

IAOS news letter

A PUBLICATION OF THE ILLINOIS ASSOCIATION OF ORTHOPAEDIC SURGEONS

VOLUME 11, ISSUE 1

Both Sides in Tort Reform Debate Use Statistics in Battle

THIS YEAR THE BATTLE OVER TORT REFORM HAS BEEN EXTREMELY heated in the state legislatures. One of the more interesting aspects of that battle has been the war of studies touted by the trial lawyers and the medical community. The trial lawyers are trying to prove that caps on non-economic damages do not affect liability insurance premiums and the physicians are trying to show that caps will help solve the crisis. Both sides are trying to show that the public supports their side. This article will discuss some of the research that is being used in the state legislative arena.

The most recent study pertaining to the benefits of caps on non-economic damages was developed by Milliman USA. It shows that from 1990 until 2001 the average medical liability loss per physician was lower in states with caps. The loss per physician in California was 52% of the national average. The loss in other states with caps was lower as well (Indiana (86%), Colorado (69%), and Maryland (64%)). States without caps had a higher than average loss: Florida (136%), Illinois (144%), New Jersey (131%), New York (156%), and Pennsylvania (171%).

A report released in March 2003 by the United States Department of Health and Human Services describes the growing crisis caused by escalating insurance premiums. The report states that "Over the last two years, states with limits of \$250,000 or \$350,000 on non-economic damages have seen average combined highest premium increases of 18%, but states without reasonable limits on non-economic damages (in states represent-

ing almost half of the entire United States population) have seen average increases of 45%." The report concludes that "reasonable limits on non-economic damages would reduce the amount of taxpayers' money the Federal Government spends by \$28.1-\$50.6 billion per year."

A poll conducted for the Health Coalition on Liability and Access showed that 76% of respondents "support a law that guarantees full payment for lost wages and expenses, but reasonably limits awards for non-economic damages. Three-quarters of those surveyed favor a limit on the amount of money personal injury trial lawyers can collect from the settlements awarded to their clients."

A poll conducted by the Wall Street Journal found that 58% of respondents favor tort reform legislation and only 16% oppose it. More specifically, 48% support a \$250,000 cap on non-economic damages and only 26% oppose such a cap. The AMA sponsored a similar poll

continued on page 8

IAOSTRENDS

NATIONAL ECONOMIC ISSUES IN HEALTH CARE

AAOS Testifies Before Congressional Subcommittee for Increased Funding for the NIAMS

On May 7, Joshua J. Jacobs, MD, the Crown Family Professor of Orthopaedic Surgery at Rush Medical College, and Chairman of the AAOS Council on Research and Scientific Affairs, testified before the Subcommittee on Labor-Health and Human Services-Education of the House Appropriations Committee to urge Congress to provide increased funding for the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS). Jerry Holiber, a retired U.S. Department of Transportation employee, who, in 1983, received one of the first porous coated cementless hip implants which has lasted more than 20 years, accompanied Dr. Jacobs. They both urged Congress to provide \$538.25 million in FY 2004 funding for the NIAMS, a 10 percent increase over FY 2003 levels. President Bush has proposed only a 2 percent increase.

continued on page 6

IAOS newsletter

The Newsletter is a publication of the Illinois Association of Orthopaedic Surgeons. Views expressed by various authors are not necessarily those of the IAOS.

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The Illinois Association of Orthopaedic Surgeons accepts display and classified advertising for this publication. All products and/or services to be considered for advertising must be related to, effective in, or useful for the practice of medicine and more specifically, the specialty of orthopaedics. All advertising is subject to approval by the Editor. The Editor and the Association have the right to reject or cancel any advertising.

The IAOS does not claim any responsibility for the contents of advertising and the acceptance of advertising does not in any way constitute endorsement or approval by the society of a product, service or company.

For information, contact the IAOS at 312/263-7150.

