

WCMS News

December, 2011

Upcoming Events

January 26, 2012

Annual Meeting/Vendor's Fair
Forest Hills Country Club

February 27, 2012

Board of Directors Meeting

March 5, 2012

Timothy McDonald, MD, JD
UIC Chicago
Seven Pillars Approach

March 26, 2012

Board of Directors Meeting

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Dr. Wayne Polek

Dr. Wayne Polek, President, Illinois State Medical Society, will be the featured speaker at the Winnebago County Medical Society's Annual Meeting. You, your spouse and/or guest are invited to attend

Thursday, January 26, 2012
Forest Hills Country Club

The evening begins with a Vendors Fair at 5:30 pm, and dinner at 7:00 pm. The vendors fair gives you an opportunity to interact with your colleagues and vendors.

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We hope you will join us!

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ISMIE News!

Health System Reform Law Headed to U.S. Supreme Court?

The Patient Protection and Affordable Care Act will affect you and your practice in the future. Several lawsuits have been filed over the Act since it was signed into law, challenging its constitutionality. In one case, brought by 26 states, both sides recently have asked the U.S. Supreme Court for its ruling on the case and the law's constitutionality.

The Justice Department stated, "Throughout history, there have been similar challenges to other landmark legislation, such as the Social Security Act, the Civil Rights Act and the Voting Right Act, and all of those challenges failed. We believe the challenges to The Patient Protection and Affordable Care Act will also ultimately fail and that the Supreme Court will uphold the law."

The Florida Attorney General, Pam Bondi, on behalf of the 26 states, requested that the U.S. Supreme Court hear the case. She commented, "This healthcare law is an affront on Americans' individual liberty, and we will not allow the federal government to violate our constitutional rights. Our country urgently needs a final ruling from the U.S. Supreme Court."

Many speculate that the U.S. Supreme Court will decide by the end of the year whether to hear any of the cases challenging the health system reform law.

ISMIE Offers Defendant Reimbursement Coverage

Because being away from your practice due to litigation can be stressful and costly, ISMIE Mutual offers defendant reimbursement coverage, which covers out-of-pocket expenses for attending depositions (other than your own) and days spent at trial. This additional policy feature provides \$500 per day to a maximum annual amount of \$7,500 per physician per policy period. Provided to at no additional cost, this coverage makes it easier for you to fully participate in your defense.

ISMIE believes that an involved defendant physician is the best litigation partner. Your assistance with your defense will be time well spent and can make the difference in obtaining a successful outcome.

This coverage is provided for currently covered physicians and does not apply unless there is a policy in force at the time of the wage loss. For more information regarding ISMIE's defendant reimbursement coverage, contact the Claims Division at claims@ismie.com or 800-782-4767.

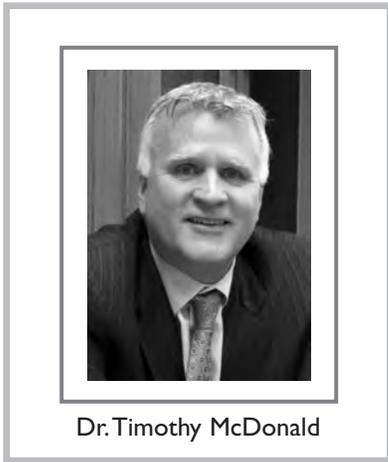
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Catherine Rogers, APN, BC, CWCN, CWS, FACCWS, Program Manager; Dr. Leslie Edgcomb, Medical Director; Ross Reavis, Safety Director.

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Dr. Timothy Mc Donald —The Seven Pillars Approach



The Winnebago County Medical Society is hosting an event on Monday, March 5, 2012, that will feature an exploration of a comprehensive new process for responding to patient harm events. Dr. Timothy McDonald, MD, JD, will present *The Seven Pillars Approach: Improving Patient Safety and Decreasing Liability Through Transparency*. He will examine the revolutionary process pioneered by the University of Illinois at Chicago's Institute for Patient Safety Excellence.

Doctor McDonald devised a new process for responding to patient-safety events that outlines seven critical elements to improve patient-provider communication, learn from mistakes, and ensure timely and equitable resolution when patients are harmed – and thereby reduce frivolous lawsuits and medical liability costs.

