LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 16, NO. 9

Fort Myers, Florida
Mary C. Blue, M.D., Editor

January, 1994

JANUARY 17th MEETING
Spouses/Guests Invited
Special Speaker
EDWARD R. ANNIS, M.D.
CODE BLUE: HEALTH CARE IN CRISIS

Dr. Edward Annis is the past president of the American Medical Association and the World Medical Association. Many will remember his famous Madison Square Garden speech where, to a television audience of 30 million Americans, he delivered the physicians' rebuttal to President Kennedy's proposals to move the country toward socialized medicine. During his speech he correctly predicted the bureaucratic calamity which besieges medicine today.

For over three decades he, like few before or since, has been one of the country's most vocal supporters of the free market health care system. At the 1993 FMA annual meeting his colleagues throughout the state honored him in grateful recognition of his service to organized medicine. He is truly "a man for all seasons, and a physician for all time".

The Shakespeare Beethoven & Co. will assist us in a book signing by Dr. Annis. Cost of the book will be $21.95. Only 50 books have been ordered.

Dinner is $18.60 for spouses and guests - Make checks payable to the Lee Co. Med. Soc.✦

JANUARY MEDICAL SOCIETY MEETING

Royal Palm Yacht Club

January 17, 1994

Social Time: 6:30 p.m.
Dinner Time: 7:00 p.m.

SPEAKER:
EDWARD R. ANNIS, M.D.

TOPIC:
Code Blue: Health Care in Crisis
&
Installation of 1994 Officers

DINNER BY RESERVATION ONLY

CANCELLATIONS: By Noon, Monday

PRESIDENT'S MESSAGE

STEVEN R. WEST, M.D.

False Prophecies

The upcoming year should be a challenging and exciting time for all of us. The changes in the practice of medicine and the delivery of health care are at this time very unpredictable. There are many prophets who believe they know in what form the changes will manifest.

As your president, I will direct much of the Medical Society's energy and efforts towards providing you with as much information as possible to help you understand what is likely to lie ahead. It is my hope that with this information you will be able to identify some of the false prophets.

Ronald J. Delans, M.D., who is President-Elect, will be in charge of our monthly meetings. Dr. Delans is committed to finding a speaker who is very knowledgeable in health care reform. We hope by attending the Lee Medical Society meetings you will better prepare yourself for the changes and the opportunity that always comes with change.

Our first speaker this year will be Edward R.

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MANAGED CARE - LET US TAKE CONTROL

Earlier this year the FMA endorsed the concept of a physician-directed HMO.

The Doctor's Health Plan is a joint undertaking by the FMA, Florida Independent Physician Association (FIPA) and the Florida Osteopathic Medical Association. It is designed to qualify as an Accountable Health Partnership (AHP) under the Health Care and Insurance Reform Act of 1993.

This plan is known by several names: FIPA, Physician's IPA/HMO, and Doctor's Health Plan.

The FIPA began in Alachua County and is now organizing statewide. We are FIPA Region 8 (Southwest Florida). Our FIPA Region 8 is slow in recruitment and that is why I am writing.

I wish to encourage all the physicians in Lee County to take a close look at this physician-directed IPA/HMO and then consider joining. We need as many of you involved as possible.

Why?

We as physicians have to confront the question of participation in managed care contracts. It will be difficult for any of us to survive without participation. We can be involved actively or passively. We are all passively signing up with PPOs, PHOs, HMOs and other Managed Care Plans which restrict our practice and heavily discount our income.

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"DR. JOHN"

Muz

My mother (Bernice for the first fifty years, Muz for last forty) was raised on an Illinois farm, saw a lot of life from the wrong end of a hoe and thought hard times were normal. The Great Depression didn't improve her situation, but, like most, she hung on. I heard a lot of "waste not, want not" as a boy.

She **did** know how to lighten up occasionally. For example, I was very fond of mayonnaise sandwiches, and one day she let me eat all I wanted, at one sitting. Miracle Whip and Holsum bread, nothing else. Never did that again.