Physical Therapists Seek Expanded Scope of Practice in Illinois

D. GORDON ALLAN, MD
PRESIDENT

PHYSICAL THERAPISTS INTRODUCED LEGISLATION IN THE MOST RECENT session of the Illinois General Assembly. If passed, House Bill 1200 would amend the Illinois Physical Therapy Act and make changes to the definition of physical therapy. Specifically, it proposes to remove the definitions of referral and documented current and relevant diagnosis. Physical therapists and physical therapist assistants would be required to use "PT" and "PTA", respectively, in connection with their names to denote licensure. There would

also be changes made to provisions concerning disciplinary grounds under the Act. The proposed bill also adds that advertising as a physical therapist or physical therapist assistant or physical therapy services without a license to the list of violations of the Act and to the provisions concerning civil penalties. Below is a more detailed outline of the changes that HB 1200 proposes:

Add a New Definition of Physical Therapy: examining, evaluating, and testing persons who have mechanical, physiological, or developmental impairments, functional limitations or disabilities, or other health or movement-related conditions in order to determine a diagnosis, prognosis, and plan of therapeutic intervention, and providing therapeutic interventions and assessing the ongoing effects of interventions.

Removal of the Current Definition of Referral: the following of guidance or direction to the physical therapists given by the physician, dentist, or podiatrist who shall maintain supervision of the patient. Documented current and relevant diagnosis, which is a diagnosis, substantiated by signature or oral verification of a physician, dentist, or podiatrists, that a patient's condition is such

that it may be treated by physical therapy as defined in this Act. A diagnosis shall remain in effect until changed by the physician, dentist or podiatrist.

New Requirements: A physical therapist shall use the initials "PT" and a physical therapy assistant shall use the initials "PTA" in connection with his or her name to denote licensure under this Act.

New Disciplinary Grounds: Directly or indirectly giving to or receiving from any person, firm, corporation, partnership or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered, or receiving any fee, including salary or wages, from any physician, podiatrist, or dentist who, within 60 days after the licensee provides services to a patient, has referred the patient for physical therapy or provided a diagnosis pertinent to the provision of physical therapy services, from a firm, corporation, partnership, association, or other business entity in which 10 percent or more of the ownership interest belongs, directly or indirectly, to one or more of such physicians, podiatrists, or dentists, or from a firm, corporation, partnership, association. This condition

would also apply if the business entity in which 10 percent or more of the ownership interest is owned by a firm, corporation, partnership, association, or other business entity that employs one or more such physicians, podiatrists, or dentists.


Removal of a Disciplinary Ground: Having treated ailments of human beings otherwise than by the practice of physical therapy as defined in this Act, or having treated ailments of human beings as a licensed physical therapist independent of a documented referral or a documented current and relevant diagnosis from a physician, dentists, or podiatrist, or having failed to notify the physician, dentists or podiatrist who established a documented current and relevant diagnosis that the patient is receiving physical therapy pursuant to that diagnosis.

Adding False Advertisement Violations: It would be a Class A misdemeanor for anyone to advertise himself or herself as a physical therapist/physi-

cal therapists assistant or that the services he or she renders are physical therapy, and use the abbreviations "PT", "DPT", "MPT", "RPT", "LPT", or "PTA", when he or she does not possess a currently valid license. Advertising includes, but is not limited to, outdoor signs, print, electronic media, and material mailed to a person.

