



## HIGHLIGHTS OF ORGANIZED MEDICINE

### House of medicine gathers for AMA annual meeting

#### *Highest priority is liability reform*

CMS PHYSICIANS HELPED CHANNEL Illinois message to organized medicine when the 2002 AMA Annual Meeting convened in Chicago last month. Led by ISMS delegation chairman Ronald G. Welch, MD, and a vice chairman M. LeRoy Sprang, MD, past president of CMS, the group introduced 16 resolutions on behalf of Illinois doctors, including a few that originated in Cook County.

Liability reform will be the AMA's highest legislative priority in the coming year. In adopting Substitute Resolution 215, Liability Reform, the House of Delegates directed the AMA to recruit a broad based coalition to educate the public about the dire need for tort reform. The resolution, which originated in Illinois, charges the AMA with highlighting the costs of litigation and key elements of proposed federal tort reform legislation. The initiative would also include a grassroots member mobilization effort to communicate with congressional represen-

tatives and work for passage of meaningful legislation in both houses. In leading the charge for reform, an AMA liability reform task force will also bring to the Interim 2002 meeting a plan for a national liability reform event.

#### **How to focus on liability issue?**

A proposed national event remains up in the air now that the House of Delegates defeated ISMS Resolution 214, March on Washington, DC. Although many delegates supported the idea, opponents argued that it would be logistically difficult to bring large numbers of physicians to a central location for a day while Congress is in session. However, as shown above, the spirit of the resolution lives on as the AMA considers alternative options for focusing national attention on rising liability rates.

Other controversial topics ranged from financial incentives for organ donors to limiting the work hours of resident doctors (see accompanying stories), to laws allowing psychologists to prescribe drugs, and the appropriateness of mandatory hepatitis B vaccinations for school children. In all, the national meeting took a stand on 300 voting items addressing national medical issues in science, ethics, government, public health and business.

In an opening session focusing on medical liability reform and need for communication, outgoing AMA President Richard F. Corlin, MD, concluded his year citing urgent issues such as soaring liability insurance premiums, gun violence, and bioterrorism. He told mem-

*Continued on next page*  
bers of the AMA and state and specialty societies to stop giving lip service to the concept of unity and start living it.

AMA Executive Vice President/CEO Michael D. Maves, MD, called for an open dialogue between the AMA and physicians on the front lines of health care and for a national advertising campaign to promote AMA membership. The public is made up of our patients, and we can have no better lobbyist in Washington and in the statehouses than public support, he said. *(Dr. Maves is scheduled to speak before the CMS Council in September.)*

### **AMA endorses 80-hour work week for residents**

THE AMA HOUSE OF DELEGATES VOTED in favor of a new policy addressing the working conditions of resident physicians. The policy advocates:

- Limiting total residency duty hours to 80 per week, averaged over a two week period with possibly an increase of five percent for some training programs.
- Restricting scheduled on call assignments to 24 hours, with up to six additional hours to complete transfer of care, patient follow up and education.
- Limiting scheduled on call shifts to no more than every third night and requiring one day off in seven.
- Requiring that any limits on total duty hours must not adversely affect resident physician participation in the organized educational activities of the residency program.

The new policy is especially timely as the Accreditation Council for Graduate Medical Education recently adopted similar rules. The ACGME accredits nearly 7,800 residency education programs in the United States, all of which will be expected to comply with the new standards starting in 2003. The AMA guidelines also encourage the ACGME to enforce these new standards and AMA officials will monitor its progress.

Those in favor of the new regulations cite instances of residents falling asleep while performing surgery or while driving home

Incoming President Yank D. Coble, Jr., MD, said that adversity can be a force for positive change. He reminded the audience to hold fast to the traditions of ethics, caring and science.

