



CHICAGO MEDICAL SOCIETY
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OF COOK COUNTY

chicago medicine

Newsletter, 2011, Vol. 114, No. 1

SAVE THE DATE!
CMS QUARTERLY MIDWEST CLINICAL CONFERENCE,
JUNE 8, OAK BROOK...See page 20

PRESIDENT'S MESSAGE

Dead on arrival



DOA, or "dead on arrival," is an acronym widely used by emergency department staff to signify a patient's status, says CMS President, Dr. David Loiterman. The public health community has a similar acronym: DOAS, which refers to self-destructive public behaviors that contribute substantively to our nation's rising health expenditures.

Malcolm Gladwell, essayist and author, writing in *Tipping Point*, reports that although the percentage of adult smokers in the U.S. continues to contract, the percent-

age of adolescents and teens who begin smoking has not.

Tipping Point was first published 10 years ago. Despite its emphasis on raising cigarette prices, curtailing advertising, strengthening regulations on sales to minors, public health campaigns and anti-smoking public service messages to pre-adolescent school children, the percentage of those under age 18 who begin smoking has not changed.

Arguably more addictive than heroin, with greater systemic biological consequences, nicotine contributes significantly to the cost of health care. Use of nicotine is particularly great in the most economically vulnerable communities. How can we address this? Should taxes be increased on nicotine-containing products? Should nicotine be rendered illegal? Should all drugs become legal? What impact would these solutions have on inner-city violence and sub-

(continues on page 2)

Inside

- CMS leaders on Capitol Hill...4
- Return to Walter Reed.....6
- Sign up for CMS Committees..13
- Public Service Award form.....15

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

sequent health care costs?

DOA, or "dead on arrival," is an acronym widely used by emergency department staff to signify a patient's status. The public health community has a similar acronym: DOAS, which refers to self-destructive public behaviors that contribute substantively to our nation's rising health expenditures. The drain such behaviors have on overall economic growth and commercial development has been well described.

DOAS denotes Drug addiction and its connection to community violence, Obesity, Alcohol consumption, and Smoking.

Of the four behaviors, excessive alcohol consumption is the only one to have once been legally prohibited and now is legal.

In terms of economic impact, the high cost of obesity-related health conditions, such as diabetes, alone lead the way.

By way of hyperbolic illustration, should we ban the sale, distribution and consumption of food?

The question must be asked: Are simple policy proscriptions and prohibitions truly effective in changing social behavior? Can society truly protect individuals from self-destructive behaviors?

Self-destructive behavior and psychological addiction are often the human response to environmental stressors.

What role, if any, should personal responsibility play and at what level would it be appropriate for society to shoulder the expenses incurred by the few?

Would banning the sale of guns to the public end or significantly reduce drug-related gun violence? Would prohibition of pregnancy termination services raise the moral tide of our communities?

Should our health care delivery models be directed by government-imposed command price and service structures?

Lessons from the past can conceivably help shape effective future policy.

Perhaps we should endeavor to construct systems that rely on the significant interplay of appropriate interests. BOTH those of citizens who require care AND those who provide that care?