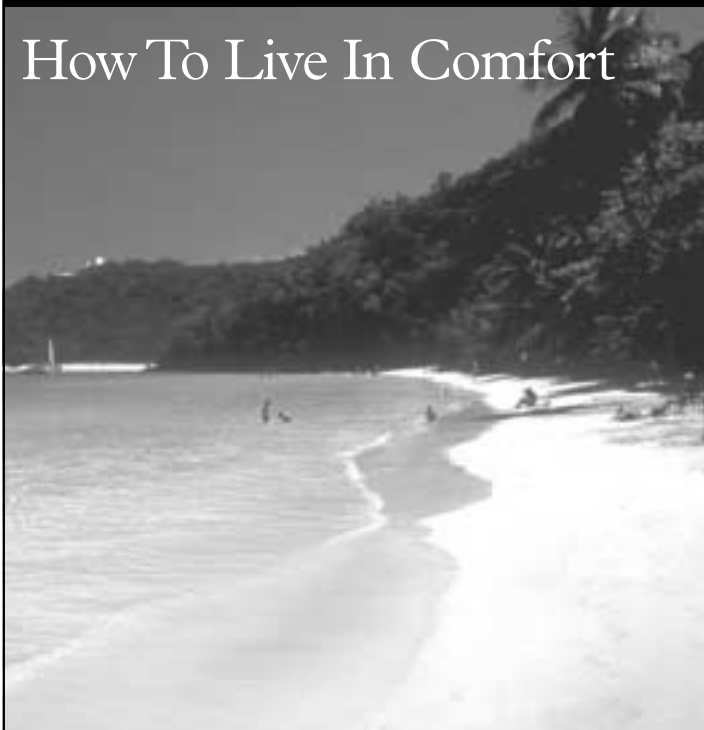
The American Physical Therapy Association (APTA) promotes that "direct access eliminates the burden of unnecessary visits to physicians to access physical therapy. The referral requirement to access physical therapists can cause delays and denials of services provided by physical therapists. Delays in care result in higher cost, decreased functional outcomes, and frustration for patients. Direct access to physical therapists improves the accessibility of rehabilitation services. Direct access to physical therapists does not promote over utilization or increase the cost of

health care. Licensed physical therapists are well qualified to provide services independent of referral from physicians. Physical therapists are educated at the post-baccalaureate level and receive extensive education and clinical training to be able to practice without a referral."

It is noteworthy that the physical therapists only introduced the bill this past session and did not actively promote passage. It is anticipated that the physical therapists expanded scope of practice issue will not remain quite in the next legislative session. The specific bill language and APTA talking points were provided to give you the perspective of physical therapists - I urge you to contact your state legislator and inform them of your perspective. To contact your state Representative and/or Senator visit the Illinois General Assembly's website at <http://www.legis.state.il.us>. 

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Members of Illinois' delegation pictured left to right: Jose Perez-Sanz, MD, Jay Fischer, Chris Dangles, MD, Matthew Jimenez, MD and Sherwin Ho, MD, at the NOLC in Washington, D.C. (not pictured William J. Robb, III, MD).



Military orthopaedic surgeons received standing ovation at NOLC.

Illinois Lobbies for Reform on Capital Hill

CHRIS J. DANGLES, MD

REPORT FROM THE NATIONAL ORTHOPAEDIC LEADERSHIP CONFERENCE (NOLC) APRIL 23-26

MEDICARE PAYMENT REFORM AND FEDERAL liability tort reform were the key topics on the agenda at the NOLC this year in Washington D.C. Illinois orthopaedic surgeons were represented by their members to the Board of Councilors, Chris Dangles, Sherwin Ho and Matthew Jimenez. IAOS President-Elect, Jose Perez-Sanz, and William Robb also joined

the Illinois delegation. While attending the conference several visits were scheduled to the offices of Senators Durbin and Fitzgerald, Congresswoman Biggert and Congressman Johnson. Legislative visits were limited this year since Congress was not in session. AAOS encourages personal visits to the local offices of your legislators to reinforce success of our advocacy efforts.

Unfortunately, no progress has been made for a long-term solution for Medicare payment reform. Physician participation in the program continues at 96 percent and the problem is not perceived as serious by our legislators. We must alert our legislators to the serious access to care problems of our elderly patients. Patients must join our efforts for significant reform in this arena.

Federal medical liability reform could become a reality in the near future. President Bush is on record favoring medical liability reform. The Congress has passed H.R. 5 and opinion polls show the American public favors this reform. We now need thirteen additional Senators to embrace the concept. Our Illinois Senators are on opposite sides of the issue. Senator Fitzgerald is in favor of medical liability reform while Senator Durbin seeks insurance reform to solve the problem. The AAOS Washington Office has identified the thirteen Senators that are the most likely to support medical liability reform. These thirteen are the focus of our grassroots letter writing campaign. Regrettably, Senator Durbin is not one of them.

Senator Durbin's legislative aide for health policy, Mary Anne Murphy PhD, is trained as a geneticist and met with representatives of the IAOS. She has spent quality time with us the last two years explaining Senator Durbin's position of insurance reform. However, an Academy sponsored panel member, Robert Hartwig PhD, Senior Vice-President and Chief Economist of the Insurance Information Institute, soundly refutes this explanation. Senator Durbin's aide, Dr. Murphy, will be our next Director of the Illinois Department of Public Aid.