CMS members attending as part of the Illinois delegation included Drs. James P. Ahstrom, James H. Anderson, Dennis M. Brown, Alfred J. Clementi, Joan E. Cummings, Charles Drueck III, Jerome J. Frankel, Earl E. Fredrick, Richard A. Geline, Raj B. Lal, Sandra F. Olson, Janis M. Orłowski, John F. Schneider, M. LeRoy Sprang, Shastri Swaminathan, Sharyl J. Truty and Neil E. Winston. Also joining the delegation were medical resident Abhilasha Singh, MD, and student Jesse Ehrenfeld.

after their shifts. Opponents believe that the longer hours provide the intensive training necessary for residents to more thoroughly monitor changes in patients. They also raised the issue of hiring additional physicians at teaching hospitals to compensate for the reduced hours.

### **ISMS Sponsored Resolutions to the 2002 AMA Annual Meeting**

- Tax Deduction for Services Rendered but not Paid for
- Economic Relief for Elderly Patients To ward Purchase of Prescription Drugs
- Home Health Reimbursement Inequities\*
- Immigrant Access to Health Care
- March on Washington, DC\*
- Medical Malpractice Reform Campaign
- Medical Records with Bills
- Elimination of J 1 Visa Waiver
- Resident Physician Work Hours
- Portable Defibrillators in Public Places
- Preventing Needlestick Injuries among Front Line Health Care Workers
- Mandatory Vaccinations
- Pharmaceutical Formulary
- Resolution Repository\*
- Physician Quality Ratings\*
- ERISA

*\*Cook County resolutions.*

## HIGHLIGHTS *(continued)*

### **AMA: Let's study financial incentives for organ donation**

THE AMA HOUSE OF DELEGATES VOTED TO encourage studying financial incentives for organ donors. In casting its vote, however, the HOD was quick to point out that the AMA is not endorsing financial incentives. Rather, it is recommending that the concept be studied in light of the dire shortage of organs and the failure of current initiatives to increase donations.

The new policy stresses that only cadaveric organ donation should be studied. Any such study will require modification of the 1984 National Organ Transplant Act, which prohibits financial incentives.

The AMA policy encourages organ procurement agencies and transplant centers to implement the pilot studies. These studies would take place only after protocols have been reviewed and approved by appropriate oversight bodies and Congress has waived legal prohibition.

The AMA recommendation states that studies should be:

- Limited to small populations.
- Have clearly measurable outcomes.
- Completed within defined time frames.
- Consistent with the needs, values and mores of the population under study.

Opponents of the policy fear that offering finan-

cial incentives detracts from the altruistic nature of organ donation and may alienate potential donors. Concerns also have been raised about donor families prematurely discontinuing medical care or concealing disqualifying conditions if financial incentives are offered.

### **AMA restores funding to PRN**

THE HOUSE OF DELEGATES VOTED UNANIMOUSLY to resume loans to Physicians for Responsible Negotiations, the collective bargaining unit formed three years ago. The decision, announced midweek by the board of trustees, came after members complained about the board's decision in May to stop lending money to PRN. Delegates urged the board to fund PRN as it awaits key decisions before the National Labor Relations Board.

### **AMA endorses patient safety bill**

HOSPITALS, PHYSICIANS, NURSES, PHARMACISTS, drug and device manufacturers, nursing homes, and others must all work together to identify and solve system wide problems that could cause errors. And that's why CMS supports the AMA in endorsing the bipartisan Patient Safety and Quality Improvement Act, introduced by Sens. Bill Frist, MD, Jim Jeffords, John Breaux, and Judd Gregg.

The bill includes provisions to establish error reporting systems for all components of the

## **What have your medical societies done for you lately?**

- Formed collective bargaining organizations (CMS and AMA).
- Backed the Fairness in Health Care Services Contracting bill (S.B. 1849). Introduced in the Illinois General Assembly by ISMS, this bill would eliminate provisions in health care service contracts that are unfair, deceptive, misleading or unreasonably confusing.
- Continued the ongoing fight for TORT REFORM the most important issue facing physicians at the state and federal levels.
- Supported the Illinois based suit *Rush Prudential HMO v. Debra C. Moran*. The case prompted a U.S. Supreme Court ruling allowing patients to sue HMOs that deny care recommended by physicians (see story on page 7).

## CHICAGO MILESTONE



The new John H. Stroger, Jr. Hospital of Cook County (formerly Cook County Hospital) is just a few yards away from the original hospital building. The facility replaces a sprawling 13 building campus whose main pavilion was opened in 1914.

