LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 21, NO. 2

Fort Myers, Florida
Daniel R. Schwartz, M.D.

April, 1997

NO APRIL MEETING

MARK YOUR CALENDAR FOR MAY MEETING

Monday, MAY 19, 1997
Royal Palm Yacht Club

6:30 p.m. - Social Time

7:00 p.m. - Dinner

DINNER BY RESERVATION ONLY

Spouse or Guest - Dinner $25.00

TOPIC

"WORKING FOR A BALANCE BETWEEN PERSONAL & PROFESSIONAL LIVES"

SPEAKER

AHNNA LAKE, M.D.

Dr. Lake is a former Medical Editor of Canada's "Wellness MD" and is on the Board of Trustees of the National Wellness Institute. She is a faculty member of The Center for Professional Well-Being. She helps physicians deal with the non-clinical issues, such as declining incomes, personal & family stress brought on by health care reform. We look forward to seeing you and your spouse at the MAY meeting.

CANCELLATIONS: By Noon Friday before meeting.

DID YOU KNOW?

Belonging to associations contributes to who you are as a person. On the outside, it gives the world a good picture of your professional life, what charitable causes you support and fight for, and where you spend your leisure time. On the inside, you'll find a deep sense of satisfaction learning more about your industry or interests, sharing with colleagues and peers, discussing what matters to you as a group, and discovering numerous opportunities to explore. People also enjoy associations more social in nature to maintain a balance between their jobs and their professional lives and to nurture other interests. Need some more reasons to keep your association dues and remain actively involved? Here are the "top ten" advantages of association membership:

- To network and swap ideas with people who share your professional or personal interests.
- To get information and resources vital to your survival.
- To update your skills and knowledge base.
- To keep up with changes in industry rules, regulations, and standards.
- To access the latest business products and services.
- To take advantage of member discounts.
- To increase clout. Belonging to an association sets you apart as someone "in the know."
- To develop new business through people you meet at association events and through your association network.
- To fulfill sense of obligation or duty to the organization, the profession, the industry.
- To support a cause dear to your heart.

George C. Kalemeris, M.D.

PRESIDENT'S MESSAGE

"The Value of Volunteerism"

The Medical Society is, by necessity, a voluntary organization requiring much of its membership to be effective!!!

This is partly because of the broad mission of an organization with limited financial resources which is constantly watching its pennies in order to make ends meet. Although our staff, Ann, Staci, Linda and Shirley do a fantastic job doing the kinds of things the membership cannot do for itself, the Medical Society cannot afford to pay a lot of people to perform tasks which can possibly be performed by members of our organization.

Even so, the Medical Society, in my opinion, is very effective at pulling from its membership, a subset of talented individuals with the expertise and dedication to cover these necessary activities. It is surprising to many, but true, that often it is the busiest people that are most willing to give of themselves and their most precious resource, their time. Time which could be used for all kinds of pleasurable activities. Time with family or friends, play, or....well, you fill in the blank.

Sometimes time is not the only resource which is given. Sometimes volunteer activities include other resources, most often money or donations (most of the furniture at the Medical Society was donated). It has become very clear to members of the Board of Governors, Delegates to the FMA or anyone who represents the Medical Society at a meeting, that with small and few exceptions the costs of attending these meetings are carried by those who attend. Historically, Uncle Sam helped to pay these costs through the use of P.A. funds but in this day and age of managed care and lowered revenues, the organizations that we work in may grumble at assisting in these activities, and a certain amount comes out of the volunteer's personal pocket or the pocket of the professional association he or she works for. For instance, this will be the case in the next couple of days when Steve West, David Reardon, Bob Walker and myself will be representing our Society in Tallahassee at "Days at the Capitol '97", sponsored by the FMA and the FMA alliance.

"Days at the Capitol '97" is a jointly-sponsored legislative function, offering the opportunity for the local representatives of organized medicine to be a part of the legislative process as they lobby House and Senate members for their district. This program is providing legislative and grassroots workshops, a joint reception between the Alliance and FLAMPAC 1000 Club honoring Florida's legislators, and two luncheon meetings with Florida health care's top policy makers and influencers, including Insurance Commissioner Bill Nelson, Senate Health Care Committee Chair Ginny Brown-Waite, and House Health Care Services Committee Chair George Albright.

Afternoon activities will include physician and alliance lobbying teams taking blood pressures and developing laboratory data on policy makers. We will be conveying our opinions concerning our evaluation of the prognosis of the state, our diagnosis of the pros and cons of various bills and the therapy necessary to pass or fail certain initiatives. Should you have any opinions concerning legislative issues please contact one of us, or leave a message with the medical society office.

Many thanks to you, the volunteers, and to you, the members of the Society who support these volunteers representing you and the Society wherever these volunteers are active, whether they be in the "Paint Your Heart Out" community service, Drug-free Lee, We Care, the Board of Governors, the 1000 Club, or as a supporter of legislative activities. You are all valued and appreciated.

Vision Quest. As a volunteer leader in your association, you carry the vision of not only where your association is presently, but of where it is headed. It is the single greatest contribution you can make, and your association's greatest asset.

In This Issue...

AS I RECALL...

ROGER D. SCOTT, M.D.

"LEE COUNTY"

Until 1887, what is now Lee County was a part of the vast Monroe County that encompassed this entire area. The county seat was Key West and for any official business to be conducted, messengers had to go from Ft. Myers to Key West by boat to do the necessary legal dealings. In 1887 there were approximately 1,400 people in this area who seceded from Monroe County to form Lee County. The new county (named for our illustrious Gen. Robert E. Lee) extended all the way to Lake Okeechobee to include the area of the now Hendry and Collier Counties.