California enacted medical liability reform in 1975. Members of the Board of Councilors from California report malpractice premiums in their state between \$20-27,000. In contrast, the Councilors from Pennsylvania quote rates in excess of \$200,000. The difference reflects the reforms initiated by the California legislature including a cap on punitive damages.

Our advocacy efforts will not succeed without financial support. The Orthopaedic PAC needs the contributions of all orthopaedic surgeons so we can financially support candidates who favor our agenda. The additional \$1,000 donation, that your Academy has requested, funds advertisements and public awareness campaigns. This contribution is totally directed toward medical liability reform. We all buy life, auto and disability insurance, it is time to think of our PAC contributions as "political insurance"—something you do for your professional security.

You may forward your contributions to: AAOS PAC, 317 Massachusetts Avenue NE, Suite 100, Washington, D.C. 20002. Thank you in advance for your generosity. **ii**

AAOS National Orthopaedic Leadership Conference

WILLIAM J. ROBB, III, MD

THE NATIONAL ORTHOPAEDIC LEADERSHIP CONFERENCE (NOLC) IS THE annual meeting in Washington DC that is solely focused on national and state health policy issues important to the orthopaedic community. The Board of Councilors first went to Washington for one of their meetings in 1982. In 1985, the Board of Councilors established the NOLC meeting format, returning to Washington every spring. Over the past 20 years this annual visit to Washington has helped orthopaedics become a recognized leader among

medical specialties. During those 20 years the Academy purchased a Washington Office, which has an excellent full time staff, led by David Lovett, JD, and developed the Orthopaedic PAC, which raised over \$750,000 in the last election cycle. During the past 20 years the NOLC has evolved from a Board of Councilors Meeting to a broad interaction of leaders from the entire orthopaedic community. Attending are councilors, the Academy presidents, state orthopaedic society presidents, orthopaedic specialty society presidents and members of the Council of Musculoskeletal Specialty Societies. Each year the attendees visit their Congressmen and Senators as well as invite speakers from important government agencies to interact with orthopaedic leadership.

These lobbying and advocacy activities are directly responsible for recent increases in funding for musculoskeletal research and favorable changes in the Medicare reimbursement formula. These changes can be accomplished only with a sustained effort including increased orthopaedic participation in the PAC and support and development of the AAOS Washington Office. This year there is a unique opportunity for medicine to suc-

cessfully lobby the Congress for national medical liability reform. This will occur only if the orthopaedic community works successfully with other high-risk specialties and orthopaedists give generously to the AAOS Special Liability Fund to buy grassroots PR and increase giving to the PAC to directly support Congressional candidates supportive of the needed tort reform. The NOLC will remain a critical part of this increased national advocacy effort. Your support is needed to make these efforts successful. You can help buy giving and supporting those leaders in your practices that give time for these programs. **ii**

IAOS Trends

continued from page 1

Timing for Senate vote on medical liability reform slips as no Democrat comes forward to champion the issue.

No Senator has agreed to step out in front and take the lead for the Democrats on this issue. Senator Dianne Feinstein (D-CA), who halted her efforts back in March to move forward on a proposal because of strong opposition from California physicians, has indicated her willingness to keep negotiating, but would prefer that another Democrat take the lead. Senator Feinstein might reconsider her role as the leader on this issue if she hears from enough Democratic Senators that they will support her. AAOS and others continue to meet with an expanded group of democratic offices including Senators Blanche Lincoln (AR), Herb Kohl (WI), Zell Miller (GA), Ben Nelson (NE), Max Baucus (MT), John Breaux (LA), Maria Cantwell (WA), Mark Dayton (MN), Frank Lautenberg (NJ), Charles Schumer (NY), Harry Reid (NV), and Bill Nelson (FL).

The challenge remains convincing these Senators that there is a difference between a \$250,000 and \$500,000 cap on noneconomic damages in terms of the impact on controlling premium rates. Senator Feinstein proposed a noneconomic cap of \$500,000 along with a catastrophic exception.

