendar) -- Reaffirmed Existing Policy

This resolution asked that ISMS, in conjunction with the AMA, make every effort to sponsor federal legislation to achieve medical liability reform; and to initiate an active campaign in the Illinois legislature to overturn the State Supreme Court’s decision last year striking down and reversing reform legislation.

No testimony was heard on this resolution. However, the Reference Committee and House cited strong existing ISMS and AMA policy in support of comprehensive reform, and ongoing activity to resolve the medical liability crisis at both the state and national level.

“Support for American Medical Association Code of Medical Ethics” (A-10) -- Substitute Resolution Adopted

This resolution was referred to the ISMS Board at last year’s meeting. It originally requested ISMS to ask the AMA to publicize its Code of Medical Ethics as a primary obligation for members of organized medicine, and to support AMA educational programs to promulgate and explain the Code. In reporting back, the Board expressed its view that most physicians already follow the Code, but sup-

ported the idea of publishing the Code for non-members as well as members. The Board also noted that in 2008 the AMA announced a three-year project to update and modernize the AMA Code of Ethics. This process involved reorganizing, updating, and revising opinions as necessary. The updated Code will be released this June, according to a report to the ISMS House.

The substitute resolution requests ISMS to submit a resolution to the AMA House of Delegates asking the AMA to publicize its Code of Medical Ethics to physicians and to create educational programs involving the Code.

“Study of Abolition of the Death Penalty in Illinois and in the United States” (A-10) -- Existing Policy Reaffirmed

This resolution was referred to the ISMS Board at last year’s meeting. The resolution asked ISMS to study the issues involved in abolishing Illinois’ death penalty statute, and to report back to the ISMS House relaying ISMS’ position on the death penalty. It further requested that the Illinois Delegation ask the AMA to study the issues involved in abolishing the death penalty in the U.S., with recommendations reported back to the AMA House.

In a report to the House, the Board stated it had considered extensive materials provided by the sponsor, mostly in support of abolishing the death penalty. The Board also reviewed a brief recent history of the death penalty in Illinois and recent polling information showing that more than 60% of voters prefer a sentence other than death for murder. The Board concluded that while ISMS considers it unethical for physician to participate in executions, the organization (ISMS) should not take a position on the propriety of the death penalty statute itself. The Board agreed that the death penalty often involves a personal, moral, ethical or religious view best left to the conscience of each individual physician.

Thus, the Board reaffirmed existing policy on the death penalty moratorium, which reads as follows:

An individual’s opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a state execution.

(continues on page 20)



Dr. Shastri Swaminathan, CMS and ISMS Past President, at mike, comments on the proceedings.

“Levels of Membership within ISMS” -- *Referred to Board for Decision*

This resolution asked the ISMS Membership Committee to explore the concept of different levels of membership, such as fellow, associate, adjunct, and affiliate (practice managers, etc.) to increase the membership and enhance the function of the ISMS.

Testimony on this resolution was limited but positive. The Reference Committee acknowledged that the resolution suggested different possibilities for increasing membership, and so referred the resolution to the Board for decision. The resolution will be included in the Strategic Planning and Restructuring Initiative.

“ISMS Constitution Change” -- *Not Adopted*

While not adopted, this resolution requested amendments to the ISMS Constitution, Article II, Purpose of the Society. In seeking to narrow the organization’s scope, the sponsor asked that new language read as follows:

“The ISMS is a professional organization that represents and unifies its physician members as they practice the science and art of medicine. The Society advocates on behalf of the interests of member physicians, and promotes the doctor/patient relationship and the ethical practice of medicine.”

This resolution generated more opposition than

support during the Reference Committee hearing. Proponents argued that the suggested change simplifies the ISMS mission statement while opponents argued that the elimination of “patient advocacy” and “betterment of public health” are key concepts that define physicians and their professional lives.

“Physician’s Orders for Life-Sustaining Treatment (POLST) Paradigm and End-of-Life Care” *-- Adopted as amended*

This resolution requested ISMS to adopt policy supporting the use of the POLST paradigm order sheet for end-of-life care planning in Illinois; to support changes in the current IDPH Uniform DNR Advanced Directive form so it complies with national POLST requirements (POLST.org); to write the IDPH stating this policy supports the use of the POLST paradigm in Illinois; to create a link to its Website advocacy page for members to email Illinois senators in support of the POLST as a means of allowing physicians and healthcare workers to honor patients’ wishes for the type of care they wish to receive in different situations including end-of-life; to support the use of a non-statutory, modified Power of Attorney form that is patient-friendly and fits the definition of a legally recognized Power of Attorney for Healthcare (POAHC) form; and to make the online form available for ISMS members, patients, and other interested individuals or organizations.