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

NEWS FOR CHICAGO PHYSICIANS

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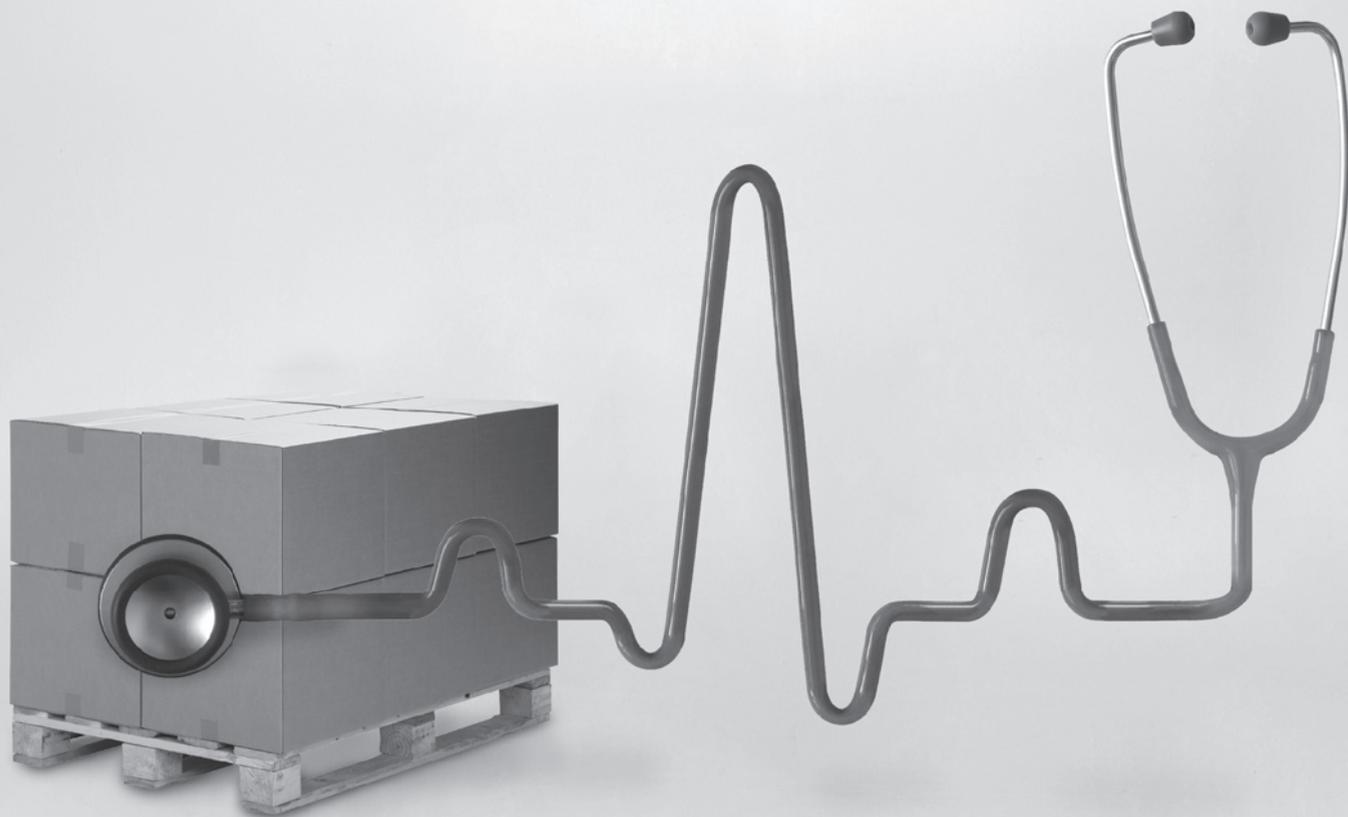
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CMS leaders represent you on Capitol Hill



Howard Axe, MD, left, CMS Council Chairman and CMS President-elect Thomas M. Anderson, MD, visit with U.S. Senator Richard Durbin to share their concerns over health system reform. Photo courtesy U.S. Senator Richard Durbin

RELAYING THE CONCERNS AND FRUSTRATIONS of their colleagues in Cook County, Drs. Thomas M. Anderson, CMS President-elect, and Howard Axe, Council chairman, made the rounds to legislators in Washington, DC, Feb. 8-10, during the National Advocacy Conference.

The two CMS leaders visited the offices of Senators Richard Durbin (D-IL); Mark Kirk (R-IL); Harry Reid (D-NV); Reps. Timothy V. Johnson (R-IL); Luis Gutierrez (D-IL); Adam Kinzinger (R-IL); Mike Quigley (D-IL); Robert Dold (R-IL); Danny Davis (D-IL); Jan Schakowsky (D-IL); Judy Biggert (R-IL); and Eric Cantor (R-VA).