These seven critical elements, or *Seven Pillars*, are: event reporting, investigation and root causes analysis, communication and disclosure, apology and remediation, patient safety and systems improvements, data tracking and performance evaluation and education and training.

“Our method puts patients first, and we believe that the best way to get a handle on medical malpractice is by improving patient safety throughout the institution.” says Dr. McDonald, chief safety and risk officer for health affairs at UIC. “It’s really a program about changing the culture in hospitals and our relationships with patients.”

An evaluation of *Seven Pillars* within the UIC health system found that, when compared to pre-intervention levels and trends, the process succeeded in increasing the number of:

- adverse event reports submitted to risk management
- communication consults offered to patients and families after harm events
- peer reviews for clinicians

It also decreases the number of claims made against the health system.

Doctor McDonald and UIC have received a \$3 million federal grant to evaluate the process at nine other Chicago area hospitals.

Welcome New Members!

Timothy N. Koritz, MD, Board Certified in Anesthesiology, is affiliated with Rockford Health System. He received his medical degree from Harvard Medical School, in Boston. Dr. Koritz completed his internship at the University of Washington in Seattle and his residency at University of Iowa Hospital and Clinics in Iowa City.

The following Medical Students are welcomed as new members.

Caesar J. Arturo

Joseph R. Puetz

Rashi Bamzai

Nicholas J. Royal

Eric C. Ellenby

Karla M. Talavera

Andrew W. Grim

Chris B. Yoo

David A. Morales

President's Message — Looking to the Future



Mitchell S. King, MD

Change is on the horizon. What the changes will be is still uncertain, but with Health Care Reform being enacted (and challenged) and the impending spending cuts in the national budget, business will not be “as usual”.

Education

At the annual Association of American Medical Colleges (AAMC) meeting the themes centered around transformative change in the way we teach. This new generation of students is clearly much more technologically savvy than prior generations and this has impacted the way they access knowledge and learn. As a result, in the future, undergraduate medical education will be less didactic and more interactive.

There will be a focus on individualized, independent study and life-long learning. This will provide a foundation of knowledge with earlier clinical exposure and introduction to the profession of medicine and patient care. Students will learn to care for patients as members of healthcare teams, and interdisciplinary learning will become commonplace. These changes will be occurring as a result of modernizing our teaching and practice philosophies and in part as a response to the economic challenges that will be part of our future. Learning must become more economical and efficient to slow the rapidly rising tuition costs that

our students bear.

Graduate medical education will be under some unique pressures if cuts occur in Medicare GME funding. Proposed cuts of up to 30-60% of Medicare GME funding could result in hospitals and academic institutions reducing the number of residency positions by 20-30%. This would all occur during a time when experts are forecasting physician shortages and when medical student enrollment is being increased by 30%. Residency education funding must be preserved. If Medicare is determined to not be the proper mechanism for payment any longer, then alternatives must be in place before these proposed cuts occur or in the future we could be faced with fewer residency positions than there are medical school graduates.

The Practice of Medicine

Healthcare consumes 18% or more of our Gross Domestic Product and this number continues to grow. Most, if not all, economists agree that this is not sustainable. At the same time, the Affordable Care Act is being enacted, and challenged. The uncertainties surrounding this legislation are many, including whether it will result in healthcare savings or a significant increase in use of healthcare resources. Either way, in the short term, cuts in healthcare payments to hospitals and providers seem inevitable in order to reduce budget expenditures.

Longer term efforts to try to achieve cost savings will include new models of care. Commonly discussed ideas include the ill-defined Accountable Care Organizations and the Patient-Centered Medical Home. Accountable care organizations appear to be a model reminiscent of Health Maintenance Organizations where providers receive reimbursement caring for populations of patients. Patient-centered medical homes are just that — holistic, user friendly environments designed to meet a patient's individual needs. In both cases, preventive care and

disease prevention will again take center stage in the hopes of eventually reducing overall medical costs.