Unknown to Daddy, she saved up the down payment for our first house, in nickles and dimes. $50 total. My father, an orphan at five, didn't know ordinary people could buy a house. He took to the idea and never looked back.

Even before finances improved, we did a lot of traveling by car. Travel was not broadening for me; all I saw was Daddy's back, hunched over the steering wheel at 80 mph. He always promised a leisurely trip but forgot when the key was in the ignition.

"I'm hungry," one of us would bleat.

"Can't stop now, we're averaging 62.5 and stopping would hurt the average."

Muz wouldn't argue, being a descendant of the peacemaker class, but would just motion for us to be patient. We used a lot of sign language in my family.

I was grateful we needed gas occasionally, but I always blew the opportunity by getting a Nu-Grape soda, forgetting that it would leave me even thirstier than before, with no stop likely for another six hours. Camel drivers, by comparison, lived in luxury.

Each of us in his own way was anticipating the first trip to Georgetown from Miami. Then, a small miracle, probably in return for wasting not all those years. My father had a kidney stone, and would come up later on the train. Muz and I started north, Emancipation Proclamation and all. No rules!

We stopped at every orange juice stand and historical marker for the entire 1,200 miles. I drank so much juice there were blisters all around my lips. I was a high school graduate and this was the first time I read more than the first three words on a historical marker. I relished each one. They don't put these things on the Interstate, obviously, so young people are never going to find out how often George Washington had to stop and relieve himself "near this very spot."

We had lunch every three hours. I had outgrown my desire for Nu-Grape by then, so maddening thirst was not part of the experience. It was a wonderful trip, and changed my attitude towards travel forever.

Later, I told my father we averaged 43 mph. He snorted. I didn't even have to go to the hospital to have my fingers peeled from the steering wheel, as was his custom.

Because or in spite of all this, my mother will be 92 this month. Age has been her only extravagance. She still remembers poverty, and she still lightens up on occasion.

Happy birthday, Muz. We'll use the candles from last year's cake.

Johnny R. Agnew, M.D. ✦

THE ROAD I HAVE TAKEN

It is said that the start of a thousand mile journey begins with one step. The journey on which I have ventured began in earnest on Memorial Day 1990 when , after listening to my town's band play Taps in commemoration of the many valiant men who gave their lives to preserve Freedom in this nation, tears began to flow as I realized my freedom and that of my profession was being destroyed by the Bureaucracy of Medicare. As I mourned for the men who gave their lives to preserve fredom, I mourned for its loss in my profession as well as the loss of my dignity and the patient-physician relationship.

I began writing letters to Senators and Representatives about the problems I was facing in Private Practice, but receiving no substantive response I realized different action was required. Knowing that an ethical medical profession could not survive if physicians had to ration patients in their practice on the basis of their mode of insurance and age, I began a search for alternative insurance to cover physician's fees for patients 65 and over, or those normally covered by Part B of Medicare. I approached the AMA for its help, and was referred to the Medical Society of New Jersey which appointed me Chairman of an ad hoc commitee on Medicare, although I had asked the Board for its help. Feeling too much time had already passed, I began writing letters to insurance companies. I was met in reply to my inquiries with many letters from company executives expressing relief that at last someone was attempting to help the dilemma of health care for senior citizens constructively, but none wished to involve themselves in what was perceived as an impossible effort, as the private insurer felt it could not compete with the Government which funded its program to the level of 75 percent with taxpayer's funds and only 25 percent with individual premiums.

One company vice president in Hartford, Connecticut expressed interest in helping, however, and I travelled 2-1/2 hours to meet with this individual, a former Neurosurgeon who had turned Bureaucrat. Although I went with the high hope of solving our dilemma, I returned dejected and depressed when he told me the Golden Age of Medicine was dead, never to come back again, that his vision of the future was a three tiered system in which the bottom level (clinics with hard benches and whatever doctor was on call for that day) would be reserved for the Poor and Medicare. The second level covering the vast majority of patients would be Managed Care with Accountability. The Third level would be Fleet Street for the Wealthy who could afford whatever care they wanted. There would be no room in his vision for the private practitioner, as we are "too inefficient." Yes, we are inefficient in filling out the bureaucrat's paperwork, but we are the most efficient physicians in knowing and caring for our patients.

