



Katherine M. Tynus, MD
ISMS President
2018-2019
Chicago, IL
Internal Medicine

Archived Materials



Illinois State Medical Society

President's Forum

Katherine M. Tynus, MD, was inaugurated president of the Illinois State Medical Society (ISMS) during its 2018 Annual Meeting.

Dr. Tynus is board-certified in internal medicine, practicing with Northwestern Medical Group in Chicago. She serves on the medical staff at Northwestern Memorial Hospital and is a clinical associate professor at the Northwestern University Feinberg School of Medicine. Dr. Tynus serves on the Accreditation Council for Graduate Medical Education Transitional Year Review Committee and previously served on the American Board of Internal Medicine Test Writing Committee.



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2018 ISMS President's Address • Inspirational Speech About Women Leaders in Medicine

She is active in many areas of organized medicine. A member of ISMS since 2006, Dr. Tynus serves on the Executive Committee and has served on the Council on Membership and Advocacy and the Medical Legal Council. At the local level, Dr. Tynus is active in the Chicago Medical Society, where she served as president from 2015 through 2016. She is a fellow of the American College of Physicians and has a long history of community service.

Dr. Tynus received her medical degree from the University of Illinois College of Medicine at Rockford and completed her residency in internal medicine at Loyola University Medical Center. She will serve as president through April 2019.

President's Message

The Times, They Are A-Changin'

Kathy Tynus, MD

I was both proud and humbled to be inaugurated as the 169th President of the Illinois State Medical Society at the recent ISMS annual meeting. It is an awesome responsibility to lead this venerable institution during such interesting and turbulent times.

While there have been many distinguished and outstanding male ISMS presidents, I wish to highlight the three women Presidents who came before me. The first was Dr. Sandy Olson (1996-97), a neurologist and professor emeritus at Northwestern who also served as President of the American Academy of Neurology. Following Dr. Olson was Dr. Jane Jackman (1997-98), a family physician and President of the Board of Directors for the HealthFirst Community Clinic, a free clinic serving the underprivileged and uninsured citizens of Springfield. ISMS' third female president, Dr. Clair Callan (1999-2000), is an anesthesiologist from Lake Forest who wrote a memoir titled *Standing My Ground: Memoir of a Woman Physician*.

Of course, women have been breaking ground and changing the world, and medicine in Illinois, since long before the first woman president of ISMS was elected. Dr. Anna Pierce Hobbs Bixby and Dr. Letitia Westgate are just two of the ones whose stories we know; if you haven't heard those stories, watch this clip from my inaugural address.

I mention my predecessors, these influential women, to highlight the fact that "the times they are a-changin'," as Bob Dylan said. In the past five years ISMS has had Dr. Adrienne Fregia serve as Chair of the Board, the first African-American woman to hold that office; Dr. Bill McDade serve as our first African-American president; and my predecessor Dr. Nestor Ramirez serve as our first Latino President. These are great steps forward, and they reflect the changing demographics of Illinois and the rest of the country. Racial minorities will become majorities in the near future. Societal inequalities based on race, ethnicity, religion, gender and sexual orientation have thankfully become less and less tolerated. Social movements such as #MeToo, #TimesUp and Black Lives Matter have sprung up from the grass roots to move these issues forward.

Even in our noble profession, there is much room for improvement. We continue to see discrimination, inequality and sexual harassment. Women physicians, on average, are paid \$18,000 less per year than men (when controlled for other factors); are less likely to be in positions of leadership; have higher rates of divorce; suffer burnout at higher rates; and are two to three times more likely to commit suicide. And if you are a woman physician of color, the pay and leadership gap is even larger. We have much work to do to (Continued next page)

The Times, They Are A-Changin' (Continued)

remedy these inequalities, but it begins with acknowledging them and making them a priority within our profession. If we don't fix these problems, who will?

Toward that end, I'm very pleased to announce that ISMS is reviving its Women Physicians Forum, which will be held at ISMS headquarters on September 22nd. We will be featuring speakers on the topics of gender-based disparity in medicine, promoting physician wellness and avoiding burnout, and will have a panel discussion on leadership development. Please mark your calendars and plan to join us this fall.