The message in these meetings, and in grassroots activity, should be to specifically request the Senator take the lead on the issue. Or alternatively, to ask the Senator to convey to Senator Feinstein that she has their support.

Republicans targeted either to shore up their vote or to try and get their vote include: Senators George Allen (VA), Arlen Specter (PA), Mike Crapo (ID), Lincoln Chafee (RI), Gordon Smith (OR), Susan Collins (ME), Olympia Snowe (ME), Mike DeWine (OH), and Jeff Sessions (AL).

Senate Majority Leader Frist's office indicated this week a vote on medical liability reform is likely postponed until July

or later and that the Republican Leadership is still uncertain of the strategy - whether it works to their advantage to bring the bill to the Senate Floor even if they don't have the votes to pass the bill, in order to force a discussion of the issue.


The House is strongly considering adding the House-passed medical liability reform legislation, The HEALTH Act, H.R. 5, to the Medicare prescription drug bill. In addition to supporting the issue, this also appeals to legislators because the Congressional Budget Office (CBO) has indicated a cost savings to Medicare and Medicaid of \$14.9 billion if H.R. 5 becomes law. AAOS meetings with both Senator Frist's office and Senator Don Nickles (R-OK) indicated resistance in the Senate to do the same. But as part of the House package, H.R. 5 would possibly survive negotiations in the House and Senate Conference on the Medicare bill.

Attaching a Medicare physician payment fix to the Medicare prescription drug bill will be a tough sell with Congress this year

In a meeting with Senate Majority Leader Bill Frist's (R-TN) office, AAOS learned that the Senate will follow regular order and first move a Medicare prescription drug bill through the Finance Committee before taking it to the Senate Floor. Senator Frist is aiming for Committee and Floor debates to occur during the second and third weeks of June. Along with many other competing Medicare provider spending issues, there appears to be little support for giving physicians more money and addressing the flawed payment formula as part of this bill. All or most of the \$400 billion cap allocated in the budget resolution for Medicare is likely to go toward paying for the drug plan.

On the House side, Representative Nancy Johnson (R-CT), chair of the Ways and Means Health Subcommittee has indicated that she is working on a proposal that will include a temporary correction for physicians for the next two years. While Representative Bill Thomas (R-CA), chair of the Ways and Means Committee,

might be more inclined than Senator Grassley (R-IA), chair of the Senate Finance Committee, to do something additional for the physicians this year, he has not weighed in on Chairwoman Johnson's proposal and the House Republican Leadership is, so far, not supporting another physician fix this year. Representative Mike Bilirakis (R-FL), chair of the Energy and Commerce Health Subcommittee, also has his staff examining other alternatives. The House is targeting the end of May or early June for action on a Medicare prescription drug bill.

The American Medical Association (AMA) has put out a call to action encouraging their doctors to tell Congress that another cut in 2004 of 4.2%, as currently projected, is unacceptable, and that Congress should replace the existing Sustainable Growth Rate (SGR) formula. Anticipating resistance on Capitol Hill to spend more money on physicians so soon after putting \$54 billion back into the physician formula this past February for 2003-2013, AAOS and the Alliance of Specialty Medicine are examining other alternatives. The Alliance has been working with a highly regarded Washington economist, Don Moran, to study the SGR formula and develop possible formula changes to recommend to Congress. He will accompany AAOS and other Alliance members to Capitol Hill to brief key staff on these findings. 



Audience at the Spring Annual Meeting

IAOS Advocacy and Educational Activities

CHRIS J. DANGLES, MD

The IAOS Board along with the assistance of Richard Geline, MD and William Holt, MD review pertinent state legislation that affects orthopaedic surgeons in Illinois. Jay Fisher, JD, AAOS's Legislative Advisor and IAOS staff provide their valuable assistance and support, which is needed to perform this important member benefit.

James McKechnie, MD, who practices in Mattoon, Illinois, represents orthopaedic surgeons on the state Radiological Technologist Advisory Board. Recently this board developed policies concerning who can perform office bone densitometry and who can run an operating room/office flouroscopy unit. Dr. McKechnie attends these meetings to express the views of orthopaedic surgeons.