I thought to myself, what possible quality of physician would be available in the future in such a system, even for Fleet Street?

I could not understand how it could be possible that the Congress of these United States, formerly the stalwart bastion of Freedom in the Western World, would amend the Medicare Law so as to remove the basic Freedom of Choice and Freedom to obtain Health Care at personal expense from the senior citizens of this nation. Such an amendment did not seem

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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

Presidents Message cont.

Annis, M.D. Dr. Annis is the Past President of the American Medical Association and the World Medical Association. He is an author of a book that every physician and patient should read. The book is entitled **Code Blue: Health Care In Crisis.** Dr. Annis is a strong advocate of the traditional doctor/patient relationship. He is concerned that future government intrusion in health care will be more costly and will not preserve prompt quality care. Dr. Annis knows that socialist style systems that are heavy on regulation and government intrusion control costs by denying medical services to some, by delaying medical services to many and by stifling research and innovation. Dr. Annis is famous for his Madison Square Garden speech in 1963 on national television where he delivered the physicians' rebuttal to President Kennedy's proposal on health care. This rebuttal was watched by over 30 million Americans. I am sure that this will be a presentation that should not be missed.

Finally, I would like to close by saying I feel that as physicians we must continue in the face of the prophets to do the best we can for our patients and their families. We must continue to strive to provide quality medical care, despite the obstacles that are placed in front of us. Constantly we must try to improve the care that we provide and we must try to provide the care in a way that is cost effective and pleasing to the patient. People already know what we do has great value. If we can do everything in our power to improve the practice of medicine, the value of our efforts will be maximized in the eyes of the patient, who after all should always be our primary concern.✦

When finished with this issue . . .
Pass it on to staff!

TO:	INITIALS:

Road I Have Taken cont.

consistent with my vision of what this nation is, and so I telephoned the Library of Congress and found that the original Medicare statute was still in tact, that no such amendment could be found in the Law which removed such important rights from citizens upon the attainment of their 65th birthday. My husband and I brought Kent Masterson Brown, Legal Counsel for the Association or American Physicians and Surgeons, Jane Orient, M.D., its Executive Director, as well as three Board Members of the Medical Society of New Jersey and one of my patients, Joan Kennedy Taylor, a Libertarian knowledgeable about Constitutional Law together for dinner in April of 1991 at the Hohokus Inn in Hohokus, New Jersey known to have housed George Washington during the Revolutionary War when Americans declared Independence from the King of England, whose swarms of officers were harassing them, and eating out their substance — so very reminiscent of our situation today.

The Freedom of Choice Lawsuit, Stewart vs Sullivan, was born at that dinner. In this suit I and five of my senior citizen patients sued the Federal Government for the right of the Senior Citizen to contract for medical services outside Part B without the need to resign from Part B. Oral arguments were heard on September 14, 1992 in Federal Court in Newark with Judge Nicolas Politan presiding. Judge Politan issued his Decision on October 26, 1992. He stated that I, the physician, had standing to address my grievance in Federal Court, as the threat of economic jeopardy and the pecuniary and exclusionary sanction attendant upon the existence of such a policy of prohibition of the private contract would satisfy the injury in fact test.

He stated that the plaintiff patients had standing in Court because the existence of such a policy prohibiting private arrangements would deny them the physician of their choice if I ultimately withdrew my services from Medicare patients, which he believed I would do. He clearly stated that a decision favorable to the plaintiffs (my patients and myself) by this Court on the validity of such a policy would redress the injury.

He stated that we need not exhaust administrative remedies, as we were challenging the validity of a policy and not a disputed factual determination regarding specific services performed. The Federal Court did indeed have jurisdiction in this case.