Drs. Anderson and Axe shared their concerns about the precipitous decline in physician reimbursement and what it means for the future of health care delivery.

Health system reform must include fair payment for physician services, Drs. Anderson and Axe emphasized. The sustainable growth rate (SGR) formula, on which reimbursement is based, in no way reflects the actual cost of pro-

viding care, Dr. Axe said. Uncertainty over proposals to “fix” the SGR keeps physicians questioning their ability to continue participating in Medicare, he said. In 2010 alone, Congress passed five bills providing temporary payment patches.

Under a pilot program, Medicare is currently testing the accountable care organization (ACO). Both Drs. Anderson and Axe argued that physicians, rather than insurers and hospitals, should hold leadership roles within the ACO, and that their participation should be voluntary. Dr. Axe called for anti-trust relief so that solo practitioners and small physician groups can compete and collaborate with hospitals and other organizations to provide high-quality care.

Rounding out their mission, Drs. Anderson and Axe visited AARP headquarters, the Walter Reed Army Medical Center, and joined their peers on Capitol Hill for Physician Lobby Day.

Advocating for 17,000 physicians practicing or residing in Cook County, CMS will continue to relay physician perspectives on strengthening the health care system.



Drs. Anderson and Axe meet with Cheryl L. Jaeger, Senior Policy Advisor, Office of the House Majority Leader, U.S. Rep. Eric Cantor.

(Washington coverage continues on page 6)

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Evan S. Oblonsky, MD, Radiologist, policyholder since 2000

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CMS' return visit to Walter Reed Army Medical Center



Dr. Anderson shares a moment with a rehab dog at Walter Reed.

DURING THEIR trip to meet legislators in Washington, DC, Drs. Anderson and Axe visited the Walter Reed Army Medical Center, the army's largest military treatment facility. They toured the amputee patient care program, which provides rehabilitative and prosthetic care for wounded soldiers, helping many to return to active duty, according to guide Roger Lemacks, administrator of the amputee service, in the Military Advanced Training Center (MATC). CMS leaders first visited Walter Reed in March 2009.

Amputee care has undergone a revolution in recent years. Under the old "blueprint," soldiers got well and mobile enough for discharge from the armed services and into the VA. Today's soldiers go through advanced rehabilitation regimens and are fitted with prosthetics.

Since October 2010, the MATC had provided prostheses of major limbs and rehabilitation to 1,097 men and women who have served in the Iraq and Afghanistan wars.

When the wars in Iraq and Afghanistan began, the amputee service focused on soldiers who had suffered major limb loss. But that approach changed when the military realized that many soldiers had functional limb loss from knee fusions, multiple fractures, nerve damage, and other injuries that could eventually result in amputation. Such injuries prompted leaders to examine the care they provided for that population as well.

Drs. Anderson and Axe got a firsthand look at service men and women receiving rehabilitation and working out while wearing their new prostheses. Advances in prosthetic limbs over the last 20 years provide recipients with more degrees of freedom, power, and mobility. Some limbs move

using cables and others by motors, each actuated by either an embedded sensor or by a movement made by the person wearing the prosthesis. The process of adopting a prosthesis is a back-and-forth series of adjustments among the craftsmen and rehabilitation experts who serve patients.

Many prosthesis recipients from Iraq and Afghanistan lost their limbs during bomb blasts, and suffer from traumatic brain injury, or injuries that affect their ability to adopt a prosthesis. However, because most are young, patients are highly motivated to adopt prostheses. They exercise using specialized equipment, climbing walls, and virtual reality games designed to improve balance and agility.

Source: A. James Clark School of Engineering, University of Maryland; Oct. 4, 2010.

Note: On Sept. 15, 2011, the gates will open at the new expanded Walter Reed Medical Center, which is being relocated to the campus of the National Naval Medical Center in the Bethesda-Chevy Chase area.



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CMS members honored at National Advocacy Conference

In addition to building relationships with lawmakers, Drs. Anderson and Axe participated in the National Advocacy Conference held in Washington D.C., Feb. 8-10. The conference recognized two CMS members for their exceptional service to patients and their profession. It also offered sessions on advocacy and lobbying techniques, legislative briefings, and updates from political and health experts.