There is another important societal shift that we are seeing played out across the country. This is the youth movement, as punctuated by the #NeverAgain campaign. No matter where you stand on this issue, there is an important point we should all take away from it. The millennial generation is highly motivated and well-prepared to create change. As a group, they have suffered higher costs of education, fewer employment opportunities and higher amounts of debt than their parents. They have little to lose and much to gain in speaking up for themselves and for the greater good, and they are the future of organized medicine as well. ISMS has taken the lead in recruiting medical students and residents as members and giving them a stronger voice. We must harness their energy, enthusiasm and organizational acumen.

ISMS has long set an example for other states. We were the driving force behind the original Illinois Medical Practice Act of 1877, which created standards of training to prevent unqualified quacks from practicing medicine, and the creation of the State Board of Health, which was created to fight

diseases such as smallpox, cholera, typhoid and malaria. From the beginning, Illinois physicians have been leaders in creating educational standards, preventing disease and promoting health in the US.



Dr. Anna Pierce
Hobbs Bixby



Dr. Letitia Westgate

It is this mantle that I hope to carry forward. I am amazed at the courage and tenacity of the women (and men) who came before me. They inspire me to strongly advocate for the physicians and patients of Illinois. ISMS needs to be out in front of issues, providing insight and guidance to legislators and the public on important matters that affect the lives of our citizens. We must continue to develop and promote legislation that improves healthcare access and delivery in Illinois.

It is my belief that strong and visible advocacy drives membership. We should use the all of the tools that the modern age makes available to us to maintain a presence in the public eye and in physicians' minds. In this way, we can fulfill the legacy of leadership that has been handed down to us from Drs. Bixby, Westgate, Olson, Jackman and Callan.

I trust that you will join me in this quest.

I look forward to hearing from you. During my term, I can be reached at DrTynus@isms.org.

President's Message

Taking On Today's Critical Issues – And Membership Challenges

Kathy Tynus, MD

We live in interesting times, with visible shifts in demographics, power structure and policy. Women are asserting their voices and are being heard. There's no greater example than the #MeToo movement. Thanks to their courage, many women now are being believed and vindicated instead of being scorned, shamed and blamed. As we've seen many of our important rights being threatened, and others being finally recognized with ratification of the ERA in Illinois, women are running for office and succeeding!

More women are rising to leadership positions within organized medicine as well. The AMA House of Delegates meeting held this past June was an historic one for many reasons. The Association inaugurated its fourth female President, elected its first African-American female president-elect, and the slate for next year includes a woman running unopposed for president-elect. Three women presidents in a row! More women than men are enrolling in medical school, and hopefully this trend will ensure that the leadership of medicine will reflect this shift.

We are seeing shifts in policy as well. I was amazed to see physicians rise on the AMA House floor to demand that practicing physicians be added to a resolution calling for opioid education for medical students and residents. Just three short years ago, when the opioid crisis was coming to light and lawmakers were urging physicians to do something to stem the tide, there was much opposition to the idea of mandating physician education about opioids. Now we see that in many states, including our

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Taking On Today's Critical Issues – And Membership Challenges (Continued)

own, physicians have been working with lawmakers to instill common-sense educational requirements and also are preparing legislation to address some of the more systemic causes of the opioid crisis. This work represents an impressive transition from “talk” to “action”!

This AMA House meeting also saw movement on the floor to immediately decide on common-sense gun safety policies, rather than refer or delay such measures. The fact that the AMA House of Delegates could decide policy in such a timely manner on such a divisive issue speaks volumes on the status of organized medicine. The AMA, ISMS and many other medical societies are taking up the critical issues of the day. We are advocating strongly on behalf of our patients and physicians for meaningful change – policies that will improve and save lives.

However, the question remains: Does this evolution in demographics, power and policy translate into more membership and more engagement from members in organized medicine? Retaining and obtaining new members continue to require significant and sustained resources by both our members and our organization. I personally face an uphill battle in recruiting new members, even among close friends and colleagues. While they support the initiatives that are being advanced on their behalf, there remains a reluctance to join.