### A “new” Cook County Hospital?

NOW THAT THE 1.2 MILLION SQUARE FOOT John H. Stroger, Jr. Hospital of Cook County (formerly Cook County Hospital) is set to open in September, some in the medical community question whether this will really be a new county hospital. Watch for the summer issue of *Chicago Medicine* due in August for two different perspectives: A New Cook County Hospital Or will History Re

peat Itself? by John Raffensperger, MD, describes a legacy of political corruption. Dr. Raffensperger is the author of the book *The Old Lady on Harrison Street: Cook County Hospital, 1833 1995*. On a more positive note, Peter Orris, MD, MPH, gives an historical overview and takes a hopeful view of the hospital's future. Dr. Orris is president of the medical staff, and the article is adapted from a speech he gave marking the opening of the new facility.

## MEMBERS ARE INVITED TO CMS COUNCIL MEETINGS

**W**E REMIND YOU THAT ALL MEMBERS ARE INVITED TO CHICAGO MEDICAL SOCIETY COUNCIL MEETINGS. IF YOU ARE INTERESTED IN OBSERVING THE CMS POLICY MAKING BODY IN ACTION, CALL (312) 670 2550, EXT. 322, TO RESERVE AN AGENDA PACKET. CMS MEMBERS WHO ARE NOT COUNCIL MEMBERS MUST OBTAIN PERMISSION OF THE CHAIR TO SPEAK AT COUNCIL MEETINGS BEFORE THE MEETING CONVENES. WHEN THE CHAIR GRANTS THIS PERMISSION, IT WILL BE FOR A SPECIFIED PERIOD OF TIME.

*The next Council meetings are scheduled for 7 p.m. on the following Tuesdays,  
Sept. 10, Nov. 12, 2002; Jan. 14, March 11, May 6, June 3, 2003.*

*Location to be announced.*

## LEGAL ISSUES

### Supreme Court rules against HMO

IT WAS A GIANT VICTORY FOR ILLINOIS patients when the U.S. Supreme Court recently upheld the Illinois HMO Act allowing patients the right to appeal HMO decisions to an independent administrative review board.

In *Rush Prudential HMO, Inc. v. Debra C. Moran*, the Court sided with a Winfield woman who had sought treatment for a painful shoulder condition described as painful and debilitating. The woman had previously undergone treatment through her HMO, but that care failed to provide the needed relief. She then consulted with an out of network physician who recommended specialized surgery.

But, when Rush Prudential said it wouldn't pay for the operation, Moran still went ahead with the surgery, paying \$95,000 out of pocket. Afterwards she sought an independent review of her case under Illinois law regulating HMOs. The outside specialist agreed that the surgery was medically necessary, and the state ordered the HMO to reimburse her. Upon appeal, the federal court also ordered Rush Prudential to pay the cost of Moran's surgery.

At issue in the case was whether ERISA, the federal law that regulates employee pension plans and benefits, takes precedence over state law. The court ruled that state insurance regulations are indeed immune from ERISA. Forty states, including Illinois, allow workers to seek an independent review after an HMO denies a proposed treatment.

The AMA, ISMS and American Psychiatric Association filed friend of the court briefs in support of Moran's case.

### House passes Medicare Modernization and Prescription Drug Act

BY A VOTE OF 221 TO 208 THE U.S. HOUSE OF Representatives passed H.R. 4954, the Medicare Modernization and Prescription Drug Act, in early July. This legislation provides for a six percent increase over three years in physician Medicare payments, rather than cuts of nearly 15 percent. Also included are regulatory relief provisions adopted by the U.S. House last December, a proposal to reduce some geographic disparities in Medicare physician payment in 36 localities, and a requirement for the Government Accounting Office (GAO) to develop policy recommendations on geographic disparities within one year.

Senate floor debate on Medicare legislation is expected to occur in mid July. There is broad bipartisan support in the Senate for addressing the physician payment problem. The details of Senate proposals to address the payment formula are still under development.