Lee County thrived in cattle, and one of the major cattlemen as well as merchant and shipper was Jacob Summerlin for whom Summerlin Road is named. It was said that Jacob Summerlin was the first American citizen born in Florida after Florida was acquired by the United States in 1821. Summerlin's house, cowboy hotel, and cow pens for shipping, were built in 1874 and this building was still standing until it was demolished for the Sanibel Harbor Resort at Punta Rassa.

Citrus thrived in Lee County and in 1920 Lee County boasted the largest packing plant for citrus in the world. By 1910 the Atlantic Coastline Railroad arrived and this brought tourists and sportsmen to the area. Many of these people were encouraged to come by Thomas Edison who had built a winter home in Ft. Myers. About 1917 or '18 automobiles were starting to appear, although very few, and roads were being made for these vehicles. By 1923 Barron Collier had purchased one million acres of land in southern Lee County and was most anxious to see the Tamiami Trail completed from Ft. Myers to Miami to further spread growth. Collier agreed to fund the building of the trail through his property with the proviso that Collier County would be created, as the people in that area were tired of coming to Ft. Myers to the county seat. In 1923 Governor Carey A. Hardee split from Lee County's land to the east Hendry County as it now exists, Collier County to the south, and Lee County as we now know it. In 1920 - 3,710 people lived in Lee County. By 1950 Lee County boasted 23,400 citizens; 1960 - 54,539; 1970 - 105,216; 1980 - 205,266 and 1990 - 335,113. Of course today we are pushing 1 bet closer to 500,000 people in this county. It certainly seems packed compared to the old 50 and 54,000 days.

For many years one of the principal industries in this area was Gladiola and Chrysanthemum growing. An amazing amount of land was covered by these plants, and Lee County was considered the Gladiola and Chrysanthemum Capital of the World. Today many of the woods, flower fields, and bare spaces are filled with dwellings and people. I hope that we can keep some of Lee County's beautiful areas intact without modern civilization for our descendants to enjoy.

For many years, the "Ft. Myers News Press" daily printed in the right hand upper front page Thomas Edison's 1914 quote "There is only one Ft. Myers and 90 million people are going to find it out." The quote was stopped when Gannett purchased the paper in 1971 or so and the name of the paper changed to the "News Press."

I feel fortunate to be one of the 90 million to find Ft. Myers and Lee County – hope you agree too.

LEE COUNTY MEDICAL SOCIETY BULLETIN
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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.

MEMBERSHIP ACTIVITIES

NEW MEMBERS APPROVED

Kip C. Cullimore, M.D.

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Doing what you like is freedom.
Liking what you do is happiness.

MEDICAL DIRECTOR WANTED

Physician (Chief Medical Officer, Satellite Outpatient Clinic, Ft. Myers, FL). The VA Medical Center, Bay Pines, FL, is seeking a full-time physician to manage an interdisciplinary ambulatory health care team (30% administrative/70% clinical). Board certification required (prefer board certification internal/family medicine). The successful candidate will have: organizational, team management, computer, communication and manager care; academic experience; and experience as a physician role model and use of physician extenders. Must be U.S. citizen. Competitive salary and excellent benefits. Questions may be referred to the search committee co-chairs: Nevin Weaver, AMCD, or Mitchel Hoffman, M.D. (813) 398-6661, ext. 5501 or 4329, respectively. Please send C.V. to Search Committee (05), VA Medical Center, Bay Pines, FL 33744 by mid-May, 1997. EOE. ☺

REPORT FROM THE GRIEVANCE COMMITTEE "HE SAID, SHE SAID."

R. Thad Goodwin, M.D., Chairman

The Grievance Committee of the LCMS is asked to review many complaints in the course of a year. Many of the complaints are unique. Through others there run recurring themes. We wanted to share with you some of these recurring themes, in the hope that you will be able to learn as much from them as we, the Committee members, learn each time we review complaints. This first column concerns phone calls, and coverage in a group practice.

The subject of the complaint was an elderly man with multisystem disease admitted to a local hospital in respiratory distress. He had pneumonia and was begun on IV fluids and antibiotics, but his condition worsened, and he developed renal failure. He continued to deteriorate, but he remained alert and was in pain. The patient's family requested pain medication, and a call was placed to the attending physician. A dose of IM pain medication was ordered and given, but it was ineffective, and the pain continued. Another phone call to the physician was placed, asking for more pain medication. The phone call was not returned, nor were additional calls over the next four hours or so. Eventually another physician who had consulted on the patient earlier gave an order for pain medication. The pain was relieved, and the patient was comfortable. Several hours later he expired, due to multiple organ failure.

The family recognized, upon this patient's admission, that his condition was grave, and they knew the patient had already lived years beyond expectations. His death was not unexpected, and the family did not allege any medical malpractice. What they complained about was the fact that the patient clearly suffered and was in pain on the day of his death. They felt that the attending physician seemed callous and uncaring by not returning phone calls, and that he should have been more in touch with what was happening to his patient on that final day.

As is turned out, the patient's attending physician was seeing patients in the office and thought that he was not on call on the day in question. He thought that another physician in the group was taking care of his patient. The other physician, however, was not on call and had the afternoon off. The result was that no one was really in charge that afternoon, and the patient probably did spend his final hours in pain and discomfort that could have been avoided.