This resolution received strong supporting testimony. The Reference Committee also approved an amendment from the author.

“Physician Disciplinary Records” *-- Adopted*

This resolution requested ISMS to support the public disclosure of formal board actions by the Illinois Department of Financial and Professional Regulation, while opposing the public disclosure of complaints and accusations against physicians before the IDFPR has made a final decision in a case.

While testimony was limited, the Reference Committee strongly agreed this policy is necessary.

(continues on page 22)



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HOUSE OF DELEGATES *(continued)*

“Caffeinated Alcoholic Drink Ban” -- Adopted as Amended

This resolution asked ISMS to support an immediate ban on sales of prepackaged energy drinks containing both alcohol and caffeine; and to support or cause to be introduced legislation banning the sale of prepackaged caffeinated alcoholic beverages, which could be modeled after similar legislation passed by Michigan and Washington state.

The resolution generated testimony in support of banning the sale of energy drinks containing alcohol and caffeine. It was pointed out that the FDA has sent warnings to manufacturers about these drinks and that some have voluntarily ceased distribution. Minor editorial changes were made to the resolution.

“Supporting Federal Legislation and/or Regulations that Require Clearly Labeling Food with Genetically Engineered Ingredients” -- Adopted as Amended

This resolution directed the Illinois Delegation to introduce a resolution to the AMA House of Delegates requesting the AMA to study the impact of food containing genetically engineered ingredients; and to take further action based on the results of the study.

The Reference Committee heard positive testimony, in which the author stated that the resolution’s intent was to study the impact of the food itself and not simply the labeling.

“Energy Drinks and Children’s Health” -- Adopted as Amended

(continues on page 24)

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HOUSE OF DELEGATES *(continued)*

This resolution requested ISMS to inform its members, through its Website and other ways as appropriate, of the potential dangers of energy drinks, especially among minors, including the use of energy drinks mixed with alcohol.

“Children’s Meal Toys and Childhood Obesity” *-- Substitute Resolution Adopted*

This resolution directed ISMS to encourage corporate responsibility by requesting companies to discontinue marketing incentives that encourage unhealthy childhood behaviors, including the consumption of unhealthy food; and to direct the Illinois Delegation to introduce a resolution to the AMA encouraging corporate owners to discourage marketing incentives that encourage unhealthy childhood behaviors, including the consumption of unhealthy food.

The Reference Committee heard testimony on marketing practices toward children that encourage unhealthy behaviors. Testimony revealed that this type of marketing is not only used in fast food chains with meals that include toys, but also with other products such as cereal and candy. The Reference Committee recommended and the House approved a substitute resolution to address the issue more broadly.

“Bath Salt Bans” -- *Adopted as amended*

This resolution directed the ISMS to write to the state attorney general and governor’s office, state senators and representatives requesting a ban on the synthetic drug referred to as “bath salts,” which contains methylenedioxypropylvalerone (MDPV), a chemical not approved for human consumption in the U.S. due to potential dangerous effects of the product; and for the Illinois Delegation to the AMA to bring a resolution to the next AMA meeting seeking national legislation to ban such “bath salts” containing methylenedioxypropylvalerone (MDPV).

Testimony was entirely in support of this resolution. It was pointed out that this product, although called “bath salts,” is designed as a drug for recreational use.



Incoming ISMS President Dr. Wayne V. Polek addresses the House. He is flanked by Richard King, JD; Dr. William A. McDade, secretary-treasurer, and outgoing president Dr. Steven M. Malkin.

“e-Cigarette Ban” -- *Referred to the Board for Study and Report Back*

This resolution directed ISMS to adopt policy opposing the sale and distribution of e-cigarettes to Illinois residents through all means, including retail, wholesale and Internet sources; and directs ISMS to actively engage in efforts to cause legislation to be introduced in the Illinois legislature to ban the sale and distribution of e-cigarettes.

Testimony indicated that the AMA recently adopted policy supporting a ban on the sale of e-cigarettes and all other nicotine devices that are not FDA approved. Since this an evolving issue, the Reference Committee recommended further study.

“Indoor Tanning Restrictions” -- *Adopted as Amended*

This resolution requested ISMS to adopt policy in support of a ban on indoor tanning for individuals under age 18; and to support or cause to be introduced legislation in Illinois to ban indoor tanning for individuals under age 18.