Recognized for work in Haiti



Dr. Olivier

As one of six proud recipients of the 2011 Foundation in Excellence in Medicine Awards, ophthalmologist Mildred M.G. Olivier, MD, earned the accolades of colleagues.

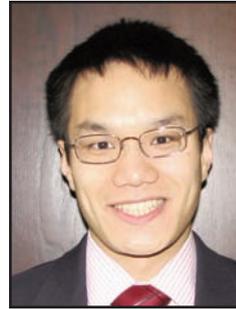
Dr. Olivier leads multiple medical missions each year to Haiti to work on eradicating preventable blindness due to glaucoma. She brings equipment, her skills, other practitioners, and training programs for the local Haitian doctors. Of Haitian descent, Dr. Olivier is currently working with a team to identify markers for glaucoma through the 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 those she has helped train.

Dr. Olivier practices at Midwest Glaucoma Center in

Hoffman Estates, Illinois.

Presented in association with Pfizer Inc., the awards recognize "physicians who exemplify the highest values of altruism, compassion, leadership and dedication to patient care."

CMS student recognized for leadership



Mr. Lin

Emery Lin, of the CMS Student District, was among the 30 students and residents to receive a 2011 Leadership Award. Mr. Lin is a rising fourth-year medical student, who is currently completing a one-year orthopedic sports medicine research fellowship at Rush University Medical Center. His interests are in medical education, improving access to health care in underserved populations, nutrition education and medical advocacy.

Mr. Lin has been involved in organized medicine throughout medical school, and he currently serves as vice chair of the ISMS Medical Student Section and as a district trustee of CMS. Since 2006, he has served as the director of operations for Youth Empowerment International Medical Missions, coordinating an annual volunteer trip to provide medical care and education for Haitian refugee children in the bateyes of La Romana, Dominican Republic.

(Washington coverage continues on page 9)

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Speakers offer health care updates

Other highlights included a speech by U.S. Rep. Phil Gingrey, MD, (R-GA), sponsor of a new bill introducing medical liability reform in the U.S. House. (*See box at right.*) Participants gave Rep. Gingrey a standing ovation. U.S. Rep. Jim Matheson (D-Utah), and others, suggested amendments to improve the Affordable Care Act. Assorted speakers debated the constitutionality of the individual mandate, coming revolution in payment practices, and reforming the SGR.

Donald Berwick, MD, administrator for the Centers for Medicare and Medicaid Services, and David Blumenthal, MD, the Department of Health and Human Services' national coordinator for health IT, gave the government's view on reimbursement and EHR adoption.

Senate votes to repeal 1099 reporting requirement

Both the U.S. Senate and House have voted to repeal burdensome tax-reporting requirements imposed on small businesses to help pay for the expansion of health insurance coverage under the Affordable Care Act, according to an announcement during the National Advocacy Meeting. Under the requirements, physician offices had to file a 1099 form with the IRS if the total amount of payments made to another business in exchange for goods and services was \$600 or more in a year.

National Health IT Coordinator reports progress

A new e-mail type protocol is available that uses a so-called "wiki process" to test interoperability of EMR systems, speaker David Blumenthal, MD, told participants at the National Advocacy Conference. The national coordinator for health IT said that interoperability is one of the two remaining barriers to information exchange.

Dr. Blumenthal assured attendees that both he and the Office of the National Coordinator for Health Information Technology (ONCHIT) are addressing those challenges, making the exchange of information easier.

"We expect that in short order, if you can do e-mail, you should be able to move an EHR from your computer to someone else's computer," he said.

"The future of independent small practices depends on staying modern."

Approximately 21,000 physicians are registered as meaningful users.

MEDICAL LIABILITY REFORM BILL

U.S. Rep. Phil Gingrey, MD, (R-GA) introduced a new medical liability reform bill in the U.S. House last January.