The two messages this case brings home are that:

1) Your office must have some mechanism in place to get phone calls to you during the day. Phone calls have to be triaged and returned as soon as possible, depending on the nature and urgency of the problem. Some phone calls must be returned immediately, while others can wait until later in the day. There is no excuse for not returning phone calls, in a timely manner, from the nursing staff of a hospital concerning a hospitalized patient. A related problem that surfaces in many complaints is physicians not returning phone calls from patients or their family. Some phone calls can be returned by office staff, but others require the physician to call. One short phone call, by the physician, at the right time not only is good medicine but can go a long way towards averting complaints.

2) You need to know when you are on call and which patients you are responsible for on any given day. While there are many different ways of covering call and covering different hospitals, the specific arrangements need to be worked out and be clear to everyone. There is no excuse for leaving patients unattended because of confusion about who is responsible for the patient's care that day. To do so may expose the patient to medical risk and needless suffering. It may also expose the physician and, if applicable, others in a group, to needless malpractice risk.

Future columns will cover off-the-cuff comments that return to haunt you, terminating patients from your practice, releasing records to patients, fee disputes, and attitude problems, to list a few topics. We welcome your comments and suggestions. ☺

LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectfully submitted by Sue Backstrand, Corresponding Secretary

MEDI-FILE

The new FMA Alliance Medi-File card is hot off the press. This four-panel memory aid for elders folds to wallet size for carrying ease and enables users to retrieve important information at just a moment's glance. The Medi-File card is intended for people on multi medications as well as a time saving device for doctor visits, emergencies and hospital admissions. The Medi-File cards are printed free of charge by the Florida Medical Association Alliance and are in high demand. Special thanks to Bobbie Daitch, chairperson, who has worked very hard to obtain Medi-File cards for Lee County. Bobbie is currently doing a mailing to all family and general practitioners in Lee County asking them if they would like to distribute the Medi-File cards to their patients. If you are interested in obtaining Medi-File cards or need further information please contact Bobbie at 481-5075.

1997 CHARITY BALL

The 14th Annual Charity Ball "A Night on the River Nile" is approaching fast! Start making table plans and watch for your invitations in the mail, they should be arriving soon. Once you have purchased your tickets, you may make your reservation to stay at the Ritz-Carlton at a special room rate.

The Golf Tournament will be held on May 24th, 1997 at Pelican's Nest Golf Club. Breakfast is at 7:30. Shotgun start at 8:30. A continental breakfast, barbeque lunch, green and cart fees and a complimentary photo are included in the $85 entry price. You do not need to attend the ball to participate in the golf tournament.

The doubles tennis tournament will take place at the Ritz-Carlton at 9:30, with a warm-up at 9:00am. Beverages, box lunch, court fee, pro-am exhibition match and door prizes are included in $50 entry fee.

Raffle tickets are being pre-sold. The price is 1 for $10 or 11 for $100. Please support A.C.T., even if you can't attend the ball. You do not need to be present to win, with so many wonderful prizes your odds of winning are very high. An auction will be held the night of the ball, including three very exciting items. Don't forget your checkbooks, you will want to place a bid. For information please contact Cathy Marchildon at 432-90900.

Golf and Tennis Registration and Raffle tickets will be available at the May Medical Society General meeting.

We would like to thank our newest sponsors: Associates in Head and Neck Surgery, Fuller and Lane, M.D., P.A. - Sustaining; Dr. Kevin M. Burns and Assoc. P.A., Certified Public Accountants - Sustaining and Mrs. Deogracias L. Caangay - Sustaining; Cape Coral Eye Center, P.A. - Contributing; Cape Coral and Lehigh Associates in Ear, Nose and Throat - Contributing; Consultants in Psychiatry, M.D., P.A. - Contributing; Family Practice at Lehigh - Sustaining; Florida Cancer Specialists - Contributing; Island Coast Hematology and Oncology - Sustaining; Kagan, Jugan and Associates, P.A. - Contributing; Physicians Health Systems Inc.; Lee Independent Physicians Associations - Contributing. ☺

THE QUESTION MAN

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

"WHO BENEFITS FROM MANAGED CARE– WHO LOSES FROM MANAGED CARE?"

Steve Lebhar, M.D.
Cardiology

"Reducing utilization of services benefits the insurance company. Are these savings really passed on to the consumer? Providing quality of care in this new age is left to the doctor's and nurse's acumen." . .

Larry Farmer, D.O.
Emergency

"Its like a cheap buffet! The only winner is the business entity. The guy dishing it out (the physician) is working for less; and the customer (patient) is getting just what they paid for."

Valerie Crandall, M.D.
Opthalmology

"My patients that have large medical bills have benefited from having their medical bill paid by the HMO. They have lost continuity of care when they have to leave physicians not on the provider list. So it is a mixed bag for the patients, but all negative for the specialists, both financially and in terms of medical care."

MAY'S QUESTION

"IS PRACTICE MERGER A SMART MOVE FOR SMALL OFFICES?"

Send your comments to the Medical Society. Bulletin deadline is the 15th of each month....we want to see you in the print media! ☺

FORT MYERS HAS LOCAL MEDICAID FRAUD OFFICE

The Office of the Attorney General, Medicaid Fraud Control Unit, has opened a new office in Fort Myers. The office is staffed with three full-time Senior investigators authorized to investigate instances of alleged Medicaid fraud, alleged abuse or neglect of patients in health care facilities receiving payments under the Medicaid program, and alleged misappropriation of patients' private funds in health care facilities receiving payments under the Medicaid program.

