

Dec/Jan
2016

INSIDE:

FOCUS ON: Mental / Behavioral Health

A PHYSICIAN'S



VOICE

AMWA Turns 100!

Dr. Eliza Lo Chin

> PG 15



Hospitalists + Specialists + ? = ?

Long gone are the days of a traditional hospitalist. Hospitalists and specialists are teaming up to improve patient care.

> PG 4



Swedish Covenant Hospital Gala

"A Night for the Future" played off a *Back to the Future* theme complete with Doc Brown and Marty McFly characters, raising money for cancer care.

> PG 19



Baby Step by Anxiety

BY Debra Kissen, PhD, MHSA

Debra Kissen, PhD, a licensed clinical psychologist, is the Clinical Director of the Light on Anxiety Treatment Center of Chicago.

In her own words she describes her practice:

Exhausted and frustrated, clients come to me hopeful that freedom from anxiety is still somehow possible. As an anxiety specialist, I offer them something quite simple. I am an outside observer who can see all of their strengths and potential. I can call out from the sidelines, "You can do this," and "Just because your anxious brain says you can't handle it or something really bad is going to happen does not make it true."

Something remarkable happens when you make contact with your fears: When you allow yourself to experience your deepest darkest thoughts, they immediately become less ominous. They become something you can observe and experience and move through.

The key to making contact with feared material, and then becoming free from it, is to create a realistic plan of attack. We call this an exposure hierarchy, which is simply a list of stimuli that cause increasing amounts of anxiety. The point of creating this exposure hierarchy is to make facing your fears less overwhelming. If you have a fear of heights, you need not jump out of an airplane to move past this issue. If you have a blood phobia, you need not volunteer to work at a blood bank... at least not as a first step. Yes, you are determined to work on your anxiety, but no, you have no intention of licking toilets to get over contamination fears or immersing yourself in a bin of spiders to get over a spider phobia.

> PG 5

Debra Kissen, PhD, MHSA, Clinical Director of the Light on Anxiety Treatment Center

"Something remarkable happens when you make contact with your fears."

~ Debra Kissen, PhD, MHSA



NORTHSIDE / NORTHSHORE NEWS
Another 1st for Chicago

Transgender Health Provider Certification course hosted by WPATH.

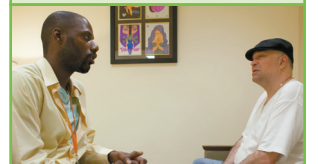
> PG 12



MENTAL HEALTH
New Resource for Mental Health and Substance Abuse

The Welcoming Center opens in the Foster Medical Pavilion.

> PG 6



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New, New, New for the New Year!

Another edition and another Publisher's Column chocked full of new developments at TheChicagoDoctor.com Newspaper & Website + Social Media.

In response to significant demand, TheChicagoDoctor.com begins a program of branded content Feature Stories. Across the gutter on page 3 is our first such story for Roetz and Andress. We applaud your setting of a precedent, and we know attorneys like such actions.

With the next edition's Focus on Healthcare Law, Accounting/Taxes & Risk Management, there are likely several others who will be interested in the visibility afforded by this program. So if your practice, firm or business is interested getting your story told to quality prospective clients, please email Branding.

Director@TheChicagoDoctor.com. Among our 10,000 physician readers, there are undoubtedly many who could use your services. Here's the opportunity to speak directly to them in your own voice.

Speaking of embarking on a new program, there may be a free TheChicagoDoctor.com Better Healthcare Management Practices luncheon seminar coming to your vicinity soon. Our first is announced in the save-the-date below and elsewhere in this edition. Have an idea for other topics or location? Let me know please at Phil.Zeni@TheChicagoDoctor.com.

An additional Contributing Editor for Legal Affairs, Emily Johnson, of the firm McDonald Hopkins recently joined us. Her first column appears on page 4. Welcome!



Phil Zeni
Editor /
Publisher

This Issue's FOCUS:

- + **Medical:** Mental / Behavioral Health
- + **Healthcare:** Mergers & Acquisitions

Finally, thanks to our staff, clients, contributing editors, guest writers, association leaders, conference planners, hospital and foundation publicity pros and Content Advisory Board members for making 2015 more – much more – than we expected. On to 2016! ♦

Kane County Physicians & Staff Members: **SAVE THE DATE!** 3/23
2016



the SECRETS of TODAY'S REVENUE CYCLE MANAGEMENT

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Who We Are

In the spring of 2015, the national law firm of Roetzel & Andress LPA welcomed some of the most prominent health law attorneys in the Greater Chicago area to its team, expanding an already vibrant health law practice. Eleven attorneys, formerly of Kamensky Rubinstein Hochman & Delott LLP, brought to Roetzel's Chicago office a top-tier healthcare compliance and regulatory practice, along with broad-based corporate, retirement plan consulting, estate, probate and wealth planning, employment law, and commercial litigation capabilities. Roetzel and its newest law partners share a deep commitment to legal excellence and work with total commitment for the benefit of our healthcare industry clients.

Representative Services

- Review of, drafting of, employment contracts, partnership agreements, hospital contracts and other similar entity and provider documents
- Structure of transactions in compliance with state and federal health law regulatory requirements, and preparation of related documents
- Representation of providers in medical staff and licensing disputes
- Representation of providers in health law technology ventures
- Representation of providers in reimbursement audits and government investigations
- Representation of health law entities in purchase and sale transactions
- Day-to-day provider issues and guidance
- Employment law issues and disputes
- Non-compete guidance and enforcement
- HIPAA compliance

What We Do

Today's healthcare practitioners face unparalleled challenges as they work to deliver quality healthcare in an industry that is in a constant state of transformation. Volumes of regulations, compliance mandates and concerns with credentialing and staffing are but a few issues facing medical professionals on a daily basis. As with any regulated industry, where there are challenges, there are also opportunities, and that is where Roetzel's health law attorneys bring their unparalleled understanding of the industry to their clients, assisting healthcare professionals discover new prospects for success while navigating the complex landscape of today's healthcare industry.

Roetzel's health law attorneys bring decades of experience to the table and have a proven record of success. Our multidisciplinary team provides counsel on every legal issue affecting healthcare professionals, guiding our clients through Stark, Anti-Kickback and other regulatory compliance issues, third-party payer reimbursement claims, healthcare entity mergers and acquisitions, medical staff disputes, income tax, and the myriad of other issues that can, and do, arise in today's rapidly changing healthcare landscape. We work with a broad spectrum of healthcare clients, including physicians, single-specialty and multi-specialty physician groups, home health agencies, nursing homes, hospitals, group purchasing organizations, surgery centers, pharmaceutical companies, medical device companies, medical technology companies, and many others. Our multi-specialty experience enables us to serve all of the legal needs of healthcare clients.

What the Future Holds

The future of medicine lies in the expanding use of health technology and Roetzel is a leader in developing business models in health technology, software, eHealth, and telemedicine. Our attorneys possess the experience and knowledge to advise clients in the most innovative areas of healthcare, while drawing on our firm's broad skills to enable our clients to develop and expand their businesses.

Your Chicago Health Law Partners

To learn more, visit our website or contact any of our Chicago Health Law Partners. ♦

www.ralaw.com/health_law



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Hospitalists + Specialists + ? = ?

BY Emily Johnson



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OB-GYN Hospitalist. Neurohospitalist. Orthopedic Hospitalist. Long gone are the days of a traditional hospitalist whose primary role was to provide general healthcare services to hospitalized patients. Though these individuals still exist, many hospitalists today deviate from the

routine work of their predecessors by merging with specialists to focus on specific fields of healthcare such as neurology, cardiology, and orthopedics. Over the last five years, there has been a dramatic increase in such mergers. This trend is largely due to the transition of the practice of medicine to performance-based payment systems, which condition payment on quality healthcare, best practices and improved patient outcomes. These payment systems are changing the way healthcare services are delivered by demanding better patient care at a lower cost. Recognizing this change, hospitalists and specialists are now teaming up to improve patient care.