The Government in its brief relied heavily on the Judge Mikva dictum in New York State Ophthalmological Society versus Bowen in which it was determined that a Medicare patient could not pay privately for an assistant at cataract surgery. Analysis of this case by Kent Masterson Brown resulted in the observation and conclusion that both sides, plaintiffs and defendant, had specifically stipulated at the outset that Medicare Law prohibited private contracting. The Judge in New York State Ophthalmological Society versus Bowen accepted this as a given since both sides agreed to this as fact at the outset. In actual fact, however, our research revealed this stipulation to be incorrect. Medicare Law repeatedly states that the use of Medicare is an *entitlement*, not a compulsory requirement with respect to Part B, and the original statute very specifically states that nothing in the Medicare Law prohibits a beneficiary from obtaining health care services through any other means of payment of insurance. the decision of Judge Politan gave absolutely no credence to New York State Ophthalmological Society v. Bowen, a mainstay of the Government case against the position of my patients and myself. In fact, his decision did not even mention it.

However, Judge Politan decided that this case was not yet ripe for full determination as he could not possibly conclude that the Secretary had clearly articulated a policy on the issue of private contracting. He made it clear that only willful and repeated violation of a clearly articulated policy published in the Federal Register could result in a sanction against a physician. He also stated that the Carriers and the Health Care Financing Administration could not themselves issue sanctions. Such sanctions could only be issued directly by the Secretary.

In essence, he upheld our legal position throughout our Brief, and essentially validated the lawful nature of private contracting, as there is no clearly articulated policy or law against it which has ever been published in the **Federal Register.** In dismissing the case as the Government had requested, he cleverly prevented the Government from appealing the decision. I could not have carried forth this lawsuit without the support of the Association of American Physicians and Surgeons.

Unfortunately, the Health Care Financing Administration has continued to intimidate physicians by purposefully leaving out the implied "if" in its interpretation of the law regarding physician submission of claims: "When payment is made under this part" does NOT translate to "Payment for every medical service must be made under this part." The fact that others have persisted in supporting and strengthening this intimidation by failing to stand up for what IS the law is a most unfortunate situation which does a disservice to both physicians and patients.

Yes, it is possible that the Health Care Financing Administration might attempt to intimidate physicians further by choosing one to harass, because Government is lawless, as Kent Masterson Brown is fond of pointing out. But the Law is what it is and will protect any physician who chooses to secure his rights and his patients' rights. It is far more honorable and ethical for a physician who cannot deal with Medicare for a particular service to offer the private contract to that patient than to refuse to see that patient. It is the patient's choice whether to accept such an offer or not.

My first private contract with a Medicare insured patient was met with gratitude and appreciation on the part of the patient and her daughter. It was with a wonderful sense of freedom and dignity that I fulfilled this contract, and simultaneously upheld my Hippocratic Oath.

Many physicians in my area, particularly those in the surgical fields, have found that self-insuring for the amount that Medicare would have reimbursed the patient, by subtracting it from their usual and customary fee, helps preserve the understanding and relationship of respect between patient and physician.

The Opinion of Stewart vs Sullivan certainly upholds the fact that we citizens of the United States of America have the right to do that which we are not expressly prohibited from doing, as enunciated in the Ninth Amendment of the Constitution and as articulated in the Declaration of Independence. To say otherwise creates the dangerous context in which the citizen acts by permission of the government or state, rather than by right.

Stewart vs Sullivan and my search for alternate Insurance to Part B have been major steps of mine along my journey. I have ultimately found a company willing to write a policy providing the market for the policy exists. We must help develop that market, and see that it survives the attack by the Government.

Like Dante had experienced in his mid life, I had found myself in a dense, dark wood, the exit of which was not immediately clear. Dante found that the only way out was through Purgatory. I believe we all can understand his experience. We have to be willing to walk that road, and clear it of its obstacles, as it is the only road out.

I ask that you gather your strength and your principles and join us of the Association of American Physicians and Surgeons on our journey in our attempt to preserve the honor and dignity of our profession. As John F. Kennedy spoke in New York City on December 4, 1961, quoting Theodore Roosevelt:

"The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who knows the great enthusiasms, the great devotions, and spends himself in a worthy cause; who, at best, if he wins, knows the thrills of high achievement, and if he fails, at least fails daring greatly so that his place shall never be with those cold and timid souls who know neither victory nor defeat."