If you have any questions, or wish to file a complaint, please contact our office at the following address or telephone number. Office of the Attorney General, Medicaid Fraud Control Unit, Barnett Centre, Suite 502, 2000 Main Street, Fort Myers, FL 33901, (941) 338-2440, Fax (941) 338-2449. ☺

MEDICARE PART B SEMINARS

Blue Cross/Blue Shield Provider Education Department will be holding specialty seminars in the Fort Myers area in August. Below is a list of the dates that have been scheduled. For more information contact Cyndie Baker in the BC/BS Provider Education Department, P.O. Box 2078, Jacksonville, FL 32231.

Fort Myers

Date	Session	Subject
8/19	PM	E/M, FMR
8/19	PM	Endoscopic
8/19	PM	Oncology
8/19	PM	Vision
8/20	AM	Dermatology
8/20	AM	Mental Health
8/20	AM	Radiology
8/20	AM	Urology

Additional specialty seminars are planned for September in Miami and Tampa; watch upcoming editions of the *Medicare B Update!* for more information! ☺

MEDICINE AND POLITICS
REFLECTIONS ON KING-ANDERSON

Edward R. Annis, MD

It has taken more than thirty years since the political introduction of Medicare to verify the truth inherent in the 1962 medical profession's predictions that if passed....

This bill would put the government smack into your hospitals! Defining services-setting standards-establishing committees-calling for reports-deciding who gets in and who gets out-what they get and what they don't-even getting into the teaching of medicine-and all the time imposing a federally administered financial budget in our houses of mercy and healing.

This King-Anderson bill is a cruel hoax and delusion! It wastefully covers millions who do not need it. It heartlessly ignores millions who do need coverage. It is not true insurance. It will create an enormous and unpredictable burden on every working taxpayer.

It will undercut and destroy the wholesome growth of private voluntary insurance and prepayment health plans for the aged which offer flexible benefits in the full range of individual needs.

It will lower the quantity and availability of hospital services throughout our country. It will stand between patients and their doctors. And it will serve as a forerunner of a different system of medicine for all Americans. *

Today, can anyone doubt that these prognostications have come true?

It is time for truth. And a time to question the frequent abuses by some in the media who misuse their enormous power to influence public opinion and political actions. We don't join those who demand that government regulate the press because such actions would provide an authoritarian government with such predictable adverse results as have been demonstrated in some other countries.

The Press repeatedly emphasizes that the free market and the only free market should regulate the Press. We want no one to silence a free press, but the medical profession deserves a better treatment than it receives from those in the media who have replaced balanced reporting with advocacy journalism in favor of those who deny doctors and their patients of that same freedom of the market place.

Congress has passed legislation to prevent the mislabelling of products. This makes good sense. But who performs a greater disservice to the American people- those who mislabel products or those who mislabel ideas- the ideas by which we live - by which we govern ourselves - by which we recognize the rights of others and by which we progress?

Mislabelling of ideas should fall into the same category of scrutiny by honest people as the mislabelling of tangible material products. Why don't tell the whole truth - or, as Paul Harvey would say, the rest of the story.

A case in point: A December 11, 1996 editorial in the New York Times referred to the American Medical Association as "the physician group that tried to scuttle Medicare at its inception." Webster's Dictionary defines scuttle "to abandon, to destroy or discard and idea." During the time of debate over care for the elderly, we never abandoned the elderly, nor did we discard legitimate efforts to help those who needed help. Then and now, the vast majority of the medical profession yielded to no group nor to any individual legitimate concerns for the welfare of our senior citizens.

We recognized that in considering life's necessities there was general agreement that food, clothing, and housing required much greater funding than did medical care. That same report stated that the amount spent for medical care was matched by the amount spent for recreation.

We asked how many American workers would support a tax to pick up the grocery bill for all sixteen million elderly in order to help half that number who might be in need?

We asked why should doctors oppose a plan that promised to pay their regular fees for the care of many elderly from whom minimal fees and often no payment was received? We wanted help for those who needed it and that was why we strongly supported the Kerr-Mills program.

That program was passed by the Congress and signed into law by President Eisenhower in late 1960. It authorized federal grants to states to support state-run medical assistance programs for all elderly persons who could establish a need. That need was merely to be medically indigent, that is, not so poor as to be on welfare, but no so well provided for that they could finance their own medical care. A follow up AMA endorsed Eldercare proposal was designed to provide comprehensive health care for the elderly needy. A simple declaration of income (not assets) would determine eligibility.

In addition to the foregoing actions, the AMA recommended action to provide that everyone in need, regardless of age should be assured that necessary health care would be available. This approach and support led to the passage of Medicaid.

Our opposition to King-Anderson (Medicare) legislation was because it did not propose insurance or prepayment of any type, but compelled a segment (the working class) of our population to pay for a socialized program of health care for all over 65 years of age - rich and poor alike. At that time, 7.7 million people over 65 paid for and used private health insurance.

As we continued our opposition to King-Anderson legislation, we frequently faced businessmen, bankers, lawyers, housewives, and others who said "we are against socialized medicine, but you've go to do something about this problem. We must take care of our old people."

Our reply, "Which old people? All of them? Of course we should take care of those who need help, but why not take good care of those who need assistance and let those who can take care of themselves continue to do so in the future as they have been doing in the past."

Yesterday's politically driven solutions, however well intentioned, are what established the roods and set the stage for today's problems. Even the liberal Washington Post has editorialized in favor of radically restructuring Medicare.

Let us hope that the ongoing deliberative process is greater credence will be given to those who accurately forecast today's ultimate result when reason and common sense were discarded for political expediency.