The Merger Trend

As reimbursement becomes increasingly dependent on patient outcomes, specialists have realized the significant value offered by hospitalists. By sharing the responsibility of patient care, the quality of care patients receive is improved, readmis-

sions are reduced, and healthcare costs are decreased. Hospitalists alleviate burdens on specialists by providing emergency department coverage, assisting in the operating room, and rounding on patients. They are essentially responsible for the medical care of the specialist's patients, which allows specialists to focus on their specialty.

In particular, hospitalists have been shown to offer substantial value to surgical specialists. They can evaluate surgical patients for medical issues, ensure pre-operative tests are conducted, reconcile medications, and standardize discharge processes. Pre-operative evaluations allow hospitalists to develop post-operative plans of care and proactively address many medical concerns. As soon as the patient leaves the operating room, hospitalists can immediately evaluate them and treat high blood pressure, diabetes, or other medical issues. In doing so, hospitalists can anticipate problems and more easily overcome issues, resulting in more efficient care,

shorter hospital stays, and improved patient satisfaction. Such results are critical to success under performance-based payment systems.

Finding Success

To effectively work together and improve patient outcomes, hospitalists and specialists must set forth the parameters of their relationship in a written agreement. Though the parties should be jointly responsible for patient care, it should clearly state who is responsible for admission and discharge, and the resources and processes to be used when treating patients. Open, regular communication between hospitalists and specialists is also critical to a successful relationship. ♦



Emily Johnson is an Associate Attorney with McDonald Hopkins LLC (mcdonaldhopkins.com) and a Contributing Editor for *Legal Matters* for *TheChicagoDoctor.com*.

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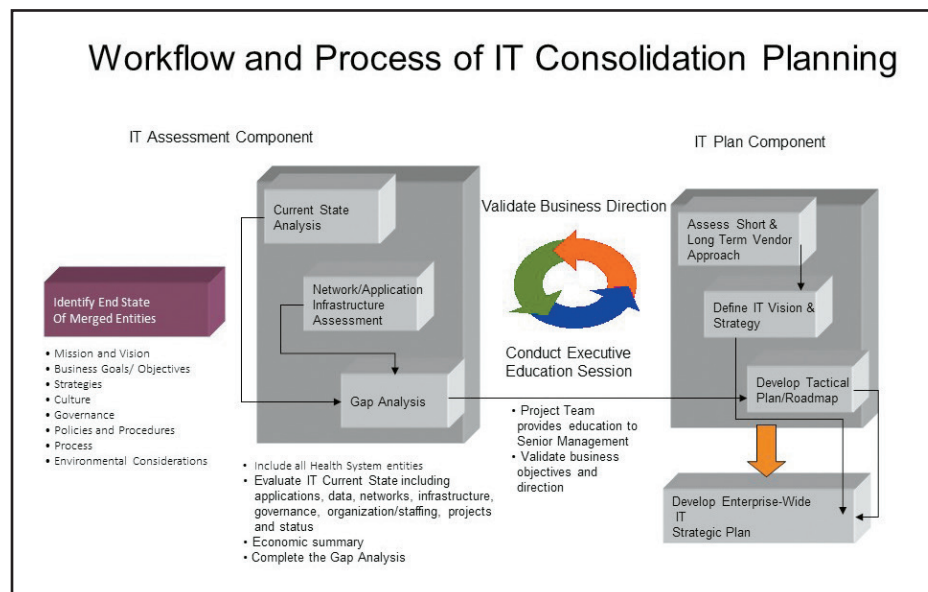
Med IT M&A

BY Sue Sarhage

In 2014, the healthcare industry saw \$438 billion in mergers and acquisitions worldwide. The trend to merge and combine healthcare systems is expected to continue and is creating new challenges for systems to coordinate care, provide better health at a lower cost and create a value-based transformation as a result of the Affordable Care Act.

It is key to review existing process areas for Mergers and Acquisitions in healthcare and hospital systems, including:

- Billing capabilities
- EMR / HIE and patient engagement tools
- Front office support – intake and scheduling
- Contracting management
- Referral and leakage management
- Evidence-based guidelines for care
- Care coordination / patient outreach
- Medical risk management
- Cost management – supply side / supply chain optimization
- Quality measurement / reporting
- Legal



Key questions for IT review and development as they are the hub and core of the hospital initiatives:

1. Identify / understand why the organizations are affiliating, what are the overall business goals and objectives of the new entity.
2. Determine the IT necessary to appropriately support the business strategies, culture, politics, individual diverse environments and the priorities of the merged organizations (e.g. create IT alignment and vision).
3. Ensure that the impact of the IT plan from the currently evolving healthcare paradigm was taken into consideration in the development of the goals and objectives of the merged organization.

Finally, as reimbursement rates continue to decline and value-based reimbursement is now the model, the acute market will have to scale to meet rising costs from everything from IT to regulatory compliance. It is the lifeline for most to merger or to form associations for shared services, consolidation and cost containment.

Having the Health IT Roadmap well defined and outlined for the newly planned merged entity is the best pre-planning step to take. ♦



Sue Sarhage is Regional Vice President Healthcare Solutions for Xerox and a Contributing Editor for *Med IT* for *TheChicagoDoctor.com*.

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Baby Step by Anxiety from PG 1

© Piotr Marcinski - Fotolia

No step forward is too small when facing your fears. It is more powerful to take teeny-tiny baby steps forward on a daily basis than to take a gigantic step forward and get stuck and overwhelmed. Movement and flexibility are key, not Herculean feats of bravery.

It is critical to set realistic daily anxiety-fighting goals. When my clients review their weekly homework assignments, I ask what might get in the way of their achieving these goals. I always encourage smaller and more realistic assignments that are likely to be met instead of large sweeping goals, which just set you up for feelings of failure.

Nothing takes the wind out of an anxiety-treatment plan more than self-blame and criticism. A dash of, "What is wrong with me, that I could not accomplish X?" and you quickly find yourself at "What is the point... I should just give up... this is hopeless." To reduce the role that anxiety plays in your life, first ask yourself, "What is one thing I can do today to face a fear?" Rate your ideas on a scale of 1 to 10 (1 being the easiest) of how

anxiety-provoking they would be to engage in exposure exercises. Try to identify an exercise that would not be too easy yet not too hard; shoot for an anxiety level of 4 to 6.

Make a commitment to go for it today, tomorrow, and forever more. Every day is a good day to face a fear in a small, bite-size serving.

If you believe your patient could benefit from CBT for anxiety, feel free to refer them to the Light on Anxiety Treatment Center (LightonAnxiety.com).

In her practice Dr. Kissen offers cognitive-behavioral therapy (CBT)



Dr. Kissen and her family enjoying a beautiful day together.

to children, adolescents and adults with a focus on anxiety and stress-related disorders, including OCD, PTSD, panic disorder, agoraphobia, social anxiety disorder, generalized anxiety disorder, specific phobias, separation anxiety disorder, compulsive skin picking, and trichotillomania.

Dr. Kissen belongs to the Anxiety and Depression Association of America, and she is a member of its Public Education Committee. She has a special interest in mindfulness-based treatment for anxiety disorders and has presented her research at many conferences. ♦

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New Resource for Mental Health and Substance Abuse Treatment



Swedish Covenant Hospital Welcoming Center in the Foster Medical Pavilion. © Allen Bourgeois

The recently opened Welcoming Center in the Foster Medical Pavilion on the campus of Swedish Covenant Hospital provides an array of services that benefit the community as well as area physicians. Operated by Lutheran Social Services of Illinois (LSSI), as an extension of Project IMPACT in the ED, the Welcoming Center offers easy access to mental health and substance abuse treatment. It provides a safe alternative to seeking care in the Emergency Department, and no appointments are needed to see an experienced mental health professional. The center works closely with the Swedish Covenant Hospital Emergency Department to identify and treat patients who present with symptoms. Patients may also be referred directly to the center and no prescriptions are needed to refer a patient.



A patient seeking help at Swedish Covenant Hospital's Welcoming Center in the Foster Medical Pavilion. © Allen Bourgeois

"The Welcoming Center also can help get appropriate patients the care they need sooner versus having them go to the Emergency Department and then be referred back to the Center," says Manoj Patel, Program Director at LSSI. "The

center is a warm and inviting place that offers help for patients with mental health and substance abuse issues and we encourage physicians to utilize the center for patients who require attention."