Like Frost, we have miles to go before we sleep.

Lois J. Copeland, M.D.

Lois J. Copeland, M.D., specializes in internal medicine and practices in Hillsdale, New Jersey.

This article shows that we have to become involved. It is of no use to be a "warrior in the Doctor's Lounge." ✦

THE QUESTION MAN

OPINIONS - EDITORIALS LETTERS TO THE EDITOR
John W. Snead, M. D.

"PLEASE SUGGEST A NEW YEAR'S RESOLUTION OR QUOTATION FOR SOME NOTABLE SOMEONE OR SOMETHING"

"That on New Year's Eve the clock will strike midnight and Hillary's coach will turn to a pumpkin and her horses will become mice."

F. L. HOWINGTON, M.D.

Resolutions for some notables:
Deion Sanders: *"I plan to take up golf so I can join the pro tour when I am not playing professional football and baseball."*
Ross Perot: *"I will not debate Gore. I will not debate Gore."*

KIM SPEAR, M.D.

Quotation:
"Give a man a fish and you feed him for a day; Feed a man to a fish and you feed him for a lifetime."

CHARLES S. EBY, M.D.

NEXT MONTH'S QUESTION:

"HOW DO YOU FEEL ABOUT THE REPORTED DIVISION BETWEEN CERTAIN DOCTOR GROUPS AND THE AMA OVER ENDORSEMENT OF THE CLINTON'S HEALTH PLAN?"
(See article on page 1 of this issue)

Send your comments to the Medical Society.

Bulletin deadline is the 15th of each month . . . we want to see you in the print media! ✦

ALLIANCE ACTIVITIES

AMA-ERF CHAIR SMILES "SWEET-LY" ON HOLIDAY SHARING CARD DONATIONS

Victoria Sweet would like to thank those who so generously donated to the AMA-ERF holiday sharing card this year. The card warmed our hearts during the holiday season and donations are sure to help so many of the medical students and schools who will receive the contributions. Well over 100 people took part in this Alliance project and approximately $6,725.00 were distributed to state AMA-ERF officials.

JOINT HOLIDAY PARTY SPIRIT OF SHARING

The annual Medical Society and Alliance Joint Holiday Party was held December 13th at the Veranda. Many Society members and their spouses enjoyed an evening of good food and friends.

Several bags of toys, clothes and over $475 in cash were donated to benefit two local charities: Foster Parent Clothing Closet and Children with AIDS. Many thanks to all that contributed to both of these worthwhile causes. ✦

THE BULLETIN DEADLINE IS THE 15TH OF EACH MONTH. PLEASE SEND YOUR COMMENTS OR ARTICLES TO THE MEDICAL SOCIETY.

AMA DEBATE AND ACTION ON HEALTH SYSTEM REFORM

Wednesday, December 8, 1993

At the AMA Interim meeting of the House of Delegates in New Orleans on Wednesday, December 8th the following recommendations were adopted:

BOARD OF TRUSTEES REPORT I-93-41 - INDIVIDUAL HEALTH INSURANCE

1. That the AMA reaffirm its support for universal coverage and access to health care services.
2. That the AMA actively support the principle of the individual's right to select his/her health plan and ways in which the concept of individually required and individually owned health insurance can be appropriately integrated, in a complementary position, into the Association's position on achieving universal coverage and access to health care services.
3. That the AMA reaffirm Policy 165.955 to (1) accept individual health insurance as an alternative to employer-financed health insurance, and (2) that such individual insurance be given the same tax treatment as employer-sponsored insurance.
4. That the AMA reaffirm Policy 165.972, to be sensitive to the needs of small business, the self-employed and rural citizens as it develops more specific proposals in the Health Access America plan.
5. That the AMA reaffirm Policy 165.931, which endorses and promotes the health IRA as one of the best means for assuring patients' freedom of choice in health insurance and Policy 165.957 to endorse and promote the enactment of legislation to promote the establishment of Health Care Savings Accounts.
6. That the AMA identify any further means through which universal coverage and access can be achieved.
7. That the remainder of the report be filed.