Dr. Annis is past president of the AMA and the World Medical Organization, and presently a noted speaker and author of Code Blue: Health Care in Crisis (Regnery Publishing, Washington, DC, 1993). His address is 9999 Northeast Second Ave., Miami Shore, FL 33138.

**Original quote taken directly from my speech for the entire profession made in Madison Square Garden on May 21, 1962. That was one day following President Kennedy's address to the 18,500 elderly people corralled in the Garden by Walter Reuter and his AFL-CIO.* ©

EXECUTIVE TO EXECUTIVE
THE RULES TO SUCCEED IN LEGISLATIVE LABYRINTH

The ads said "Its Florida, and things are different here!"

That was a few years ago, and things were. They still are...At least in the Florida Legislature.

For the first time in more than a hundred years, Republicans control the House of Representatives and the Senate.

This is especially significant in the House, where Speaker Daniel Webster has instituted major changes in the way the process works. Speaker Webster has put in place a whole new system, with few keys to the past, and it bodes ill for those unable or unwilling to learn its intricacies.

The Speaker intends to open up the process of legislation by changing the entire process. His plans include the citizenry at large, as well as the elected Representatives (including Freshmen) and lobbyists. He plans to provide better meeting notices, smaller and longer meetings (so that more material can be covered), and a new way to offer amendments.

Also, a common time for committees addressing similar subject matter will be established. This means that, so to speak, "Tourism will be discussed on Tuesday," "Welfare on Wednesday" and "Much More on Monday."

The Speaker hopes this will allow representatives more opportunity to focus their attention on their assigned responsibilities or their constituents' interests.

This makes the task of lobbying (representing the people in the lawmaking process) more difficult.

Whether for a private concern, a business, or an association of private concerns, businesses, local governments or social services, lobbyists perform the historically honorable function of serving as the voice for people who cannot afford the time to speak on their behalf. The job of a lobbyist is to research thousands of pieces of proposed legislation, and plead with an elected representative to consider how the passage or defeat of such legislation may negatively or positively impact his constituents' lives and businesses.

Speaker Webster's plans significantly impact this process.

His system is designed to kill bills, rather than pass them. In fact, according to the Tallahassee Democrat (December 16, 1996), "Speaker Webster will be pleased if no bills at all pass during his first term of office (1997)."

To this end, he has initiated a plethora of changes to the heart and sound of the historic lawmaking procedure, fundamentally altering committee and committee staff structure, the amendment process, floor debate and voting rules, the number of bills which may be filed by legislators, and the lifespan of those bills.

continued on page four

CAREER TIDBITS

USING A PHYSICIAN RECRUITER

The recruiter's fee is paid by the employer, not the physician.

The physician should try to get as much information as possible in the first contact: kind of practice (single specialty group, multi-specialty group, HMO, etc.); salary (guaranteed salary, equal share, productivity-based, fee-for-service); number of associated physicians and their length(s) of service; call schedule.

Prepare answers to potential questions about: your strengths; your weaknesses; your goals; benefits (to you) of your residency training program.

NEGOTIATING A CONTRACT WITH AN EMPLOYER

Negotiating an employment contract is often an adversarial process with each party trying to get the most while giving up the least. Enter such negotiations with priorities in mind (make a priority list). Things to consider...

Reimbursement plan: Fee-for-service; Equal share...net income of the practice (total income less expenses) is divided equally among the group; Salary guarantee...salary is set and independent of practice income; Productivity based...income is based on an individual physician's contribution to overall practice income. (In capitated/managed care, the amount of money saved by limiting costs).

Benefits: health, dental, vision care for self and family; disability insurance; retirement program (nonprofit: 403b plan; for-profits: 401k plan); malpractice insurance; hospital dues; professional membership dues; subscriptions and professional books; CM tuition; travel to professional meeting(s); vacation; moving expenses

Work Restrictions: Restrictive covenants and non-compete clauses that restrict a physician from working in the same geographic region after leaving an employer; Hours...the length of work week; Moonlighting...is it permissible? Does full-time employer want a percentage of moonlighting income?

Information obtained from the Physician's Guide to the Internet web site.

EXECUTIVE TO EXECUTIVE
THE RULES TO SUCCEED IN LEGISLATIVE LABYRINTH

continued from page three

In summary, bills will live for two years instead of being "round filed" as session closes each year. Representatives may file only eight bills, and only four of these may be before committees and contiguously active. In other words, bills five, six, seven and eight may move into Committee consideration only after bills one, two, three or four have been acted upon.

This means interested parties must be especially vigilant to insure filed by unheard bills do not suddenly surface as : "land mines" late in Session, or even next year, either by accident or by design. New rules restricting introduction of new bills may alleviate this concern.

Also, any Representative may offer amendments to bills being heard in Committee, even if not a member of that Committee. While that Representative cannot vote if he or she is not a Committee member, this offers many "muddy water" opportunities.

There are other significant changes in the process, but the most novel is the "Policy Council" concept.

Seven "Super Groups" consisting of the chairman and vice chairman of the committees under their individual area of concern are being created. These groups will review bills sent forward by the committees under their jurisdiction, and have absolute authority as to which will be passed on for full House Floor action. (See side bar for a list of these Councils and their committees)

In essence the procedure will be:

*The Speaker of the House will (still) refer bills to the appropriate committee.

*That committee will take action on the bill, and whether to pass it or kill it.

*If favorably recommended, the bill will be handed to a fiscal committee to determine its financial feasibility.