Clients can experience long waiting lists in the community for long-term behavioral health services. "The Welcoming Center can help engage clients in treatment while they wait for longer-term services, or clients can choose to stay in treatment at the Welcoming Center for their longer-term services," added Patel. "We give our clients hope and support."

Located on the Swedish Covenant Hospital campus, the Welcoming Center works with physicians and ER personnel to assist patients in need. The Welcoming Center, which is open Monday to Friday from 8 AM to 8 PM, is located at 5215 N. California Avenue in the Foster Medical Plaza (FMP), suite F101 on the first floor. For more information, contact Kathryn Chapman, MA, LPC, site supervisor, at 773-561-5809.

Prior Acts Coverage Considerations During Acquisitions

BY Jason P. Shah, MD

Professional liability insurance costs for prior acts coverage (often called a "tail") can be a major issue during the M&A process. In fact, physicians often cite prohibitively high tail costs as a reason they are not acquisition targets. In many cases, the cost of the tail is factored into the buyout price and can be an important part of the negotiation. For employed physicians, tail costs can be an impediment for those looking to leave the practice if they are contractually obligated to purchase the tail.

Tail coverage exists because most med-mal policies are written on a claims-made basis. Claims-made policies provide coverage for claims that are made during the current policy period. Thus, when a policy expires or is cancelled, there is no longer an active policy against which to report claims arising from prior acts. In this case, the prior acts are either moved to a new policy ("nose" coverage) or a tail is purchased.

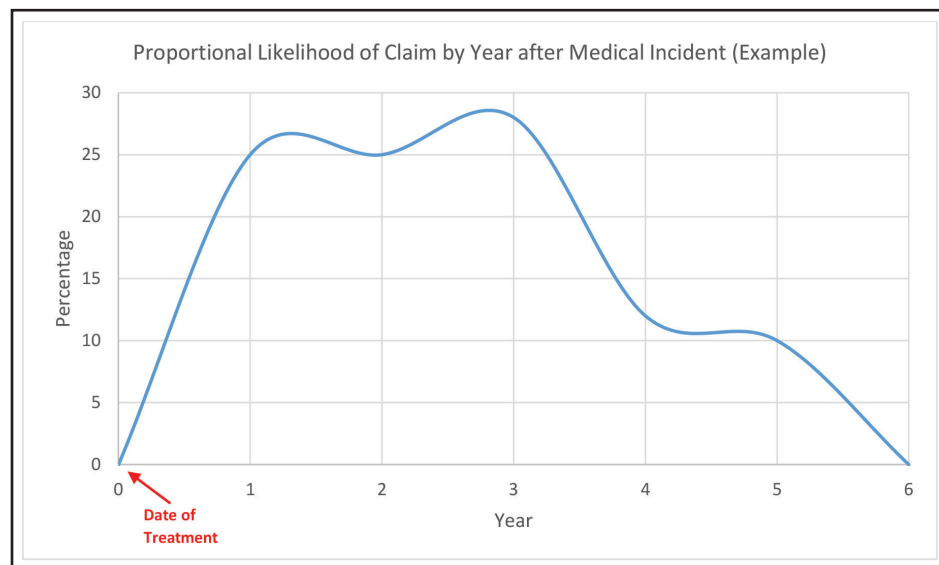


Figure 1 Assuming the policy is canceled right after medical incident, the aggregate area under the curve is the tail liability. This tail-end liability can be covered in various ways.

By statute, admitted carriers in Illinois have to offer tail coverage in the form of an endorsement on the expiring policy. The tail is calculated based on a factor of either the manual rate or the expiring premium and is often 2–3 times the expiring premium. Typically, policyholders have about 30 days after the issuance of the offer to purchase the tail.

Another option is to consider a stand-alone tail policy from a different carrier. Given the favorable malpractice insurance market and the prevalence of consolidation, many highly reputable carriers are offering stand-alone tail policies that mimic the expiring carrier tail endorsement at significantly lower prices. Potential purchasers of these products should keep in mind that there are a wide variety of policy options, so an experienced agent is invaluable in helping make this decision.

Finally, due to changes in the marketplace, an exciting option for Illinois physicians is the ability to convert their current claims-made policies to occurrence. Occurrence policies provide coverage in perpetuity for any medical episodes that occurred during the policy period. For example, if a claim arises in 2017 from a patient the policyholder saw in 2015, the 2015 policy would respond. This type of policy does not require a tail and gives physicians considerable flexibility.

Tail coverage can be a very expensive and challenging thing for physicians during the acquisition process. Enlist the help of an experienced agent to help navigate this rapidly changing area of the industry. ♦



Dr. Jason P. Shah is the Managing Partner of Flagship Physicians Insurance and a Contributing Editor for Risk Management for TheChicagoDoctor.com.

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ISHMPR Conference

Full of Animal Behavior



Austin Wilson and Randy McDaniels, ISHMPR President

The 2015 Fall Conference of the Illinois Society for Healthcare Marketing & Public Relations was held at the Discovery Center at the world-famous Brookfield Zoo.

Members learned what is new in healthcare marketing, heard success stories, visited with exhibitors, and networked with their peers all in the fun and unique setting amongst the animals at the zoo.



The keynote speaker was Barbara Rozgonyi, Principal, Cory-West Media who spoke on Perfecting PR: How to Quickly Attract Attention, Clicks and Customers for Tomorrow, Today.

Breakout sessions included:

- **Five Lessons Healthcare Marketers Can Learn from Mad Men** – Presented by: Stephanie Hungerford, Core Creative
- **Beyond the Obvious: What Really Drives Consumer Brand Preference** – Presented by: Rob Rosenberg, Springboard Brand & Creative Strategy
- **Population Superhero: Building a Movement that Engages Patients and Creates Real Behavior Change** – Presented by: Becky Swanson, Hospital Sisters Health System, and Mardy Maki, HTK Marketing Communications
- **New Rules of Content Marketing in Healthcare** – Presented by: Theresa Komitas, KishHealth System

- **Creating Integrated Designs Across Traditional and Digital Media** – Presented by: John Berka and Alex Murray, Cows In Trees, Powered by Noble
- **Content is King – But Distribution is Queen and She Wears the Pants** – Presented by: Shannon Cummins and Paula Rosenberg Frey, GLC
- **Value-Based Brand Building... Employees are Key** – Presented by: Randy McDaniels, ISHMPR, President; Rich Iavarone, TAG Communications; Ron Oelke and Ken Croken, Genesis Health System

Nichole Magalis, IL Hospital Association furnished a governmental update entitled **Knowing Your Value**.

A highlight of the conference was a Motor Safari transport to Habitat Africa for a reception with the giraffes, sponsored by McDaniels Healthcare Marketing.

The Pinnacle Awards celebration was held in conjunction with the conference. The “Best of Show” winner was KishHealth System for its entry: **Empower Health/Empower Wellness Publications** by the team of Theresa Komitas, Katelyn Fogle, Becky Cassie, True North Custom, Morningstar Media, supported by the KHS Marketing Team. A complete list of winners can be found at <http://www.ishmpr.org/2015-winners>. ♦



An Evening on Wall Street

The NorthShore Group of Wells Fargo and Marcum LLP (previously Frost, Rutenber & Rothblatt) presented Handling the Global Markets, The Fed and Interest Rates and a Washington Update to a gathering of over 200 recently. Industry leading experts, including Robert Carey, First Trust Advisors; Peter Newell, Vontobel Asset Management; Bryan Piskorowski, Wells Fargo Advisors; and Michael J. Vogelzang, CFA, Boston Advisors discussed:

- Current Market Update, Tax Rates & Global Market Outlook
- The Global Economy & the Fed’s Current Status on Interest Rates
- A Washington Update & How the Elections Can Affect the Markets, Economy & Taxes
- An Update on the International Markets ♦



Wells Fargo and Marcum LLP presentation of Handling the Global Markets, The Fed and Interest Rates and a Washington Update



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CHEF @ MATTER

A unique Chicago Healthcare Executives Forum (CHEF) Networking Event was held recently at MATTER Chicago, the health technology startup incubator in the Merchandise Mart.