Professional Development

In recent years, a great deal of attention in medical student and resident education has been focused on development of professionalism and maintenance of the desire to serve. By entering and graduating from medical school, physicians are also designated as practice, educational and community leaders. This responsibility includes serving as a role model towards the practice of medicine, patient care, and education. Students enter into medicine wide-eyed, enthusiastic and humanistic, and are looking toward their physician teachers and mentors as role models. Along the way, these traits are diminished. All too often, medical students and residents witness a negativism from providers about various aspects of practicing medicine and over time it takes its toll. At various medical schools across the country programs are in place to provide students with leadership training and community service with the goal of maintaining this enthusiasm to serve.

Closing

We cannot forget that medicine is truly one of the greatest, if not the greatest profession. But in order to maintain this status, we need to participate in the process of change that is occurring in healthcare. What does that mean? This means being part of the selection, education and professional training for the next generation of physicians. This means being part of the collective voice of physicians and not simply a member of the more fragmented specialty societies. This means collaborating and knowing your peers across medical specialties and health care disciplines in the interest of putting our patients' interests first. I believe there is no better profession than medicine where you can earn a living by serving our patients, our community and teaching and shaping the next generation.

2012 Slate of Candidates for WCMS Officers for 2012

The slate of candidates is prepared by the Nomination Committee and approved by the Board of Directors. Elections will take place at the WCMS Annual Meeting on Thursday, January 26, 2012 at Forest Hills Country Club.

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Mark J. Kellen, MD*
Mitchell S. King, MD*
William E. Kobler, MD
Dennis G. Norem, MD*
Binoy Kamal, MD*
Gary P. Fernando, MD*

*for election

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Christopher M. Gibbs, MD
John P. Holden, MD
Mark J. Kellen, MD
Dennis Norem, MD

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Frank J. Nicolosi, MD
Mitchell S. King, MD

ISMS Trustee, District 12

John J. DeGuide, MD

AMA Delegate

William E. Kobler, MD

ISMS Update

Medical Practice Act

The Illinois House of Representatives and Senate have passed legislation to extend the sunset of the Medical Practice Act until December 31, 2012. The Act, governs the practice of medicine including licensure and discipline in Illinois. The Act, is crucial legislation because without it, anyone could practice medicine without penalties. This law is vital for the protection of our patients. The law will be immediately effective upon Governor Quinn's signature.

Licensure fee

As a direct result of ISMS advocacy efforts, the legislators rejected the Illinois Department of Financial and Professional Regulation (IDFPR) proposal to double the licensure fee from \$300 to \$600. These fees go into the Medical Disciplinary Fund, which is intended to support the investigatory and disciplinary duties of the IDFPR.

New Year – New Regs for Medicare, HIPAA

Several Changes are effective January 1, 2012:

- **Medicare's e-prescribing payment adjustments.** Eligible professionals who have met the requirement of the e-prescribing incentive program, or have not qualified for a hardship exemption, will see a 1 percent reduction in their allowable Medicare Part B charges on January 1.
- **Physicians must begin use of the 2011 version of the Advance Beneficiary Notice of Non coverage (ABN) form instead of the 2008 version.** The two versions are identical except for one difference: the new form is dated "3/11" in the lower left hand corner – that's it. The devil is in the details, so make sure your stock of old ABN forms are out of circulation before the new year. ABN forms that use the old date will be considered invalid by Medicare contactors.
- **The HIPAA 5010 electronic transaction standard becomes effective.** These standards are necessary for transmitting electronic claims and related data, so unless you enjoy having your claims rejected, make sure you (and your EHR vendor) are prepared for this mandatory change. Check out ISMS' Issue Brief, Is Your Practice Ready for HIPAA 5010? (member login required)

If you have any questions, please contact your ISMS' Member Advocacy team at 800-782-1470 x1470 or visit www.isms.org.



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*Lynne E. Nowak, M.D., Internal Medicine
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Therese M. Lucietto-Sieradzki, MD (ISMS alternate delegate) 815-544-0087

Dennis G. Norem, MD, (ISMS delegate) 815-971-2000

Staff

Janet Corirossi – Executive Director – 815-395-9267

The Board of Directors of the Winnebago County Medical Society meets on the fourth Monday of each month, 6:30pm at the Medical Society office.

Our phone number is 815-395-9267(wcms); fax number 815-484-4109, e-mail wcmsl@aol.com, and web site www.wcmsonline.com.

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