"The Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011" provides for a \$250,000 cap on noneconomic damages, an element many consider essential for true health system reform. A companion bill (S. 218) was introduced in the U.S. Senate by John Ensign (R-NV). Studies show that 61% of physicians age 60 and older have been sued.

Constitutional principles and the ACA's individual mandate

As part of a panel discussion on challenges to the Affordable Care Act, legal experts debated the individual mandate requiring all Americans to buy health insurance by 2014.

Simon Lazarus, public policy counsel for the National Senior Citizens Law Center, said that "the mandate really comes down to one thing: the nation's constitutional principles."

"This is not about health care or policy that defines the health care system," Mr. Lazarus said.

Ilya Shapiro, senior fellow in constitutional studies and editor-in-chief of the *Cato Supreme Court Review*, emphasized that same point.

"Whatever the federal government does still has to come within the four corners of the Constitution,"

Ms. Shapiro emphasized the fact that never before has the federal government asserted the power to require people to engage in such economic activity.

"Even at the height of the New Deal, Congress was not telling people to buy wheat or to become farmers," she said.

Preparing for revolution in payment practices

New terms such as ACO, episodic and chronic care payment, and shared savings reflect the coming "revolution" in payment practices.

With big changes just a few years away, physicians and other stakeholders should be "thinking about what goes on inside an ACO" cautioned Harold Miller, executive director of the Center for Healthcare Quality and Payment Reform.

WASHINGTON COVERAGE *(continued)*

"How physicians are paid under the new models" is another important concern, he stated, calling physicians "a critical element" in health care realignment.

He urged his audience to push for alternative payment models, other than "shared savings," as well as transitional models.

He encouraged them likewise to work vigorously to eliminate the sustainable growth rate (SGR) formula.

"If we are going to have accountable care, there is no one-size-fits-all solution," he said. "Physicians need to be in the lead, not the hospitals or the health plans—but physicians."

In a another session, Dan Mendelson, chief executive officer and founder of Avalere Health, suggested that physicians "frame an agenda about quality and figure out its role in the new physician payment models." He predicted that fundamental realignment will follow the outcome of the 2012 U.S. presidential election.

Source: American Medical Association. Articles adapted with permission.

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CMS Council certifies leaders for 2011-2012



Student Joshua T.B. Williams (MS3), co-chair of the Medical Student District, gives testimony on his resolution, "Creating an Official CMS Position on Calorie Counts."

THE CMS COUNCIL, THE POLICY-MAKING body of the Chicago Medical Society, met on Feb. 8, 2011, to hear updates and plan the 2011-2012 agenda.

The Council certified the elections of Howard Axe, MD, to the position of president-elect, and Kenneth G. Busch, MD, to secretary. Their terms will begin June 8, 2011, the rescheduled date for the Annual Dinner and May Council meeting.

During the June meeting, the Council will elect the Chairman of the Council, Vice Chairman, Trustees, Councilors-at-Large, Alternates, and a member to the Judicial Panel.

In other announcements, the Great Lakes Coalition of the AMA nominated ISMS Past President William E. Kobler, MD, to serve as an AMA trustee.

Student Joshua T.B. Williams (MS3), co-chair of the Medical Student District, was invited to the podium to give testimony on his resolution, "Creating an Official CMS Position on Calorie Counts."

(Complete coverage of the Feb. 8 Council meeting will appear in the next newsletter.)

Lecture explains incentives for solo, small group practices under ACA

THE AFFORDABLE CARE ACT PROVIDES INcentives to encourage sole practitioners and small offices to merge or join larger medical groups, according to attorney Terry Isselhard, during a recent practice management lecture sponsored by CMS.

An expert on health care law at the firm Chuhak & Tecson, Mr. Isselhard explained the advantages and disadvantages of solo and small group practice from a physician's standpoint, as well as the pros and cons of merging or joining another medical practice.

Mr. Isselhard also described the various types of legal entities physicians may form and the laws that medical practices must comply with when joining other groups, under the Affordable Care Act.