Healthcare executives had the opportunity to see first-hand new healthcare technology and services and learn how they will improve patients' lives in the future from these eight exhibitors:



CareTree is a centralized, coordinated health record where patients, caregivers, families or providers create a patient profile and invite others to access it. CareTree uses role-based security to enforce HIPAA compliance and control access to protected information. Carl Hirschman, Founder, carl@caretree.me



Janus Choice uses mobile technology to optimize and improve current discharge processes from hospitals to extended care facilities. It offers the hospital and the patient an interactive search engine with a patentable algorithm for matching patients' clinical and social needs with the services provided by the facility. Alexandra Goodwin, President, alexandra.goodwin@januschoice.com

MedMatch offers employers and job seekers an intuitive technology to speed up the workflow of connecting qualified candidates with the employers. The company offers the only cloud-based service for medical facilities to source, qualify, verify and on-board medical professionals seeking employment opportunities – all within a single system with full visibility of the entire process. Shaun Sharma, Co-Founder, sharmacorp1@gmail.com

Output Medical is the digital thermometer of urine output. The company automates the measurement, data recording and data integration for urine output in order to optimize real-time physician decision-making and reduce the subsequent cost of complications. Jay Joshi, MD, Founder and CEO, jjoshi45@gmail.com



CHEF President-Elect Georgia Casciato, FACHE and friends



Regroup Therapy dedicates its work to eradicating mental health shortage areas across Illinois and the nation. This is achieved through virtual mental health staffing, cutting-edge provision of care, and delivery of key data / analytics to stakeholders. David Cohn, Founder and CEO, david@regrouptherapy.com



SafeStart is a surgical safety process built around an iOS app. SafeStart improves patient safety, patient satisfaction, staff workflow and patient throughput, and decreases facility and provider risk. Richard Vazquez, MD, Founder, vazquezmd@safestartmedical.com



SurvivorPlan delivers web and mobile solutions for integrated care planning, care coordination and patient engagement. SurvivorPlan's suite of web-based and mobile patient engagement tools empower patients with serious medical conditions to better understand their medical conditions and stay on track with their individual care plans. Elaine Warren, Founder, ewarren@survivorplan.io

VisMed3D is a global research and consulting firm utilizing a proven platform for innovative research, 3D surgical patient replica development and access solutions for healthcare and academic institutions to utilize visualization and 3D printing technology for state-of-the-art treatment and training. Dima Elissa, Co-Founder and CEO, dima@vismed3d.com

The event was sponsored by MATTER and Vizr Tech. ♦

Flaps and Grafts + The New Era of Systemic Therapies

The Chicago Dermatological Society hosted University of Michigan Professor of Dermatology Timothy M. Johnson, MD at its recent meeting. Dr. Johnson presented two lectures:

- The Resident Lecture on "Flaps and Grafts"
- The Fretzin Lecture: "Melanoma Sentinel Node Biopsy: Past, Present, and Future in the New Era of Systemic Therapies"

Dr. Johnson received his medical degree and dermatology residency training at the University of Texas at Houston. He has served as clinical director of the Cutaneous Oncology and Multidisciplinary Melanoma Programs since 1990.

Dr. Johnson has received many clinical, teaching, and research honors; delivered numerous national and international keynote and named lectureships over the last two decades; and is a benchmark for clinical care. His publication portfolio includes over 200 original peer-reviewed publications and 25 chapters published in mainstream dermatology, surgery, and oncology journals. ♦



CDS President Lawrence Chan, MD and Professor Timothy M. Johnson, MD



Blue Elders

BY Efrat Dallal Stein

Getting the blues is more common among older adults than any other demographic. According to the National Alliance on Mental Illness, 6.5 million seniors suffer from depression. And that number is sure to grow with a rising overall senior population 65 and older reaching 70 million by 2030, making up nearly 20% of our population compared to 13% in 2012, according to the United States Census Bureau 2012 National Projections.

Preventing Depression. Staying connected with family and friends is a key component in prevention. Past research shows that a lack of social interaction and social bonds can be a key component in developing depression amongst seniors and can even lead to death. No doubt that social media platforms such as Skype and Facebook have aided in keeping Grandma connected with the family and seeing the grandkids grow up. In fact, the number of Facebook users ages 65 and up has more than tripled since 2010, according to the Pew Research Center.

Despite this growth in social media use, research shows that not all forms of social interaction are equal. Older adults that have little face-to-face contact with family and friends are almost twice at risk for developing depression, according to a new study published in the *Journal of the American Geriatrics Society*. What's more, the study also found that regular contact with others over the telephone or through emails do not offset the risk of depression associated with lack of in person contact. The study was led by Dr. Alan Teo, Assistant Professor of Psychiatry at Oregon Health & Science University.

Dr. Martin Szanto, Medical Director at The Selfhelp Home, a retirement community in Chicago, reflects that our human needs are the same regardless of our age. "I don't think that understanding the roots of depression is any different in our different ages of life. Our needs are the same, from childhood on up. We all need comfort, the feeling of security,



"We all need comfort, the feeling of security, interaction with our family, friends and society, the feeling that we are needed and a feeling of self-esteem."

~ Dr. Martin Szanto

interaction with our family, friends and society, the feeling that we are needed and a feeling of self-esteem. Unfortunately, as we get older, it is easy for us to lose contact with reality, and we often feel deprived of these factors. Being kept in an environment that is calm, supportive, and stimulating is key for all of us." ♦



Efrat Dallal Stein is the Marketing Director of The SelfHelp Home and a Contributing Editor for Geriatrics for TheChicagoDoctor.com.

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Healthcare Summit Reaches New Peaks

SBAC + MCHC + JB2B Networking Present Healthcare Summit



More than 1,000 Chicago area healthcare leaders participated in the Small Business Advocacy Council, Metropolitan Chicago Healthcare Council and Jewish B2B Networking co-hosted 5th Annual Healthcare Summit & the Business Event.

Newly installed Presence Health President and CEO Michael Engelhart was the keynote speaker. The educational sessions included:

- Online Display Advertising's Role for Healthcare
- Online Reputation
- Today's Health Insurance Industry: Turmoil or Opportunity
- Using the New Crowdfunding Exemption to Find Business Capital
- You Build Your Business...We'll Help You Grow It!
- Linking Communities to Hospitals
- How to Reduce Unemployment Costs and Successfully Deny Benefits
- Economic Effectiveness
- Access to Capital

The event concluded with the SBACNOW Pitch Session, which featured aspiring entrepreneurs and mid-sized businesses in growth mode showcasing their businesses. This event allowed healthcare providers and payers to connect with the small business community and share success stories on what is working. ♦

CONTACT: *Herrison Chun, Director of Communications, Small Business Advocacy Council, 20 S. Clark, Suite 500, Chicago IL 60603, herrison@sbacil.org, 312-548-8608, www.SBACIL.org*

Frost-Marcum Merger

Marcum LLP, a top national accounting and advisory services firm, announced that it has merged with Frost, Ruttenberg & Rothblatt, PC (FROST), a full-service accounting firm with offices in Chicago and Deerfield, Illinois. The merger became effective November 1.

The transaction marks the first entry into the Midwest market for Marcum, which has 17 other U.S. offices on the East and West Coasts, plus six abroad. Twenty-one FROST shareholders and principals and 90 professional staff have joined Marcum.

Marcum LLP is one of the largest independent accounting and advisory services firms in the United States. Headquartered in New York City, Marcum offers the resources of 1,400 professionals, including more than 180 partners in 25 full-service offices. ♦



QPWB

Medical / Healthcare Law Firm Relocates

The law firm of Quintairos, Prieto, Wood & Boyer, PA recently celebrated the relocation and expansion of its Chicago office to the Willis Tower, 70th Floor. QPWB's clients for professional liability include nursing homes, adult living facilities, hospitals, psychiatric hospitals, home health agencies, laboratories, physicians, dentists, medical directors, administrators, nurses, medical technicians, radiologists and other healthcare providers. ♦

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2015 Maserati Ghibli SQ4



Overpayments

Key Issues Physicians Should Consider - Part 2 of 2

BY Jayme R. Matchinski, Esq.