*The bills will then be referred back to the Council to be assigned a priority for Floor consideration (The Council may also elect to send the bill back to Committee for reconsideration or combination with another bill).

This concept dilutes the House of Representatives' base for power, historically the special bailiwick of the Rules Chairman. Now each Council will function as a mini "Rules Committee" for the committees under its jurisdiction.

Other significant changes allow for House members to cast floor votes over an extended period instead of at a roll call: meetings scheduled at times according to subject matter: closure of bills to floor amendments by Committee or Council vote: placement on Consent Calendars by unanimous Committee vote: and floor vote, resubmission to Committee for further consideration. Also any Representative may attend any Committee meeting and amend any bill, whether or not they are a member of that Committee, and rules concerning placement of bills on Committee agenda during the closing days of Session are significantly restricted.

These changes should serve as a warning to individuals, businesses, and associations and those representing them.

It's a new game and those who own the ball are setting the rules. To even have a chance to win, it's necessary to learn the rules

Bonnie Basham is an independent lobbyist who has for more than 20 years represented municipalities, nonprofit organizations and businesses before the Florida Legislature. She and her husband own Capital Ideas, a full-service governmental relations and marketing firm based in Tallahassee.

THE SEVEN FLA. COUNCILS AND THE COMMITTEES THEY OVERSEE

Academic excellence: Education Innovation; Education K-12; Colleges and Universities; Community Colleges and Career Preparation

Government services: Long-Term Care; Health Standards and Regulatory Reform; Health Care Services; Children and Family Empowerment

Economic impact: Business Development and International Trade; Transportation; Financial Services' Business Regulations and Consumer Affairs; Utilities and Communications; Tourism

Justice: Crime and Punishment; Law Enforcement and Public Safety; Juvenile Justice; Civil Justice and Claims; Real Property and Probate; Family Law Children

Government responsibility: Government Operations; Government Rules and Regulations; Environmental Protection; Water Resource Management; Community Affairs: Agriculture; Election Reform

Fiscal responsibility: Criminal Justice; Education; General Government; Health and Human Services; Transportation and Urban Development; Finance and Taxation

Procedural: Rules, Resolutions and Ethics; Reappointment; Joint Committees

WHAT'S HAPPENING TO THE COST OF WORKERS' COMP IN FLORIDA?

In order to provide workers' compensation coverage in Florida starting Jan. 1, 1997, carriers including self insured employers must be certified by the Florida's Agency for Health Care Administration (AHCA). According to the AHCA, less than 200 of the approximately 800 workers' compensation carriers had applied for managed care certification as of early summer 1996.

The application process can be time consuming and if all the carriers, managed care firms and self insured employers apply for certification during the final quarter of 1996, the process may slow down even more. Sandy Berger, an AHCA spokesperson, says that she "just doesn't see how it could happen" in time but that the penalty for noncompliance is yet to be determined.

The application paperwork includes a description of the managed care network and procedures to be used as well as other administrative functions. Successful applicants have to comply with about 25 guidelines set by the state. The process includes both a review of the submitted application and on-site visits to verify the system components. To cover processing, the application fee is currently set at $1,000 for a two-year period.

Berger says the long-term savings for employers can ultimately approach 50 percent. At present, the Department of Insurance (DOI) is hard at work doing their own cost comparison to determine actual savings that can result from participation in a workers' compensation managed care arrangement.

With the managed care premium discount to disappear, the National Council on Compensation Insurance (NCCI) based in Boca Raton, FL has proposed a three percent decrease in workers' compensation voluntary rates (all companies not covered under the Florida Workers' Compensation Joint Underwriting Association). If approval is granted in Oct., this decrease could take effect on the same day the managed care credit disappears.

Smaller companies will be the primary beneficiaries of this rate reduction since proposed changes in other premium discount programs may increase premiums paid by larger employers. A primary change would affect employers currently paying $5,000 to $9,999 in annual workers' compensation premium. Currently, the 40 percent of Florida employers paying $5,000 and above in premium were eligible for a discount. NCCI proposes raising the eligibility to those that pay $10,000 and above.

The proposed three percent reduction is actually an overall average. If approved, rates for certain job classifications with higher than average injuries and losses may increase. Also, rates for some employers may change for the worse depending on their loss history and safety record as well as premium size.

James Crummel, NCCI director of government, consumer and industry for Florida, attributes decreases in workers' compensation rates and costs since 1993 reform legislation to a number of factors including: reduced attorney involvement; increased emphasis on return-to-work with the reduction in the length of some benefits; and increased workplace safety focus at the employer level.

Legislative reforms in the area of workers' compensation took place in 1990 and 1993 with corresponding impacts on actual costs starting in 1992 (the table on actual costs starting in 1992). The table below demonstrates that the costs for overall lost time demonstrates that the costs for overall lost time claims dropped by 80% in the period from 1990 through 1995. The DOI's study on the impact of managed care is expected to provide additional information to the overall picture of workers' compensation experience in Florida.

THE HISTORY OF LOST TIME WORKERS' COMP CLAIMS IN FLORIDA (BY YEAR)

1990	94,461	$717,047,239	$568,699,652	$446,073,496	$1,731,820,387	....
1991	85,395	$683,442,218	$438,313,085	$856,142,822	41,977,898,125	114.2%
1992	83,064	$567,483,673	$369,717,815	$324,193,249	$1,261,394,737	72.8%
1993	81,028	$499,390,713	$299,840,589	$271,902,804	$1,271,134,106	73.4%
1994	78,501	$386,560,761	$221,944,518	$ 96,033,294	$ 704,538,573	40.7%
1995	70,648	$205,458,018	$118,209,749	$ 19,315,314	$ 342,983,081	19.8%

Kindness is a hard thing to give away – it usually comes back.