***BOARD OF TRUSTEES REPORT* I-93-60 - HEALTH SYSTEM REFORM ACTION PLAN**

RECOMMENDATIONS ADOPTED AS FOLLOWS:

1. That the AMA continue to pursue aggressively with all key proponents of health system reform major results such as: universal coverage, cost containment, quality and patient/physician freedom of choice.
2. That the AMA continue to explore all concepts that accomplish reasonable., guaranteed coverage.
3. That the remainder of the report be filed.

GANNETT NEWS SERVICE — FRIDAY, DECEMBER 17, 1993
"10 DOCTORS' GROUPS BACK CLINTON PLAN"

By Elizabeth Neus, Gannett News Service

WASHINGTON — President Clinton on Thursday showed off representatives of 10 major medical groups who back important components of his health care reform plan.

The groups, representing thousands of primary care doctors and pediatricians who could play a large role in a revamped health care system, favor Clinton's plan to provide universal coverage for all Americans, and approve of his idea to require employers to provide insurance.

They held a press conference earlier this week to reiterate that support, after the 300,000 member American Medical Association backed down from its support of the employer mandate.

"The presence of these physicians here debunks the notion that the plan we have presented is some sort of big government bureaucratic plan that erodes the doctor-patient relationship, "Clinton said.

The AMA sent Clinton a letter saying it still supports the goal of universal coverage, but that he should look at other ways to achieve that besides the employer mandate.

The groups represented at Thursday's White House event were:

- The American Academy of Family Physicians, with 74,000 members; the American Academy of Pediatrics, whose president was Chelsea Clinton's doctor in Little Rock, 47,000 members; the American College of Obstetricians and Gynecologists, 33,000 members; the American College of Physicians, 77,000 members.
- The American College of Preventative Medicine, 2,000 members; the American Medical Women's Association, 13,000 members; the American Society of Internal Medicine, 26,500 members; the American Thoracic Society, 11,000 members; the National Medical Association, 17,000 members; and the National Hispanic Medical Association, 39,000 members. ✦

NEW MEMBER APPLICANTS

Application For Membership

Active members are requested to express to the Board of Censors or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

SCOTT ERIC WILEY, M.D.

Dr. Wiley was born in Princeton, Illinois and graduated from the University of Illinois Medical Center, Chicago. His residency was completed at Southern Illinois School of Medicine at Memorial Hospital of Carbondale, Carbondale, Illinois. Dr. Wiley is an Associate of Cape Coral Family Physicians, 1501 Viscaya Parkway, Cape Coral. ✦

GUILLERMO BOHM, M.D.

Dr. Bohm was born in Argentina and graduated from the Universidad Nacional de Cuyo Facultad de Ciencias Medicas in Mendoza, Argentina. His internship and residency were completed at The Western Pennsylvania Hospital, Pittsburgh, PA. He was a Fellow at the Medical University of South Carolina in the Department of Endocrinology, Diabetes, and Metabolism from 7/91 to 12/93. He is an Associate with Internal Medicine Associates, specializing in Endocrinology, Diabetes, and Metabolism at 3800 Evans Ave., Fort Myers. ✦

FLORIDA INDEPENDENT PHYSICIAN ASSOCIATION FIPA REGION 8

SPECIAL MEETING WITH REPRESENTATIVES FROM M.D. HEALTH PLAN OF CONNECTICUT

SATURDAY, FEBRUARY 5, 1994
1:00 PM — 5:00 PM
(LOCATION TO BE DETERMINED)

The M.D. Health Plan is the successful physician-owned Connecticut plan which is serving as the model for the Statewide FIPA. We will have the opportunity, first-hand, to learn from those who are intricately involved with a statewide IPA directed by physicians.