While the FCA has historically been used to establish liability for submitting false or fraudulent claims to the government or making or using false records or statements in connection with such a claim, a lesser known provision of the FCA is the reverse false claim provision. This provision establishes liability for any person who knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government. The FCA defines the term "obligation" to include the retention of any overpayment. Similar to other provisions of the FCA, the reverse false claims provision includes the threat of treble damages and substantial per claim penalties.

In June 2014, the U.S. Attorney's Office for the Southern District of New York intervened in a FCA qui tam against several New York hospitals alleging that the hospitals violated the

"There are many unanswered questions related to the 60-day rule and its enforcement..."
~ Jayme R. Matchinski, Esq.

FCA by improperly retaining certain overpayments. United States v. Continuum Health Partners, Inc. marks the first time that the government has intervened in a FCA action based upon an alleged violation of the 60-day rule. Although the 60-day rule has been law since 2010, and CMS has clearly stated in its February 2015 notice that providers are subject to the statutory requirements under the ACA and could face potential FCA liability for failure to report and return an overpayment prior to the publication of the final CMS rule next year. This case will set precedent on the interpretation and application of the 60-day rule and potential FCA liability.

While these issues are working their way through the courts, physicians and physician practice groups must work to identify and fully report and refund any overpayments to the Medicare and Medicaid programs at the first sign of a potential overpayment to comply with the 60-day rule and to avoid risk of liability under the FCA.

There are many unanswered questions related to the 60-day rule and its enforcement, including when an overpayment is "identified" for purposes of starting the clock on

the 60-day rule, however, physicians and physician practice groups should take immediate steps to identify any potential overpayments and exercise reasonable diligence to comply with the 60-day rule or risk liability under the FCA and other fraud and abuse statutes. ♦



Jayme R. Matchinski, Esq. is a partner with the law firm of Clark Hill PLC in Chicago and a Contributing Editor for *Legal Matters* for TheChicagoDoctor.com.
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The Brain Place

NorthShore University HealthSystem (NorthShore) has launched a new, comprehensive Center for Brain Health program that utilizes genetic testing, advanced diagnostics and lifestyle factors to predict and protect against Alzheimer's disease and other aging-related brain disorders (i.e., Parkinson's disease, chronic traumatic encephalopathy or other dementias).

"Research has identified several factors that can reduce the risk for Alzheimer's disease," said Demetrius Maraganore, MD, NorthShore's Ruth Cain Ruggles Chairman of the Department of Neurology and Medical Director of NorthShore Neurological Institute. "Our team of specialists can identify a patient's unique set of risk factors based on their DNA, daily habits, current state of health and family history to develop a specialized medical and behavioral program proven to protect against neurodegeneration." ♦

Northside/NorthShore News

Another 1st for Chicago



WPATH November 2015 Inaugural Training Faculty: (left to right) Donna Kelly, Director of Global Education; Randi Ettner, PhD; Loren Schechter, MD; Gail Knudson, MD, MPE, GEI Co-Chair; Julie Graham, LMFT; Joshua Safer, MD; Lin Fraser, EdD, MFT, LPCC, GEI Co-Chair; Steve Rosenthal, MD; Vin Tangpricha, MD, PhD; Sue O'Sullivan, Managing Director. Faculty not pictured: Robert Garofalo, MD; Jamison Green, PhD; Dan Karasic, MD; Scott Leibowitz, MD

The World Professional Association for Transgender Health (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIIGDA), is an interdisciplinary professional and educational organization devoted to transgender health.

WPATH's First Live Course Leading to Transgender Health Provider Certification was held recently in Chicago. The course was entitled **Transgender Health: Best Practices in Medical and Mental Healthcare**.

There were professional tracks for medical providers, mental health professionals and for surgeons. The intensive course contained numerous training modules including *Standards of Care* and *Surgical Treatment Options*. There were three separate foundational modules, one for hormonal treatment, one for mental health and one for primary care.

Further, separate modules for primary care and mental healthcare for youth and adolescents were also provided.

Additionally, *Advanced Endocrine Treatment and Surgical Procedures and Surgical Complications* were covered in the course, plus *Cultural Considerations: Incorporating Gender Affirming Care*, as well as a panel discussion on legal and policy.

It is the vision of WPATH to bring together diverse professionals dedicated to developing best practices and supportive policies worldwide that promote health, research, education, respect, dignity, and equality for transgender, transsexual, and gender-variant people in all cultural settings. ♦

Conference managed by Sue O'Sullivan and Donna Kelly, Veritas Meeting Solutions.
CONTACT: sue@veritasm meetings.com, direct 847-858-0084, office 847-752-6245

BRAIN POWER

Tips for Improving & Preserving Your Brain Health

1 IN 5 WOMEN AND 1 IN 10 MEN WILL DEVELOP ALZHEIMER'S DISEASE IN THEIR LIFETIME.

No matter your age, now is the time to be proactive against Alzheimer's and other degenerative brain diseases. Making healthy lifestyle changes earlier can dramatically improve the health of your brain later in life.

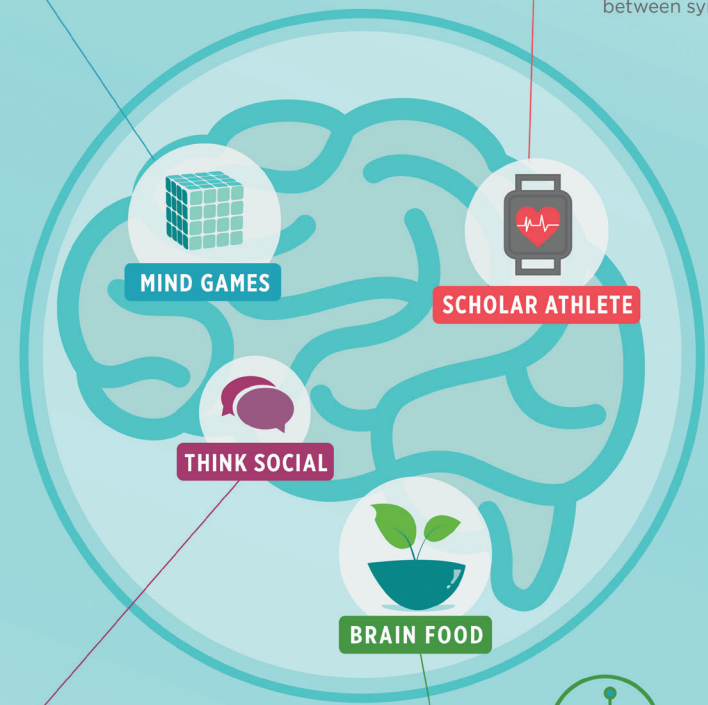
The experts at the NorthShore Center for Brain Health share four easy ways you can improve & preserve your brain health:



Test your brain, regularly. Reading, learning a language, painting and word puzzles generate new neurons in the brain, creating a surplus to counteract future cell loss.



Aerobic exercise can reduce the rate of mental decline by boosting the supply of blood and oxygen to the brain. Exercise also increases connections between synapses.



Socializing can be as good for your brain health as quitting smoking. Spending time with family or volunteering can increase happiness and reduce depression symptoms.



Put your brain on a diet. The Mediterranean diet—high in veggies & healthy fats, low in meat & dairy—can reduce the rate of memory loss & improve thinking skills.

SOURCES

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Great Lakes Clinical Trials

An independent, phase I-IV clinical trial center

Every medication currently available by prescription has gone through an extensive clinical trial process. Hundreds of thousands of patients across the country have volunteered to participate in research so that these medications can be available for future generations. Chicago now has a world-class, internationally-recognized research clinic to run these important programs, located on the Northside of the city – Great Lakes Clinical Trials.

The team at Great Lakes Clinical Trials' state-of-the-art facility have conducted more than 450 clinical research studies in indications ranging from: Alzheimer's Disease (AD), Osteoarthritis, Complex Regional Pain Syndrome, Depression, Migraine and Parkinson's Disease. Founder Steve Satek, who has over 25 years' experience and is a well-known specialist in the field of clinical research, brought together seasoned experts to open the clinic. Their founding philosophy is to remain patient-focused, with impeccable quality.