While some testimony noted the therapeutic benefits of sunlight, most testimony was in support of this resolution, highlighting the risks of indoor tanning. Noting that AMA policy already supports a ban on indoor tanning for minors, the Reference Committee recommended several amendments.

(continues on page 26)

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HOUSE OF DELEGATES *(continued)*

**“Prioritize Medical Care Financed by the Illinois Department of Public Aid (now the Illinois Department of Healthcare and Family Services)
-- Not Adopted; Existing Policy Reaffirmed in lieu of Resolution**

While not adopted, this resolution would have directed ISMS to encourage legislation that would prioritize medical care financed by the Illinois Department of Healthcare and Family Services; and for the legislation to give authority to the IDHFS to appoint a citizen’s committee to study means of eliminating costs for expensive health care procedures and other heroic measures that benefit only a few; and direct available resources to health care that will benefit more people; for the bill to guarantee payment to physicians who provide care to public aid patients within 60 days at a rate commensurate with the services rendered and not less than Medicare rates.

Testimony was mixed during the Reference Committee. Current ISMS policy supports reimbursement of Medicaid procedures based on the cost of services. While sympathizing with testimony supporting timely and fair reimbursement, Committee members expressed concern that adoption of this resolution could involve the rationing of care.

**“EMR Programs Should Be Free of Charge”
“Lift the Burden of Electronic Health Records from the Shoulders of Physicians” --**

Substitute Resolution Adopted in Lieu of Resolutions (Facilitate Certification of Open Source EMR Software)

These two resolutions requested that insurance companies and governmental interests provide free hardware, software and maintenance to cooperating individual practitioners; and for the government to use a portion of federal EMR funding to set up an Internet-based electronic records system that is open to all healthcare workers.

The resolutions, along with one from another county medical society, generated strong testimony recognizing the need for physicians to have access to low-cost EHRs. While Medicare is providing up to \$44,000 per physician who successfully uses an EHR, and Medicaid is providing almost



Drs. Cynthia Go and Rajeev Kumar listen as delegates debate during the House meeting.

\$64,000 per physician, testimony indicated these sums are insufficient. The Reference Committee agreed that more financial assistance should be forthcoming, especially if the government intends to penalize physicians for not utilizing EHRs. Some testified that federal and private health plans should fully fund the cost of EHRs since they will benefit from physician practices that adopt EHRs.

The Committee recommended that a Substitute Resolution be adopted in lieu of the two Resolutions from Cook County. **The substitute language directs the Illinois Delegation to request that AMA advocate for increased financial support from public and private payers to help physicians adopt interoperable EHRs.**

**“Creating an Official Position on Calorie Counts” (Reaffirmation Calendar) --
Existing Policy Reaffirmed**

This resolution requested ISMS to reaffirm existing policy on calorie counts requiring that fast-food restaurant chains post calorie counts on their menus and menu boards, so that consumers can learn more about the food before they place their order.

“Leucadia Bill Passed by General Assembly During Veto Session”

(Editorially amended to Synthetic Gasification)

“Synthetic Gasification” --

Referred to the Board for Study and Report Back

This resolution requested that ISMS study the issue of “synthetic gasification” plants, especially

(continues on page 27)

HOUSE OF DELEGATES *(continued)*



Delegates give a standing ovation to the new ISMS officers and trustees.

in densely populated areas and join with interested environmental groups to insure that the Illinois legislation recently passed establishing such plants is appropriately reviewed by the Illinois Environmental Protection Agency and other regulating and licensing bodies before implementation.

The author indicated that the governor had vetoed legislation addressed in the resolution. However, the issue likely will be addressed again in the near future. Due to the topic's complexity, the Reference Committee recommended that it be studied further.





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ISMS RECENTLY RELEASED A PUBLICATION that gives comprehensive guidance on *Responding to Unanticipated Outcomes*. Learn how to respond to patients and their families, foster healing for everyone involved and keep errors from occurring again. This pamphlet can be viewed online or downloaded as a PDF by any ISMS member. Members received a copy by mail and may also request additional printed copies free of charge by calling (800) 782-4767.

Illinois' medical license renewal deadline is July 31, and ISMS is again offering license renewal assistance to members. This free service allows quick and easy license renewal over the phone, and you won't even pay the credit card processing fee charged by IDFPR for self-renewal. Our toll-free hotline is open weekdays from 8:30 a.m. to 4:45

p.m. at (800) 632-7478. Be sure to have your license renewal PIN (mailed on a yellow postcard from IDFPR) handy.

Are you ready for the effects of health reform on your practice? Health Reform University is in session! ISMS is holding a series of half-day educational seminars throughout the state this summer and fall, featuring a prominent health industry management professor and ISMS expert staff.