I can't help but wonder from where the reluctance stems. Is it financial? Is it philosophical? Is it historical? Or is it a perceived lack of value to them personally? Even though they are reaping the benefits of organized medicine, there

seems to be reluctance to support its mission, financially or otherwise. Yet it's hard to imagine a world without the AMA, ISMS or other state medical societies. Who would be at the negotiating table and in front of legislators advocating on behalf of patients and doctors?

I can tell you there is not one specialty society that has the scope, reach and power that we have when we raise our voices together as one. And for those who don't like what the AMA or their state medical society has to say, then the only way to change it is from within, just as we've witnessed at the AMA House of Delegates.

If you're not a member, if you're not interested or involved, then you have little right to complain that the ISMS doesn't represent you. Just as we've seen in our elections, if you don't vote, you don't have a say in the outcome. As Eldridge Cleaver said, “You're either part of the solution or part of the problem.”

I encourage your feedback and thoughts on how ISMS can become a more inclusive, welcoming and representative organization. I can be reached during my term at DrTynus@isms.org; please feel free to drop me a line any time.

I also encourage women physicians, including students and residents, to join me at the ISMS Women Physicians Forum to be held on **Saturday, September 22, from 9 a.m. to 1 p.m.** at ISMS headquarters (20 N Michigan Ave., Chicago). The Forum will include nationally recognized speakers on the topics of gender disparity in pay and promotions and physician burnout, plus a panel discussion on leadership. Please join us!

President's Message

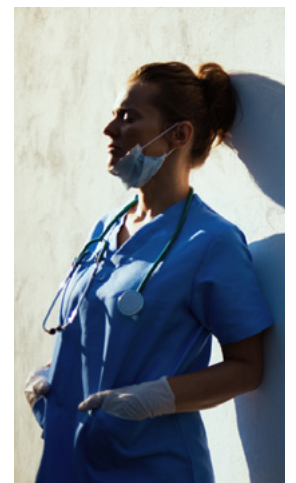
Survey Says Physicians Are Frustrated (But ISMS Can Help!)

Kathy Tynus, MD

The Physicians Foundation recently released the results of its national survey on physicians' practice patterns and perspectives. For those of us in the daily practice of medicine in Illinois, the results are not surprising, and frankly, somewhat discouraging – but there's a light at the end of the tunnel.

The survey included 8,774 survey responses nationwide, 261 of which were from Illinois physicians. When asked about their professional morale and feelings about the current state of the medical profession, a whopping **59.1** percent of Illinois physicians responded “somewhat negative” or “very negative.” That's 4 percent higher than physicians in the rest of the nation. Similarly, when asked their feelings about the future of medicine, **65.7** percent of Illinois docs felt somewhat or very negative, compared with 61.6 percent of docs across the nation. As sad as it is to realize that so many physicians in America feel this way, it's even sadder to realize that we practice in a state where our colleagues feel even *worse*.

To find out why, one need only look a little further to the practice patterns. Only 27 percent of Illinois physicians are a practice owner, partner or associate, compared with 31.4 percent of docs in the rest of



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Survey Says Physicians Are Frustrated (But ISMS Can Help!) (Continued)

the nation. Less than half of Illinois physicians practice in a group of 10 or less physicians. On top of that, we work more hours and see more patients on average than in the rest of the nation.

What do physicians find most fulfilling? The survey reveals that patient relationships and intellectual stimulation are what physicians find most satisfying about medical practice. And no surprise here – the least satisfying aspects are regulatory paperwork burdens, professional liability and the erosion of clinical autonomy.

This survey also pulls back the curtain on some disturbing trends. As more physicians become employed, they feel a loss of control over their work environment, leading to greater frustration and feelings of burnout. The increase in employed physicians correlates with a decline in membership in state, county and national medical societies, and the concomitant perception that physicians lack the ability to influence the health care system. But this perception does not reflect reality: Physicians can help to shape the medical landscape.

The fact is, organized medicine that represents ALL physicians, across all specialties and all employment models, is in the best position to influence the health care system, both locally and nationally. ISMS has a greater ability than any large health system or specialty group to influence what happens in Springfield, where the rubber meets the road. We help to enact legislation that affects countless lives in Illinois, such as the Network Adequacy and Transparency Act; we are fighting to fix inefficiencies and injustices in the workers' compensation system; and we protect our patients and our profession from dangerous scope-of-practice expansions from midlevel health care professionals year after year.