PLEASE MARK YOUR CALENDAR FOR THIS IMPORTANT DATE! ✦

MEDICAL BOOKMARK

A training videotape is now available in the library for physicians using Grateful MED. This 25 minutes-long program entitled "A Closer Look at Grateful Med 1993" was designed to introduce health professionals to Grateful Med and to enhance their skills in formulating search strategies. It teaches using proper terms, assists in learning more about MeSH, helps to understand the use of the Boolean operators "and" & "or", and explains the use of the special features of the software.

Twice a month, the library receives a new video program from the Network of Continuing Medical Education which may be checked-out from the library. Upon answering the accompanying quiz, a physician may obtain the CE credits. Among the most recent titles in the series are:

Acute Gastrointestinal Bleeding
Emergency Care of Knee Injuries
Dementia and Depression:
Differential Diagnosis and Management
Psychiatric and Behavioral Problems in Primary Care
Identifying Alchohol and Drug Abuse in Primary Care
Adjuvant Systemic Therapy for Early Breast Cancer
Pancreatic Cancer: Have We Made Any Progress?

Several new books have been added to the collection this month, among them:
Ocular Differential Diagnosis (5th edition)
Color Atlas of Microneurosurgery ✦

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Managed Care cont.

The FIPA concept is the only active involvement that is available for us.

In Managed Care, we can be either managed by some "for profit" organization - or, manage ourselves.

The statewide FIPA is our only choice at this time if we want **self-control** and **self-management.**

The FIPA concept is drawn from successful models in Connecticut and north Florida, so we know it can work.

A successful statewide physician directed IPA/HMO will benefit us in several ways:

1) We will be able to discount our fees less.
2) FIPA physician's higher reimbursements will force other PPOs, HMOs, etc. to offer more competitive physician rates.
3) We will have more say in the management of our care. And finally,
4) We may see a return on our investment.

Being a member of the FIPA isn't free. There is an initial enrollment cost of $500 and there will be a later assessment of $2,000 to capitalize the HMO.

I can't guarantee you that your investment is safe, but I can tell you that if we don't do something to take charge, our situation will ultimately be much worse.

If you want more information on the FIPA statewide IPA/HMO. please contact the medical society or read the recent issues of **FMA TODAY** which have been sent to you. Drs. West and Reardon are on the Board of Directors and are an excellent source of information. We are also planning a second informational forum in February '94.

Once again, I urge you to learn about this FIPA and consider participation in it. The statewide IPA/HMO may be your last best chance.

Ronald J. Delans, M.D., President-Elect ✦

AMA MEMBER MATTERS

While the Clinton plan has made several physician-pleasing changes in the private, employer-financed portion of the bill, the Medicare section holds unpleasant surprises including spending targets for hospital medical staffs and a ban on balance billing, according to a report in the Nov. 15 *AMNews*.

Medicare assignment would become mandatory as of Jan. 1, 1996. Except for primary care services, the 1995 update would be rolled back 3%.

There would be a 15% withhold on physician pay for inpatient services at hospitals with high physician costs. The proportion of the withhold returned to physicians would depend on how average medical staff charges per admission compare with targets.

Several steps are designed to move more physicians into primary care. These include increased funding for the National Health Services Corps and a plan to allocate 55% of all federally funded residencies to primary care specialties, including internal medicine and pediatrics, family medicine and ob-gyn. The federal government would control distribution of federally financed residency slots.

President Clinton's bill also calls for a major overhaul in Medicare's resource-based relative value scale, boosting payment for four visit classes: home, nursing home, office and emergency rooms.

More RBRVS modifications would directly apply to the RBRVS rather than to the conversion factor that translates values into dollars. These changes would affect payments in any health plan that chose to use the Medicare values as the basis for rate negotiations with physicians in fee-for-service plans.

Details of the Medicare changes are complex, and much of the existing language is unclear. There are indications that the Medicare provisions are still being reviewed and revised.

It is unlikely the White House will pull either balance billing or medical staff spending targets. Both have been issues that the AMA has long disputed. ✦

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