E-MAIL ADDRESS CORNER

Below is the Lee County Medical Society's E-Mail Address:

lcms1@ibm.net

If you would like to share your E-Mail address in this space, please send it to the LCMS office.

American Medical Association
http://www.ama.assn.org

Florida Medical Association
http://www.medone.org

NEW MEMBER APPLICANT
APPLICATION FOR MEMBERSHIP

Active members are requested to express to the Committee on Ethical & Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.


Mark Farmer, M.D.
Orthopedic Surgery

Dr. Farmer was born in London, England. **Medical School:** Georgetown University, Washington, DC (1979-83). **Internship Program:** Montefiore Medical Center, Bronx, NY (1987-88). **Residency Program:** Montefiore Medical Center, Bronx, NY (1988-92). **Fellowship Program:** Thomas Jefferson University, Philadelphia, PA (1992-93). **Board Certification:** American Board of Orthopedic Surgery. Dr. Farmer is an associate with Sports Medicine located at 8350 Riverwalk Park Boulevard, Fort Myers.


J. Douglas Gay, M.D.
Pathology

Dr. Gay was born in Royal Oak, Michigan. **Medical School:** University of Michigan, Ann Arbor, MI (1974-78). **Residency Program:** Grand Rapids Area Medical Center, Grand Rapids, MI (1978-82). **Fellowship Program:** Mayo Clinic, Rochester, MN (1982-84). **Board Certifications:** American Board of Pathology. Dr. Gay is an associate with Seidenstein, Levine & Associates located at 3949 Evans Avenue, Suite 403, Fort Myers.


Michael Lutarewych, M.D.
Infectious Disease/Internal Medicine

Dr. Lutarewych was born in Roseville, Minnesota. **Medical School:** University of Minnesota, Minneapolis, MN (1984-88). **Internship Program:** Northwestern University, Chicago, IL (1988-89). **Residency Program:** Northwestern University, Chicago, IL (1989-91). **Fellowship Program:** University of Minnesota, Minneapolis, MN (1994-96). **Board Certification:** American Board of Internal Medicine. Dr. Lutarewych is an associate with Internal Medicine Associates located at 2675 Winkler Avenue, Fort Myers.


D. Thompson McGuire, M.D.
Orthopedic Surgery

Dr. McGuire was born in New Haven, Connecticut. **Medical School:** Georgetown University, Washington, DC (1986-90). **Internship Program:** Henry Ford Hospital, Detroit, MI (1990-91). **Residency Program:** Henry Ford Hospital, Detroit, MI (1990-91). **Fellowship Program:** Louisiana State University, Lake Charles, LA (1995-96). **Board Eligible.** Dr. McGuire is an associate with Matthews Orthopedic Clinic located at 13670 Metropolis Avenue, Fort Myers.

If you think education is expensive, try ignorance.

A ROUND OF APPLAUSE TO THOSE WHO SUPPORTED FLAMPAC

Aleshire, Stephen
Antonio, Robert
Aouchiche, Rachid
Arpin, E. Joy
Axline, David
Bacon, Bruce
Barrow, Howard
Beaulieu, Jack
Beehler, Cecil
Bisbee, Charles
Bobman, Stuart
Borden, James
Bretton, Paul
Brown, Paul
Burtch, Gordon
Burton, Michael
Caangay, Deogracias
Carlino, Michael
Carver, Jack
Castellanos, Ronald
Chazal, Richard
Conrad, James
Correnti, Gary
D'Sosuza, Marshall
Dakos, William
Daniel, Jane
Dansby, Horace
Danzig, Michael
Davis, Richard H.
Davis, Richard M.
Delorio, Richard
Delans, Ronald
Delvalle, Emilio
Dupay, Edward
Eby, Charles
Eid, Robert
Eisenfeld, Larry
Elmquist, Trevor
Evans, William
Faisal, Mohamed
Feiock, Brian
Fenning, John
Fernandez, Richard
Fletcher, Donald
Fransway, Anthony
Fuller, Donn
Fuller, James
Gardner, Lawrence
Gardner, Ronald
Gerson, Robert
Gillie, Edward
Goroway, Mark
Grosflam, Jodi
Gutstein, David
Hagen, Warren
Hannan, Stephen
Harris, Brian
Harris, Keith
Harris, H. Scott
Harwin, William
Hedden, Michael
Hoffmann, Brian
Hoffman, Eliot
Howard, John Luis
Howard, Joseph
Howington, Francis
Hugill, John
Hummel, Brian
Isley, Joseph
Kagan, Abbott
Kagan, John
Kalemeris, George
Kini, Mukund
Knific, Randolph
Konowal, Alexandra
Lane, Richard
Larson, Dean
Leblar, Steve
Levine, Steven
Liu, William
Lozano, Alexander
Lynch, Leah
Magno, Alexander
Manalili, Simeon
Mangano, Mark
Martin, Benjamin
Martinez, Robert
Mestas, Jorge
Metke, Michael
Migliore, Anthony
Miller, Keith
Morell, Thomas
Morgan, Michael
Murray, Michael
Nicotra, Joseph
Pascotto, Robert
Penuel, James
Porter, Marvin
Prater, John
Quigley, Thomas
Reardon, David
Reeves, James
Reyes, Purita
Richman, Alan
Rizzo, Jasper
Rodriguez, Julio
Salko, Edward Sr.
Sapp, Larry
Savage, Douglas
Schaar, Thomas
Schoenfeld, Lawrence
Schwartz, Brian
Schwartz, Daniel
Schwartz, Stanley
Scott, Roger
Seidenstein, Lawrence
Shapiro, David
Schucavage, Bernard
Sidell, Peter
Siegel, Alan
Snead, John
Spear, Kim
Stapleton, Dennis
Steier, Michael
Sultan, Shahid
Swammy, Alagumalia
Sweeney, Michael
Teufel, Thomas
Toggart, Edward
Tsakalakis, Panagiotis
Turner, Robert
Van Beever, Bert
Van Sickler, Joel
Walker, Joseph
Walker, Robert
West, Steve
Wing, Glenn
Young, Marilyn
Yudelman, Paul
Yuvienco, Christopher
Zellner, Stephen
Zucker, Ira