For more information, go to: [www.ama-assn.org/ama/pub/article/1617\\_6417.html](http://www.ama-assn.org/ama/pub/article/1617_6417.html)

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#### NEWS FOR CHICAGO PHYSICIANS

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The Voice of Cook County Physicians

515 N. Dearborn St.  
Chicago IL 60610

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## DOCTOR-PATIENT RELATIONSHIP

### To e-mail or not to e-mail?

*The following article contains excerpts from The New England Journal of Medicine Career Center feature, Using E mail to Enhance Communication with Patients, by Bonnie Darves*

THERE MAY BE LOTS OF PROS, BUT PHYSICIANS certainly have some concerns about using e mail to communicate with patients. And while only an estimated 10 to 20 percent of U.S. physicians are using e mails this way, according to recent survey data the numbers may be growing.

Here's what some e mail savvy docs are advising:

Instead of seeing 30 patients a day, if you handle 15 of them by e mail in 45 minutes, you could save the rest of your day to see 15 patients and you could give those patients more time, says Joseph D. Scherger, MD, MPH, chair of the Department of Family Medicine at the University of California Irvine College of Medicine, and an outspoken proponent of physician patient e mail.

What about getting overwhelmed by e mails from patients, some physicians ask.

Not a problem, according to Dr. Scherger. The experience of every physician I know who is using e mail across the country is that we are getting fewer e mails than expected. Most patients, with help from the practice staff, can easily determine which kinds of questions or issues are appropriate for e mail, and which are not.

The biggest thing is that I get the message in the patient's own words, rather than through a receptionist, says John Kaschko, MD, medical director for Group Health Cooperative's Eastside Primary Care Center in Redmond, WA.

Another advantage, according to Dr. Kaschko, is that messages can be sent outside normal work day times at 10 p.m. on a Sunday evening for ex-

ample, or early in the morning, when no one would have been available at the office. Likewise, the physician can respond to the messages at times that are more convenient for him. It's really a way to increase access to the practice to be more available to your patients, Dr. Kaschko says.

On the question of medico legal issues, physicians should ensure their messages could not be construed as flippant, sarcastic or disparaging, as such messages could prove incriminating in the context of a lawsuit.

Yet most pitfalls on both the physician side and the patient side can be addressed with good internal protocols and guidelines, adequate patient education and careful attention to the crafting of the message, Dr. Kaschko says.

*The complete article may be found on The New England Journal of Medicine website at: [http://www.nejmjobs.org/resource\\_center/article\\_5.asp](http://www.nejmjobs.org/resource_center/article_5.asp) The author, Bonnie Darves, is*

#### Want more info on doc/patient e-mail?

HERE ARE RESOURCES THAT MAY SERVE as a starting point for physicians interested in using e mail to enhance their communication with patients:

- E mail Communication Module, published by the American Academy of Family Physicians. Available at [www.aafp.org/quality/module/mod6/index.html](http://www.aafp.org/quality/module/mod6/index.html)
- Guidelines for the Clinical Use of Electronic Mail with Patients, published by the American Medical Informatics Association. Available at [www.amia.org/pubs/other/email\\_guidelines.html](http://www.amia.org/pubs/other/email_guidelines.html)
- Guidelines for the Use of Patient centered E mail, published by the American Medical Association. Available at [www.ama-assn.org/ama/pub/printcat/2386.html](http://www.ama-assn.org/ama/pub/printcat/2386.html)

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● **ARE YOU A MEMBER of the Chicago Medical Society?**

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### *What has organized medicine done for me lately?*

- Fights for meaningful tort reform.
- Provides a voice for physicians.
- Sponsors educational programs for physicians and office staff.
- Continues to seek higher reimbursement from Medicaid and Medicare.
- Supports a Patients Bill of Rights.
- Promotes Fairness in Contracting legislation to simplify managed care contracts.
- Blocked a plan to charge \$1 per Medicare claim filed.

While some argue that specialty societies are the answer, many physicians tell us that specialty societies cannot meet all a physician s needs.

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*When physicians do not join medicine, it weakens the voice of medicine.*

*Encourage your colleagues to join CMS and ISMS today.*



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