Mr. Isselhard's presentation was the fourth lecture in the 2010-2011 series, taking place on Jan. 18, 2011. The contents of his talk will appear in the next newsletter issue.

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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 **May 2, 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 _____

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Henrietta Herbolsheimer, MD Annual Public Service Award

Winner of Award Announced at
the Annual Midwest Clinical Conference
on June 8, 2011, at the
Doubletree Hotel-Oak Brook

Award background and nomination guidelines

The Chicago Medical Society's Henrietta Herbolsheimer, MD, Annual Public Service Award recognizes outstanding contributions, which need not be health-care related, in the fields of local community service and government. The award is intended to better describe to the city of Chicago and Cook County the work of physicians in their communities and to promote the interest of CMS members in participating in civic affairs. Previous award winners have been honored for such achievements as organizing local health fairs and taking part in neighborhood youth programs. The honoree **MUST** be a CMS member, and he or she will be selected primarily on the basis of service contributions to the community. Past presidents of CMS are not eligible until five years after their term of office has ended.

To nominate a physician, please provide the following information in its entirety.

1. Biographical data (please attach an updated curriculum vitae, or attach a sheet giving in 300 words or less the date and place of birth, education, pertinent professional information, and, if desired, family information).
2. Photograph (all nominations should be accompanied by a black and white, glossy, head-and-shoulders photo of the nominee).
3. List the reasons why you are nominating this physician for the Henrietta Herbolsheimer, MD, Annual Public Service Award. The greatest weight in judging will be given for activities that benefit the physician's community. These may include, but are not limited to, the following: (a) leadership and development of special community projects or programs; (b) public offices held; (c) participation in civic and service groups; and (d) participation in educational, charitable, church and other projects. Please be specific with dates, offices held, committee memberships, and so forth.

Everyone is encouraged to submit nominations. In the past, a number of nominations have come from the general public. Other nominations have been made by civic groups, hospitals, public officials, friends, medical colleagues, CMS District organizations, and medical specialty groups.

There are many good physicians. Please keep in mind that this award is not only for excellence as a physician, but also for the many things a physician accomplished in addition to his or her professional medical work. Nominations may be made by letter or by completing the following nomination form.

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: May 2, 2011

The award will be presented on June 8, 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*): _____
Address: _____
Telephone Number: _____

Gearing for annual meeting

House of Delegates

The ISMS House of Delegates annual meeting is coming up fast! This year's meeting will be held Friday-Sunday, April 15-17, at the Oak Brook Hills Marriott Resort. It will be shorter than usual – the House will come to order at 8 P.M. Friday night – but there will still be plenty of chances to consider the important issues facing Illinois physicians, network with colleagues, interact with ISMS Affinity Partners and Recommended Solutions Providers, and earn CME credit. This year's CME programs will cover recent research into patient safety and transparency, relational and regulatory changes that are coming from health reform, and more. Visit www.isms.org/hod to get more information, view profiles of candidates for ISMS offices, and register for CME sessions. We look forward to seeing you there!

Legislative Update

A number of ISMS' legislative priorities are seeing action in the Illinois General Assembly:

- Legislators in both chambers are currently considering so-called "reforms" to the state's workers' compensation system (HB 2883 and SB 1349). ISMS has been providing input at all stages of this process, but it has been an uphill battle, and many of the provisions advanced in these bills will diminish patient choice and access to care. These proposals include removing employees' right to choose their own physicians, giving it instead to their employers; giving employers the right to determine all necessary treatments and procedures; collapsing the state's 29 geographic fee schedules into four; and implementing inappropriate utilization review guidelines. *ISMS strongly opposes these changes.* We insist that any decisions regarding workers' compensation must be in the best interests of injured patients and made with input from all stakeholders: labor, management, attorneys and physicians. Visit ISMS' Grassroots Action Center on www.isms.org to contact your legislators now and urge them to vote "NO" on this harmful legislation.