Marsha Holub will replace Mary Hines as the IAOS Executive Director. Mary has overseen the everyday business of the Association since 1997. She was instrumental in establishing the 501(c)-6 organization in 2000, which has allowed for orthopaedic surgeons to become more politically active. Her dedication and expertise has helped IAOS increase our

membership, provide excellent educational meetings and monitor important legislative activity.

Many thanks to Gordon Allan, MD for hosting IAOS Spring Annual Meeting held at the SIU School of Medicine in Springfield. If you are interested in presenting at the next meeting in April 2004 please forward your abstract to Dr. Allan at gallan@siumed.edu.

President-Elect Jose Perez-Sanz, MD is currently planning the IAOS Fall Scientific Meeting in October 2003 to be held at Rush Presbyterian St. Luke's Medical Center. If you are interested in presenting at the October 2003 meeting, please forward your abstract to Dr. Perez-Sanz at perez-sanz@earthlink.net.



Mark P. McAndrew, MD



Wayne Goldstein, MD at the Spring Annual Meeting

Medical Liability Materials

The American Academy of Orthopaedic Surgeons has developed a series of materials on the current medical liability crisis at the state level. These materials have been created to assist state orthopaedic societies and practicing orthopaedists educate patients and the public on the liability crisis.

The "Long Road to Recovery" is a video developed by the AAOS to educate patients about the liability crisis and its potential impact on access to care. This four-minute video is designed to be placed in orthopaedic offices for patient viewing. This video is made available through the AAOS to each state orthopaedic society to distribute to their membership. Anyone interested in obtaining a copy of the video, please contact your state orthopaedic society for more information.

The AAOS has also developed sample brochures to be placed in orthopaedic offices along with talking points for physicians to use when discussing the liability crisis with patients. Sample talking points for physicians to use when speaking to legislators are also available for anyone interested in contacting their legislators in support of tort reform at the state level.

Please visit the AAOS website at [HYPERLINK
http://www.aaos.org/wordhtml/tools.htm](http://www.aaos.org/wordhtml/tools.htm)

www.aaos.org/wordhtml/tools.htm to review each of these documents developed to assist orthopaedic surgeons educate patients and the public on the medical liability crisis. **11**

Debate on Tort Reform

continued from page 1

and found that 62% favor H.R. 5—the current tort reform bill in Congress that has a \$250,000 cap—and 21% oppose the bill. A Gallop Poll found that 72% of respondents favor limiting damages for pain and suffering.

In a study of Blue Cross/Blue Shield companies it was determined that 88% of the plans believed that "rising medical malpractice premiums pose a problem

THE NON-PARTISAN CONGRESSIONAL BUDGET OFFICE CONCLUDED AFTER STUDYING VARIOUS TORT REFORMS THAT ENACTING H.R. 5 WOULD REDUCE MEDICAL LIABILITY PREMIUMS BY 25% TO 30%.

for their communities. They believe the problem increases costs through the practice of so-called 'defensive medicine', and decreases patients' ability to access care from physicians in legally high-risk specialties, such as obstetricians/gynecologists."

The non-partisan Congressional Budget Office concluded after studying various tort reforms that enacting H.R. 5 would reduce medical liability premiums by 25% to 30%. They also concluded that passage of H.R. 5 would decrease federal health care spending by "\$14.9 billion over the 2004-2013 period."

The trial lawyers counter these claims with studies of their own. A study released by the Connecticut Patients' Rights Group said that caps on non-economic damages in medical liability lawsuits "unfairly hurt" women and elderly patients. The study claimed that the elderly were hurt because they no longer worked and could not claim economic damages, and that many injuries to

women relate to sexual or reproductive functions and were not highly compensated.

A Clemson University study concluded that caps on awards wouldn't reduce liability insurance premiums in South Carolina. The study found that the number of awards doubled and the amounts paid increased from \$7.8 million to \$49 million between 1991 and 2001, but that the median award remained nearly constant from 1995 through 2001. The study's conclusion that the number of claims paid increased buttresses the trial lawyers' argument that the problem is increased physician negligence. Note, though, that the study uses "median" award not "mean" award.