The question is not whether your membership is worth it, or

whether our leadership and advocacy make a difference. **The question is, what problem should ISMS tackle next?**

For example, results from this survey demonstrate that 34.5 percent of Illinois doctors feel that EHRs have reduced their quality of care, 49 percent feel EHRs have reduced their efficiency, and 66.3 percent feel they detract from their interactions with patients. I personally have been through four different EHR installations, migrations and upgrades. Each one came with frustration, loss of productivity, and more “clicks” to prove that I’m practicing medicine the way I’m “supposed” to, without any relative value unit (RVU) credit for my extra time and efforts. The promise that such technology would improve our daily professional lives has largely been unfulfilled. The only comfort I have is the knowledge that my colleagues in organized medicine feel this pain too, and we are working together to change these rules and ease our burden.

Now more than ever, we need ISMS’ strong, unified voice to represent our needs. So tell us: What are your pain points? What frustrations do you experience in everyday practice? How can ISMS help? Do you have solutions in mind about how these problems can be fixed? If you are experiencing a problem, there are likely others with the same concern. One avenue to address these issues is to engage ISMS. We’ve changed our procedures for policy development: Any member can now submit a resolution, and these policy proposals are being considered in a more timely fashion. If you aren’t familiar with this new process, ISMS staff and leaders can help show you the way. Learn more and be heard.

Please email me any time at DrTynus@ISMS.org with your thoughts – you might be surprised what we can accomplish if we work together.



President’s Message

The Good, the Bad and the Ugly

Kathy Tynus, MD

ISMS advocacy wins in 2018 – but the fight isn’t over yet!

SPOILER ALERT: Like the famous 1966 spaghetti western starring Clint Eastwood, Lee Van Cleef and Eli Wallach, this year’s legislative session in Springfield ended with the “Good” victorious and the “Bad” defeated – but two “Ugly” moments late this summer mean that our fight must continue.

The Good

I’m proud to report that we achieved many victories for patients and physicians in Illinois, including:

- Increasing insurance coverage for mental health and substance abuse services;
- Ensuring that small physician-owned facilities can file health care liens;
- Protecting PMP data for clinical use only; and
- Ensuring continuity of care for patients in Illinois’ Medicaid managed care program.

“These laws demonstrate that something CAN be done to protect patients from harmful and costly insurance practices that seek to control costs at the expense of patients’ care and physicians’ autonomy.”

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The Good, the Bad and the Ugly (Continued)

Two other ISMS victories particularly resonated with the Pulmonary and Critical Care fellows and faculty at the University of Illinois at Chicago, who shared with me at my recent visit their daily clinical frustrations. They spoke about lack of clarity in carrying out end-of-life wishes; overemphasis on patient satisfaction scores; and insurers preventing clinicians from prescribing medications and treatments based on their clinical utility, rather than purely cost measures.

Their faces lit up when I told them that insurance companies will no longer be allowed to change enrollees' drug formulary coverage after open enrollment ends. Specifically, the law prevents the following actions: 1) increasing out-of-pocket costs for a covered drug; 2) moving a prescription to a more restrictive tier; and 3) removing prescriptions from a formulary. They were also excited to hear that state-regulated health benefit plans that cover treatment for stage IV advanced, metastatic cancer can no longer exclude drug coverage. Both these laws were the direct result of ISMS advocacy.

These laws demonstrate that something CAN be done to protect patients from harmful and costly insurance practices that seek to control costs at the expense of patients' care and physicians' autonomy.

The Bad

Not only did we do "Good," but we also held back the "Bad." There were many bills that could have harmed Illinois physicians and patients by:

- Imposing arbitrary limits on opioid prescriptions;
- Inappropriately expanding other health care professionals' scope of practice;
- Making hydrocodone illegal in Illinois;
- Preventing physicians from filing health care liens; and
- Placing other onerous mandates on physicians.

The ISMS legislative team worked hard, and was able to defeat or make favorable amendments to each of these bills in Springfield. If you talk to your colleagues that practice in other states, as I have, you will come to realize how fortunate we are that ISMS is there to protect the interests of physicians and patients in Illinois.