- The extension of the *Medical Practice Act* is another important issue this year. The *Act* must be renewed in order for physicians to practice medicine in Illi-

nois, but it is far from a rubber-stamp renewal. ISMS has introduced legislation to extend the *Act* in its current form for ten years, but we are expecting the introduction of other legislation that shortens the medical licensure period from three years to two years while simultaneously *increasing* physicians' license renewal fees. This proposal is especially troubling in light of the General Assembly's repeated raids of Illinois' Medical Disciplinary Fund, which is replenished by these licensure fees. Stay tuned to ISMS publications as the current expiration date of the *Act*, November 30, 2011, approaches.

- Additionally, we have already seen a number of scope-of-practice bills introduced in this session. Direct-entry midwives are continuing their efforts at licensure. Advanced practice nurses are seeking independent practice with no requirement for a collaborative agreement with a physician. Naturopaths want to be called "doctor." Pharmacists, psychologists, optometrists and others are seeking various levels of prescriptive authority. ISMS will continue to work to ensure that only properly trained and licensed physicians are allowed to practice medicine, and that each health profession maintains a scope of practice commensurate with the education and training received by its members.

As always, we thank you for your membership. Our strength is dependent on your support, and with your continued membership and participation we will be a strong and effective voice for physicians long into the future. For more on these bills visit the Government Affairs section at www.isms.org.

Physicians can mentor, educate legislators

ANY INTERESTED PHYSICIAN CAN MENTOR a legislator in a Mini-internship or suggest a Legislative Breakfast. CMS will handle all the arrangements for you. *If you would like to attend or suggest a Legislative Breakfast or spend a day in the Mini-internship Program educating a legislator, please contact Ashley Robbins at (312) 670-2550, ext. 326, or arobbins@cmsdocs.org.*

FROM THE GRASSROOTS

CMS contributes to ISMS House debate through resolutions

Three CMS resolutions are headed for the ISMS House of Delegates, April 15-17, 2011.

- **Indoor Tanning Restriction (original sponsor Howard Axe, MD)**

Calls upon ISMS to support and promote legislation at the state level banning indoor tanning for all minors under age 18, and to consider submitting the resolution to the American Medical Association for national action.

- **Invitations to Membership in Organized Medicine (original sponsors Anne Marie Dunlap, MD, Peter Orris, MD, MPH, and Philip B. Dray, MD)**

Calls upon ISMS to issue invitations to all physicians residing and/or practicing in Cook County who are of good moral and professional

standing to join the ISMS to insure that “their right to provide quality medical care to their patients is protected and preserved”; and to submit an identical resolution to the AMA House of Delegates asking the AMA to do the same on the national level.

- **Creating an Official CMS Position on Calorie Counts (sponsor Joshua T. B. Williams, M3, Student District)**

Calls upon ISMS to affirm existing ISMS 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.



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CALENDAR OF EVENTS

April 20

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

April 20

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

April 20

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

April 25

Loretto Hospital Medical Staff Meeting
8:30-10:00 a.m.
645 S. Central Ave., Chicago

May 18

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

May 18

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

May 18

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

June 8

CMS Quarterly Midwest Clinical Conference
CMS Council Meeting
CMS Annual Dinner
Doubletree Hotel, Oak Brook

Save-the-Date

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2011 WORKSHOPS:

- Wednesday, April 27:** Saint Francis Hospital and Resurrection Health Care (Evanston, IL) 2 p.m. to 4 p.m.
- Wednesday, May 25:** Advocate Christ Medical Center (Oak Lawn, IL) 2 p.m. to 4 p.m.
- Wednesday, June 8:** Embassy Suites (Downtown Chicago) at 10 a.m. to 12N
- 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, Babu 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.

ACCREDITATION AND DESIGNATION STATEMENTS:

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 educational activity for a maximum of 2.0 **AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

REGISTRATION: Register Online at www.cmsdocs.org or contact Elvia Medrano at (312) 670-2550, ext. 338, or emedrano@cmsdocs.org

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