The team at Great Lakes Clinical Trials includes five board-certified physicians and a neuropsychologist who are focused 100% on conducting clinical research. This means the clinic does not maintain a private practice. "We do not have a billing department at Great Lakes Clinical Trials," commented Satek. "All our trials are free-of charge to our patients and truly complement hospital and private practices across the city. This allows us to be totally patient-focused and referring physicians are not concerned about losing their patients to another practice." The concept implemented by Great Lakes Clinical Trials is that access to research trials should be available to all clinicians across the region. The referral process should be easy and Great Lakes Clinical Trials takes the necessary steps to keep the referring physicians informed of their patients' progress throughout the clinical trial.

Alzheimer's disease is at the forefront of Great Lakes Clinical Trials research. This is an exciting time to be involved in Alzheimer's research. There hasn't been a new Alzheimer's medication approved since 2003 and the currently available medications only treat the symptoms of the disease. The new wave of medications being researched are actually 'disease modifying compounds' which target the source of disease itself. With today's PET scan technology, researchers are able to see who is already at risk of developing the disease and whether the compound is working or not.



Great Lakes Clinical Trials is also actively conducting a trial in major depressive disorder. The research focuses on a novel medication with an expected immediate onset of action. "This is also an exciting time in depression research," said Satek. "We haven't seen significant breakthroughs since the days of SSRIs and SNRIs being approved."

As a private, community-based clinic, Great Lakes Clinical Trials is changing the landscape of research in the Chicago area. To learn more about the studies being conducted at Great Lakes Clinical Trials and how to refer your patients for participation, visit its website at www.greatlakesclinicaltrials.com or call (773) 275-3500. ♦



Tried antidepressants? Still feeling depressed?

Great Lakes Clinical Trials is seeking volunteers for a clinical research study for depression.

You may be able to participate if:

- You are 18 to 64 years of age
- You have tried at least 2 (but no more than 5) antidepressants, which have not fully relieved your depression symptoms

Qualified participants will receive:

- Study related care and office visits at no cost. Insurance is not required.
- Investigational and FDA-approved study medications at no cost.
- Compensation of \$75 for each completed clinic visit

Call 773.275.3500 today to learn more about this study and determine if you will qualify for participation.

 **Great Lakes Clinical Trials**
5149 North Ashland Avenue (at Foster Avenue)
773.275.3500 www.greatlakesclinicaltrials.com



Chicago Hosts National Provider Summit



(left to right) Kathleen D. Sanford, DBA, RN, FACHE, FAAN, Senior VP and Chief Nursing Officer; Jay R. Swanson, RN, MSN, APRN-BC, Co-Director National Advanced Practice Leadership Council; Michelle L. Edwards, DNP, APRN, FNP, ACNP, National VP, Advanced Practice

As the nation's healthcare leaders look for solutions to handle the impending physician shortage, more than 300 thought leaders and medical professionals from across the U.S. gathered in Chicago on Thursday, November 19 for a national summit on optimizing healthcare provider teams.

The Metropolitan Chicago Healthcare Council (MCHC) and UHC hosted the 5th Annual Center for Advancing Provider Practices (CAP2) National Summit at Crowne Plaza Chicago O'Hare Hotel and Conference Center in Rosemont. This day-long, educational event brought together CMOs, CNOs, directors of advanced practice, advance practice registered nurses (APRNs), physician assistants (PAs), medical staff office professionals and more.

"As patient care providers, our top-line goals are always delivering the best possible care, advancing health outcomes and improving quality of treatment," said Trish Anen, RN, MBA, NEA-BC, Vice President of Clinical Services for MCHC. "This summit is a tremendous opportunity to convene healthcare leaders in a number of medical and

practice fields in order to dialogue on best practices for treating the growing patient populations and share emerging strategies for optimizing the provider team from national, system, payer, regulatory and compliance perspectives."



Debra A. McElroy, MPH, RN, Associate VP, VHA-UHC NewCo Alliance and Trish Anen, MBA, RN NEA-BC, VP Clinical and Advisory Services, MCHC

Developed by MCHC and UHC, CAP2 was launched in response to the growing need for new and innovative care delivery solutions. Since its launch last year, CAP2 has grown to represent over 210 organizations in 31 states, representing almost

25,000 advanced practitioners in 45 clinical practice areas. CAP2 provides members with real-time access to organizational assessments, benchmarking reports with national data and infrastructure resources to support the design and development of effective, efficient healthcare delivery systems.

"Using the national resources, insights and data from CAP2, Catholic Health Initiatives has achieved tremendous success with establishing a sustainable infrastructure for redesigning the way our provider teams deliver care—all to the benefit of the patients and communities we serve. We absolutely would not have realized the level of success we have in the short time we did without CAP2's resources and guidance," Michelle L. Edwards, DNP, APRN, FNP, ACNP, National Vice President of Advanced Practice, Catholic Health Initiatives System.

IHA Top Shuffle

The IHA Board of Trustees has appointed A.J. Wilhelmi as IHA's new President and CEO, effective January 1st.

Wilhelmi joined IHA in early 2012 as its Chief Government Relations Officer and has been responsible for directing IHA's state and federal advocacy and policy agendas on behalf of the Association's 200+ hospitals and nearly 50 health system members. Wilhelmi was formerly a Joliet area State Senator for seven years.

IHA Board of Trustees Chair Dean M. Harrison also announced that Dan Yunker will be joining IHA on as Executive Vice President, and President and CEO of IHA's new Midwest Healthcare Institute. The Institute will offer innovative solutions to hospitals and healthcare organizations for quality and performance improvement as well as serve as an incubator for innovation and development. Yunker is currently President and CEO of MCHC.

For more information, see www.ihatoday.org. ♦

CAP2 Summit speakers included representatives from Catholic Health Initiatives, Cleveland Clinic, CMS, the Joint Commission, UnitedHealth Group and more. The summit also included a presentation from the CAP2 team on the initial findings from three new CAP2 assessments launched in 2015 that examine the current state of advanced practice in ambulatory settings and evolving advanced practice leadership structures. Specifically, these assessments provide new insights into models of care, including the types of patients advanced practitioners (APs) are allowed to see, the composition of AP panels, the ratio of APs to physicians and AP productivity expectations. The summit gave attendees the invaluable opportunity to collectively examine the role of APs in healthcare today and their ability to transform the industry in the coming years.

For more information on CAP2, please visit www.CAP2.net. ♦



AMWA Turns 100!

BY Eliza Lo Chin, MD, MPH



Eliza Lo Chin, Executive Director, AMWA
© Lisa W. Cumming Photography

November 18, 2015 marked the centennial of the American Medical Women's Association (AMWA), the oldest multi-specialty organization of women in medicine. AMWA was founded in Chicago by Dr.

Bertha Van Hoosen at a time when women comprised only 5–6% of physicians nationwide. Over the past century, AMWA has played a pivotal role in the success that women in medicine have achieved in nearly all areas of medicine. Currently, women medical students comprise 47% of medical students and 33% of practicing physicians. AMWA's centennial meeting earlier this year brought together women leaders from all over the country to celebrate the association's rich legacy.

AMWA's mission over the past century has been two-fold – to advance women in medicine and improve women's health. Through its network of leaders, alliances, and local chapters, AMWA has been a leading voice in women's health, gender equality, healthcare reform, and preventive medicine. Recent initiatives have also included physician resilience, mentoring, global health, and gun violence prevention.

In September, AMWA co-hosted a summit on human trafficking with the U.S. Department of Health and Human Services, bringing together over 60 organizations from multiple disciplines to mobilize the healthcare sector in the fight against human trafficking.

In October, AMWA collaborated with the TTUHSC Laura W. Bush Institute for Women's Health, the Mayo Clinic, and the Society for Women's Health Research to co-sponsor the Sex and Gender Medical Education Summit. This landmark conference convened nationally and internationally



American Medical Women's Association
Empowering Women & Improving Health Care Since 1915

renowned thought leaders, curricular experts, and representatives from over 100 medical schools to create a roadmap for integrating sex and gender medicine into the medical education curriculum.