"If you talk to your colleagues that practice in other states, as I have, you will come to realize how fortunate we are that ISMS is there to protect the interests of physicians and patients in Illinois."

The Ugly

And now, on to the "Ugly." ISMS advocacy was critical to passage of two more important bills: one that would raise the age to purchase tobacco products to 21 (Senate Bill 2332), and another that would fix egregious problems in the workers' compensation system. The latter bill in particular is extremely important to physicians who are currently being harmed by workers' compensation insurance companies' refusal to pay late-payment interest and utilize electronic billing; Senate Bill 904 is a bipartisan measure that would enforce electronic billing and allow physicians to go to court to collect the late-payment interest to which they are legally entitled. Both of these measures are just good, fair, common-sense policy, and both passed the General Assembly.

Both were rejected by the Governor. He vetoed Tobacco 21 outright, and issued an amendatory veto of SB 904 with language that would likely make the current crisis worse.

With these vetoes, Governor Rauner put the interests of the tobacco industry and work comp insurers ahead of the health of young adults and injured workers. To me, that's just plain ugly. We will not take this lying down, and will be fighting hard to override these vetoes.

We need your help in this fight! Contact your legislators and ask them to support the override in November during the veto session. Write to your local paper to get the word out, and engage with your colleagues about this. These are both good bills that have the strong support of our elected representatives and should have been signed into law. Help us turn this "Ugly" back into "Good"!

For detailed information on all the health care bills ISMS was engaged with this year, check out our 2018 End-of-Session Legislative Report – and don't hesitate to contact me any time at DrTynus@isms.org.



ISMS President's Column: Gratitude for an Inspiring Year

Kathy Tynus, MD

As I contemplate this past year as your president, I am struck with one overwhelming emotion, and that is gratitude. Fortune has smiled upon me in so many ways. My children, friends and family witnessed my inauguration. I traveled to nearly every corner of the state, gave interviews on the radio, on TV and in newspapers. I've made videos, written columns and given speeches. But nothing has been nearly as important or exciting as the people that I have met and worked with throughout the year.

I am grateful to all the members of the county medical societies, medical groups and medical schools who greeted me with warmth, kindness and respect. They gave me tours, listened attentively, asked insightful questions, fed and watered me and even showered me with gifts! It has been a privilege to meet so many engaged and engaging physicians and trainees on the trail. You have made the many hours and miles worthwhile. Special thanks go to the tireless executive directors who coordinated my journeys with enthusiasm and supreme hospitality. You are the unsung heroes and heroines of organized medicine.

I am also very grateful to the gifted and dedicated staff of the Illinois State Medical Society. I appreciate the support you consistently gave me, by coordinating my schedule, writing my speeches, answering my endless questions, driving me all over the state, editing my columns, listening to me vent, directing me in front of the camera and sending out my correspondence. You have spoiled me and I will miss having the privilege of working with you.

I am most grateful to you, my colleagues in organized medicine, for giving me this opportunity to serve you and represent your interests throughout the state. I am humbled and awed by the trust that you have placed in me to carry this mantle forward. I am honored to work with you on so many important issues that face our profession and our patients within the state of Illinois, such as network adequacy, preventing drug formulary disruptions, scope of practice abuses, and the opioid crisis, among many others. I am proud of the dedication and passion that you have for this important work. Politics is a team sport and I feel fortunate to be playing on the "A Team" (there's a reference that dates me).

Finally, I am grateful to my friends and family for their patience, love and support. Thanks to my husband who has graciously been my "arm candy" (he says it is an extremely low bar) at official events, has attended events without me when I had a schedule conflict, helped edit my writing and has been my biggest champion in this role. Thanks to my kids for their understanding when I wasn't home to cook dinner, help with homework, practice driving or be the alarm clock. This job would have been impossible to do without their unstinting support.

As sad as I am to be departing from this role, I know that my work as an advocate is not over and I am overjoyed at the prospect of passing the baton to the very kind, capable and talented Dr. Paul Pedersen. I know that he will serve us well and I hope he has an even better year ahead. I believe the best years for our society and profession are ahead of us, and I will continue the journey with you.