This program is perfect for physicians, administrators and other staff, and is CME-eligible. Health Reform U. will be held in Chicago on Friday, Sept. 16; and Oak Brook on Tuesday, Oct. 4. View the program schedule and a list of other dates and locations at www.isms.org, and don't forget to register – ISMS members may receive a 50% discount!

Resources for primary care physicians and HIV-infected patients

THE ILLINOIS PUBLIC HEALTH ASSOCIATION encourages primary care physicians to refer their HIV-positive patients to a new statewide program offering extended care for this population.

With eight regional offices, Illinois HIV Care Connect provides one-stop "shopping" for services such as confidential medical case management at no charge. Patients may qualify for outpatient, mental, and oral health care; medical nutritional therapy; substance abuse counseling; and other support services. For detailed information, go to the program's website (www.hivcareconnect.com). To find the local office, go to <http://www.hivcareconnect.com/connect.html>.

Illinois HIV Care Connect is funded by the IDPH through federal Ryan White Part B grants.

Illinois has the nation's eighth highest cumulative number of AIDS cases, with more than 37,000 reported cases and 20,000 deaths since 1981, according to the HIV/AIDS Surveillance Unit and Reporting System. The IDPH also estimates there have been about 16,000 additional reported non-AIDS HIV cases, and that more than 8,300 HIV-positive Illinois residents do not know they are HIV-positive.

The Centers for Disease Control and Prevention now recommends that all individuals age 13 to 64 be tested for HIV infection. As a result, the IDPH predicts that increased numbers of individuals will be diagnosed as HIV-positive, making referrals to HIV Care Connect an important way to contain the progression and spread of HIV infection. Those wishing not to be tested can choose to decline or "opt-out" of the program.

Primary care physicians to HIV-positive individuals may benefit from free and low-cost clinical education training programs and consultation services offered by the Midwest AIDS Training and Education Center (MATEC). MATEC's programs help increase a physician's HIV treatment proficiency through didactic and skill-building training. MATEC also offers free clinical consultation services by Illinois-based HIV experts to help physicians manage an array of HIV patient treatment needs. To learn more, go to www.matec.info.

Physicians who wish to see HIV-positive patients may volunteer to be an Illinois HIV Care Connect network provider.

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CALENDAR OF EVENTS

July 13

CMS Midwest Clinical Conference

Wed., 7:30 a.m.-5:00 p.m.

DoubleTree by Hilton Hotel, Oak Brook
(See information beginning on page 4.)

July 13

CMS Council Meeting

Wed., 6:00-7:30 p.m.

DoubleTree by Hilton Hotel, Oak Brook
(Following Midwest Clinical Conference)

July 13

CMS Annual Dinner

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DoubleTree by Hilton Hotel, Oak Brook

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2011 WORKSHOPS:

- Friday, August 5:** Advocate Lutheran General Hospital (Park Ridge, IL) 2 p.m. to 4 p.m.
- Friday, Sept. 2:** Hilton Oak Lawn Hotel (Oak Lawn, IL) 2 p.m. to 4 p.m.
- Wednesday, Sept. 21:** Embassy Suites (Downtown Chicago) 10 a.m. to 12N
- Wednesday, Oct. 19:** Advocate Christ Medical Center (Oak Lawn, IL) 2 p.m. to 4 p.m.
- Friday, Oct. 21:** Doubletree Hotel-Chicago (Oak Brook, IL) 9:30 a.m. to 11:30 a.m.
- Friday, Nov. 4:** Advocate Lutheran General Hospital (Park Ridge, IL) 2 p.m. to 4 p.m.

SPEAKER: Sukhvir Kaur, MPH, Compliance Assistance Specialist, OSHA-Chicago North Office. *Ms. Kaur has disclosed that she has no relevant financial relationships with commercial interests.*

The following planning members of the Chicago Medical Society's CME Subcommittee on Joint Sponsorship and staff have disclosed the following: Vickie Becker, MD, Chairman, Roger L. Rodrigues, MD, Planning Member, Bapu P. Arekapudi, MD, Planning Member, Marella L. Hanumadass, MD, Planning Member, Vijay Yeldandi, MD, Course Director, and Cecilia Merino, Director of Education, have no relevant financial relationships with commercial interests.

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DR. YESH NAVALGUND / OWNER
DNA ADVANCED PAIN TREATMENT CENTER
CHRONIC PAIN MANAGEMENT
PITTSBURGH, PA
SINCE 2006 21 EMPLOYEES

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