For more information about AMWA and to view online exhibitions celebrating women in medicine leaders, artists, and more, please visit www.amwa-doc.org.

A marker at 410 S. Michigan Avenue commemorates the location of AMWA's founding meeting. ♦

Dr. Eliza Lo Chin is the Executive Director of the American Medical Women's Association.



100 YEARS

as the
vision
and
voice
of
women
in
medicine

For 100 years, AMWA has been the progressive voice of organized medicine, addressing the tough issues that affect how medicine is discovered, taught and practiced. We are women healthcare providers who care about women's health, well-being and leadership. AMWA has consistently championed universal access to preventive and primary healthcare and incorporating sex and gender based medicine into medical training.

Photo courtesy of Legacy Center Archives, Drexel University College of Medicine

www.amwa-doc.org

American Medical Women's Association | 12100 Sunset Hills Road, Suite 130 | Reston, VA 20190
Ph: (703) 234-4069 | Toll Free: (866) 564-2483 | Fax: (703) 435-4390 | Email: associatedirector@amwa-doc.org



To BYO or NOT

BY Sandeep Ghaey



One of my favorite treats is to go to a BYOB restaurant. Often these are casual restaurants with great food and no liquor license and possibly a corkage fee. These are great times to bring nice bottles of wine out and really elevate a fun meal into an unforgettable night. I've had the good fortune to share bottles of thirty-year-old wines, and even ten dollar bottles that just help wash down the food and keep the conversation flowing.

It has become a little more common place that sometimes your local restaurants that have their own liquor license will allow customers to bring in bottles for a nominal fee often anywhere from \$10 to \$30 or more. I am always thrilled to be extended this generosity; I try to do this only for special occasions where I will bring a special bottle of wine.

I always try and remember this is a very weird custom: All things considered, this would be the near equivalent of showing up with your own shots at your doctor's office and asking them to administer it to you. So approach this diplomatically.

These restaurants make a fair amount of their money from their alcohol programs, but also spend a lot of time and money. From liquor licenses to dram insurance, glassware, and sommeliers, etc., it's often something restaurants pride themselves on.

First, you should call ahead and ask their corkage policy. Some restaurants won't allow BYOB. Don't try to bend the ear of the manager; they aren't trying to spoil your celebration. Be ready to tuck your bottles away if you haven't called first.

Second, take a quick peak at their wine list on their website and make sure your wine is not on their wine list. Most places won't let you bring a wine they sell, but it's best to skip the awkward conversation.

Three more rules of thumb for BYOB-ing:

- Keep it to one bottle, for lots of good reasons.
- Try and buy a bottle off the list for every bottle you bring in. This will go a long way, I like a sparkling or a white for apps while my red breathes.
- Tip as if the bottle you brought was on the bill. At the very least, try and look for a bottle on their glass pour list and tip as if that bottle had been on the bill. ♦

Sandeep Ghaey is the Principal Glass Washer at Vinic Wine Company, Evanston and a Contributing Editor for the Wine MD Explorers' Club for TheChicagoDoctor.com.
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Northside/NorthShore News

Tiny Bubbles in the Crémant?

No, It's Contrast for Ultrasound

Gathering for the 30th Annual Advances in Contrast Ultrasound international meeting, it was apparent from the outset that the faculty members and participants were in for a great conference. Live streaming of the event made it even more international that in previous times.

Course Director Steven B. Feinstein, MD from Rush University Medical Center was obviously pleased with an ACU meeting that marked three decades of growth in technologies and professional participation.



Show Me the Money:

Patient Payment Optimization

Lucy Zielinski, Vice President, The Camden Group, recently conducted a seminar for the Independent Physician Advisors on Patient Payment Optimization: Steps for Improvement.

Her presentation emphasized that with the rise of consumer-directed health-care and high deductible plans, the increase in patient financial responsibility is impacting medical groups. Medical groups are experiencing an increase in patient out-of-pocket payments.

For many practices, patients are or will be one of the top five largest payers. Effectively managing patient liability and accounts receivable is key to avoiding a reduction in profit margin. Based on recent statistics, if medical groups do not redesign how they manage the patient collections process, they can anticipate a 5–10% reduction in their bottom line.

This presentation provided an overview of a "best practice" patient collections process and introduces a multi-step approach for improving the process:

- Increase patient satisfaction
- Decrease their cost to collect
- Decrease bad debt
- Increase their patient collections



Lucy Zielinski, Vice President, The Camden Group

Strategies to meet these goals were discussed, including process redesign, patient engagement / education, and technology optimization (or automation). An assessment tool and key performance metrics to help medical groups optimize payment were included.

Ms. Zielinski has over 20 years of experience in the healthcare industry. She specializes in helping private and hospital-owned medical practices achieve top financial performance by guiding physicians through practice development, strategic planning, coding and revenue cycle process optimization, and electronic health record system implementation.

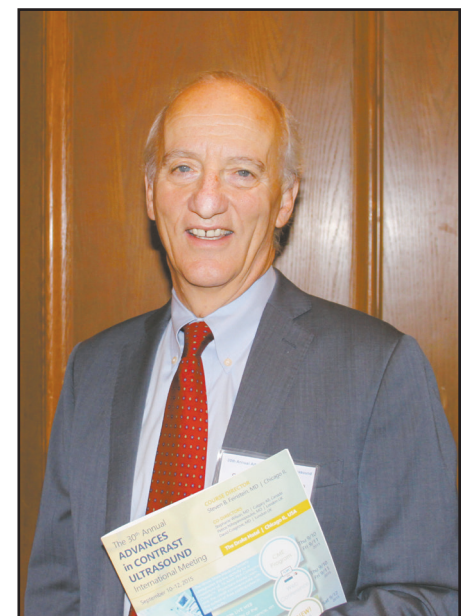
The goal of the Independent Physician Advisors is to improve core business operations for independent healthcare providers through shared learning and support. IPA members provide key strategy and operational services that foster sustainable growth and enable the physician and practice owners to focus on patient care. ♦

bubble CONFERENCE

Sessions included:

- Regulatory Reports from Around the World
- The World of Contrast-Enhanced Ultrasound (CEUS) in two parts
- Physics and Quantification
- Clinical Applications
- Therapeutic Ultrasound in two parts

A separate, new CEUS training event was held at Rush University Medical Center on the final day of the gathering with staff performing live patient cases on-site. ♦



Steven B. Feinstein, MD, Rush University Medical Center



Your Annual Review Checklist

From Meg Birch, Morgan Stanley

BY Wealth Management Systems Inc.
COURTESY OF Meg Birch,
Financial Advisor, Morgan Stanley
Wealth Management

Preparing for an annual financial review may be easier with a checklist to help you focus on important matters. With that in mind, here is a list of key considerations that you may want to discuss with your financial advisor.

- **Do I need to rebalance my asset allocation?** Depending on the performance of your investments, you may want to examine whether your mix of stocks, bonds, cash, and other assets is close to your target. If you have not reviewed your portfolio lately, you may be surprised at what you find. It's possible that your current asset allocation has changed quite a bit since the last time you checked, due to the different performance of the various investments in your portfolio. If that's the case, or if your outlook has changed, it may be time to readjust. Rebalancing can be accomplished in two ways: You can sell existing assets and use the proceeds to bring your portfolio closer to your desired mix. Or you can leave your portfolio as is and allocate new investments to the areas that you want to increase. Rebalancing may involve tax consequences, especially for non-tax-deferred accounts.
- **Am I on track to fund my retirement?** Making sure you are on track to amass the assets you will need for your later years

should be one of your key concerns. If you participate in an employer-sponsored retirement plan, consider investing as much as you can afford. If you do not have access to an employer-sponsored plan, or if you do and can afford to contribute even more, consider funding an individual retirement account (IRA).