The trial lawyers are claiming that it was not MICRA that controlled premiums in California, but Proposition 103. Proposition 103 requires rate approvals by the California Department of Insurance. A study by the Foundation for Taxpayer and Consumer Rights claims that Proposition 103 lowered medical liability rates by 20%, not MICRA.

The Pew Charitable Trust's Project on Medical Liability in Pennsylvania is studying the state's insurance market. Its author notes that costs are increasing because more patients are surviving negligent acts by physicians and the increasing cost of medical care is driving up the rewards for permanently disabled patients. The author notes that liability premiums have increased by 500% in the last 30 years, but the cost of health care has increased over 1,000% in that time period.

A report by Americans for Insurance Reform blames the crisis on insurers. It states that claims payments have risen at the same rate as medical care over the last 18 years, but premiums have fluctuated above and below the inflation rate.

A report by the Center for Justice & Democracy, Premium Deceit—the Failure of "Tort Reform" to Cut Insurance Prices, claims that states that enacted major tort reforms in the eighties did not see premium reductions afterwards.

One wrong move can end a brilliant career.



No matter how brilliant your medical skills, there may come a time when your ability as a physician is tested to its limits. In today's harsh healthcare arena, a single misstep can be fatal – the outcome determined by your selection of the right med-mal insurer. As Illinois' leading medical professional liability insurer, we are dedicated to providing physicians and their practice entities superior protection with unparalleled service at affordable prices. It's easy to understand why physicians who choose ISMIE, stay with ISMIE. **Our outstanding record of proven results makes us the best insurance value in the business.** Call us today at 1-800-782-4767 or visit www.ismie.com.

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August 8-10, 2003

MATTHEW L. JIMENEZ, MD
COURSE CHAIRMAN

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The course will feature a keynote address by James H. Herndon, MD, President AAOS focusing on "Patient Safety and AAOS Update on Activities". The "Economic State of Orthopaedic Practice in 2003" will be addressed by Wayne Goldstein, MD, past President of

IAOS. This year we are privileged to have the Legacy of Heroes exhibit. The orthopaedic surgeons of World War II are portrayed in this not-to-be-missed exhibit.

The purpose of this course is to provide a basis for recognition and modern

management of complex trauma and musculoskeletal injuries. The course is an intensive two and a half days of sessions, with a series of lectures that include specialized hands-on workshops.


Discounts are provided for all IAOS members.

For complete course information, please visit HYPERLINK "<http://www.chicagotraumasymposium.com>"

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For more information, contact:

Telephone: (847) 375-3706

Email: info@chicagotraumasymposium.com 


OREF 2004 Grants and Awards Applications Available

The Orthopaedic Research and Education Foundation invites applications from individuals working at institutions in the United States, orthopaedic organizations, and orthopaedic societies for grants and awards that advance musculoskeletal research. Applications can be downloaded through the OREF Web site at www.oref.org, requested by e-mailing Carmen Metoyer at metoyer@oref.org or by calling (847) 384-4351.

Available awards are designated either as individual submissions or as submissions by institutions, departments, and organizations. Individuals are encouraged to apply for Career Development Awards, Clinician Scientist Awards, Research Grants, Prospective Clinical Research Grants, Resident Research Awards, OREF Clinical

Research Award, AAOS/OREF Fellowship in Health Services Research, and The Zimmer Orthopaedic Career Development Awards. Additionally, the Foundation requests institutions, departments, and organizations to apply for the Educational Awards, The Fred W. Hark, MD and William A. Hark, MD Lectureships, the State Orthopaedic

Society Lectureships, and The Journal of Bone and Joint Surgery Resident Journal Club Grants. All programs require formal proposals that are subject to the peer-review process. The 2004 recipients will be announced in March during the American Academy of Orthopaedic Surgeons Annual Meeting in San Francisco.

In previous years applications were due by August 1st, with the exception of the OREF Clinical Research Award. However, this year deadlines vary for each grant and award. Information and applications are available on the OREF Web site, www.oref.org, or contact Jean McGuire, OREF, Vice President, Grants at (847) 384-4348, or at mcguire@oref.org. 

IAOS Calendar of Events

2003

AUGUST 8-10, 2003

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APRIL 2004

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