- **What were my yearly capital gains and losses?** If your year-end planning entails selling certain assets, be aware of rules regarding capital gains and losses. Gains on investments held less than one year – known as short-term capital gains – are taxed as ordinary income, while those on investments held for one year or longer, or long-term capital gains, are taxed at a maximum rate of 20%, for federal income tax purposes. State tax rules may differ. On the federal level, capital losses offset capital gains and are netted against each other. If net capital losses still remain, up to \$3,000 may be used to offset ordinary income. Capital losses not used in a given year can be carried forward to future years. Note that different rules apply for gains on the sale of collectibles or qualified small-business stock.
- **Am I taking full advantage of tax-advantaged accounts?** Remember that certain types of investments receive favorable tax treatment. Employee contributions to a traditional 401(k), for example, are deducted from your paycheck before taxes are assessed, which lessens taxable

income during the year the contribution is made. Contributions may potentially grow free of federal income taxes until qualified withdrawals are made during retirement. If you are age 59 1/2 or older and have maintained the account for a minimum of five years, qualified withdrawals from a Roth IRA are tax free. (To contribute to a Roth IRA, investors must meet income thresholds established by the Internal Revenue Service. More information at www.irs.gov).

- **Is my insurance coverage sufficient?** You may want to conduct an insurance needs analysis. There are many forms of insurance but, unfortunately, there is no one-size-fits-all policy. Life insurance, for example, may be a vital necessity if you have a spouse and children, but perhaps is less important for a single person. But disability insurance, which provides an income stream if you are unable to work, may be important for everyone.
- **Is my estate plan current?** If you have not already made an estate plan, your annual review may be a good time to start. Even if you already have a plan in place, it is good to revisit it yearly to make sure your beneficiary designations are up to date and that your plan still reflects your current wishes. This is also a good time to consider tax-efficient gifting strategies, so you can potentially minimize gift and estate taxes and keep more of your assets for those you care about.

You may have additional concerns unique to your situation, but this checklist may help you keep your investment portfolio in order. ♦

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If you'd like to learn more, please contact **Meg Birch**. Article by Wealth Management Systems Inc. and provided courtesy of Morgan Stanley Financial Advisor. The author(s) are not employees of Morgan Stanley

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2015 Fetal Cardiac Symposium

The Second Chicago Fetal Cardiac Symposium conference and workshop held recently at Rush University Medical Center offered updated presentations on scanning the fetal heart. Additionally, topics presented included diagnosing and managing common fetal congenital heart disease malformations. In particular, there was emphasis on the basics of fetal cardiac scanning, coupled with live case demonstrations and tips for diagnosing various anomalies.

Presentations, given by nationally and internationally renowned faculty, focused on anomalies of the four-chamber and outflow-tracts views, reflecting the recent guidelines for screening for fetal heart disease.

Local faculty included:

Rush University Medical Center

- Ra-id Abdulla, MD
- Sawsan M. Awad, MD, MSC
- John Bokowski, PhD, RDCS, FASE
- Karim A. Diab, MD, FACC, FASE
- Xavier Pombar, DO
- Carolyn Jones, MD, PhD

Rush Children's Hospital

- Debra Selip, MD, FAAP ♦



Second Chicago Fetal Cardiac Symposium

Conference managed by Sue O'Sullivan and Donna Kelly, Veritas Meeting Solutions.
CONTACT: sue@veritasm meetings.com, direct 847-858-0084, office 847-752-6245

Free Seminar for Kane County Physicians and Staff

TheChicagoDoctor.com has announced it will present a special luncheon seminar concerning revenue cycle management and collections March 23 in St. Charles.

The seminar is entitled "The 9 Secrets of Today's Revenue Cycle Management" will feature two prominent experts in the field: Tony Muscato of Creditors Discount & Audit Co. and Brian J. Nelson of ebix inc.

TheChicagoDoctor.com is staging the event as a public service to its readers and is free to Kane County physicians and their staff members.

To help assure you receive an invitation, email Info@TheChicagoDoctor.com. ♦



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RIC Dinner Dance

RIC Dinner Dance hosted more than 400 guests on October 9 at the Radisson Blu Aqua Hotel. This event sparked awareness and raised more than \$1.5 Million for RIC's groundbreaking initiatives in rehabilitative medicine. ♦



RIC Dinner Dance Co-Chairs and Women's Board members (left to right), Susan Felker, Jacque Nygaard, Lindy Keiser. © 2015 Dan Rest



RIC's Associate Board hosted Late Night following the Gala. Guests enjoyed cocktails and danced to music by DJ Arkitek, Resident DJ at Studio Paris, The Mid and The Underground. © R.Carl



The RIC Dinner Dance used an electronic bidding system for their paddle raise for the first time and saw the crowd's \$300,000 raised matched by an anonymous donor, resulting in over \$600,000 raised that evening. © 2015 Dan Rest

THE metric

\$300,000
An Anonymous Donor
\$1.5 Million Total

Swedish Covenant Hospital Gala

Swedish Covenant Hospital's 60th Annual Benefit Gala brought together 800 physicians, employees and donors for an evening of dinner, dancing and celebrating the future of cancer care. The Gala, "A Night for the Future" played off a *Back to the Future* theme, complete with Doc Brown and Marty McFly characters, and raised \$825,000 for cancer care at Swedish Covenant Hospital. ♦



(left to right) Swedish Covenant Hospital Gala Chairs Dr. Jeff and Carrie Cilley, pictured with Dr. Bruce and Audrey Silver. © Bruce Powell, 773-350-6030

A Night
for the
FUTURE



(left to right) Dr. Shameem Abbasy and her husband, Imtiaz Javed, pictured with Dr. Javed Imam. © Bruce Powell, 773-350-6030



Gala Co-Chairs Dr. Kavita Singh and husband Ron Chadha. © Bruce Powell, 773-350-6030

Dr. Ronnie Mandal joined the band onstage for a brief set. © Bruce Powell, 773-350-6030



Dr. Johanna Chookaszian pictured with her husband, Don. © 2014 DGM Photography

Classifieds

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SURGICAL) WANTED**

OB/GYN physician wanted to perform surgeries, D & C, laparoscopic tubal sterilization, hysteroscopy and other gynecological procedures part-time (25-30 hours) in Family Planning Surgical Centers in Chicago, Northwest suburbs and West suburban Chicagoland area. (No obstetrical deliveries).

All Physician specialties needed, including but not limited to (Board Certified or Board Eligible) Anesthesiology, Urology, Gynecology, Gastroenterology, Ophthalmology, Family Medicine, Pain Management, ENT, Urogynecology, Plastic Surgery for Surgical Out-Patient Center in Northwest suburbs, Illinois. Offering Full-Time or Part Time schedules. Please send resumes by fax to 847-398-4585 or by email to administration@officegci.com and vino878@aol.com.



Fifth Third Doctor Loan Programs

Our programs provide doctors (MD, DO or DPM) with special benefits to help meet home financing needs.

New Doctor Loan Program:¹

This program is ideal for licensed Interns, Residents or Fellows scheduled to complete medical residency and begin work within 90 days of the purchase of a new home, or have started working for a hospital or physicians group within the last 12 months.

- Borrow up to \$500,000 with no down payment required or up to \$1 million with only a 5% down payment required when purchasing a home.
- Fixed and Adjustable Rate Mortgage (ARM)² loans available.
- No Private Mortgage Insurance (PMI) required.

Established Doctor Loan Program:¹

This program is ideal for licensed Non-Interns, Residents or Fellows who are employed with a hospital or physicians group for more than one year or have been self-employed as a medical doctor for at least two years.

- Borrow up to \$650,000 with no down payment or up to \$1.5 million with a 15% down payment when purchasing a home.
- Qualify for a 100% loan-to-value (LTV) up to \$650,000, 90% up to \$1 million, or 85% up to \$1.5 million when refinancing a home.
- Fixed and Adjustable Rate Mortgage (ARM)² loans available.
- No Private Mortgage Insurance (PMI) required.

To learn more about our Doctor Loan Programs, contact me today.



Dustin Schaff

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1. Terms and conditions apply.

2. After the initial fixed term of the ARM period, it is possible that the borrower's payment may increase substantially over the remaining term of the loan.

The Doctor Loan Program is restricted to primary, owner occupied residences only. Investment properties, second homes, construction to perm and lot loans are ineligible. If the borrower can document that the student loan payment is deferred or in forbearance for at least 12 months after closing, the student loan payment can be excluded from the Debt-to-Income calculation.

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