VALUE OF MEMBERSHIP
From the Executive Director's Desk

I recently read an article published by another association manager which fit me perfectly with a few added nuances. It goes something like this...

I am an association executive...I have an advanced degree, by self taught and hard knocks, in public relations, human relations, business management, political science, marketing, graphic arts, hotel management, herding cats and marriage and family counseling.

I can instantly recognize the voice of all my members over the phone and recite from memory the exact date of their dues renewal and whether they've signed up for their spouse for the holiday party.

On demand, I can relate the exact voting histories of our state legislators on every voting issue that was, might have been, could have been or should have been of interest to the medical profession.

The media calls me a "special interest," but that doesn't make me feel very special.

I can make a meeting room both warmer and colder at the same time. I can predict the exact number of people that will attend our meetings, two days before I even set foot in the facility. I will go out of my way to negotiate a meal at the cost of $20.00 for exactly what each member wants.

I take personal blame for poor mail delivery, food cooked in fat, long check-in lines, rude people, over-regulation of government, under-regulation of government and the war in Bosnia.

I have enough Frequent Flyer points in the past 10 years to fly around the world, but don't have enough time or money to get off the plane.

I am expected to smile, empathize, sympathize, console, be apolitical, be non-political (and know when to do which), sing, dance, program the computer, clean the office, and fix the copier.

I am an association executive, I can do all these things and many more, while still convincing members we have value and taking every phone call from them. Ann

We learn from our mistakes...and most of us never lack for study tools.

HMO MARKET TRENDS

HMO giant U.S. Healthcare, now owned by Aetna U.S. Healthcare, recently agreed to pay 422 million to settle a class action brought by disgruntled investors who claimed that U.S. Healthcare executives misled them in late 1994 by suggesting that premiums would continue to increase and that medical costs were expected to decrease. The complaint alleged that instead, the company pursued a strategy that lowered premiums and caused medical costs to rise, including increasing capitation rates to physicians. (BNA's Managed Care Reporter, February 2, 1997).

New Jersey recently unveiled new regulations governing HMOs that have been described as some of the most progressive in the country. The rules require that any decision to deny or limit coverage must be made by a physician, that physicians must be free to discuss all treatment options with patients, that HMOs must disclose payment arrangements with physicians, and that a patient referred to a specialist must be given a choice of more than one specialist. HMOs are prohibited from retroactively denying coverage for services they have previously authorized and must have an internal appeals mechanism that providers and patients can access without being penalized. If appeals are not resolved internally, they can be appealed to an independent utilization review organization. (Hartford Courant, March 10, 1997).

A recent General Accounting Office investigation of the Miami and Los Angeles Medicare HMO markets found disenrollment rates as high as 42%. The GAO concluded that disenrollment rates should be available to seniors to allow them to make more informed choices. (Hospitals and Health Networks, February 5, 1997).

Happiness is found along the way, not at the end of the road

MANAGED CARE INFORMATION

If you have information you would like to share with your colleagues on managed care, use this Bulletin space.

MANAGED CARE CONTRACTS: WHAT TO LOOK FOR, WHAT TO ASK

Important questions every physician should ask before signing a managed care contract.

Source: Florida Medical Association, Office of Health Policy and Regulation

THE COMPANY

Before reviewing the contract, consider the company's profile and reputation. Investigating the reputation and general business practices of a Managed Care Organization (MCO) can save the physician valuable time down the road. Further, it will help you avoid the aggravation of contracting with an unreliable or nonreputable MCO.

Ask the MCO the following questions. Most of this information is provided in the company's annual report or listed with the Department of Insurance (DOI). Try to verify all information that is given to you by the managed care organization.

1. Is this a company you would like to contract with? Who owns the plan? Are physicians strongly represented on its board? Obtain a copy of the company's prospectus. Ask for references.
2. What is its reputation? How large is it in my area? What is its current number of enrollees? Try to verify information with DOI or Florida Association of HMOs (FAHMOs).
3. What kind of patient load can I expect? Will the number of patients provided by the contract offset the additional administrative burden? Ask for a list of employers that participate in the plan.
4. Is the MCO financially stable? Is it operating profitably? Request financial statements and try to verify the information with the DOI or your financial advisor.
5. Are its administrative procedures reasonable?
6. How promptly are claims paid?
7. How much interference can I expect when dealing with the quality assurance programs? Review procedures in advance.
8. Is board certification a requirement?
9. Is the plan appropriately licensed by the DOI? (HMOs are required to be licensed).
10. Is the company the ultimate payer or an intermediary network? A network may not be responsible for paying you.

THE CONTRACT

If you decide you would like to conduct business with the company, scrutinize your contract and make sure you understand the terms and conditions and can live with them. Consider the following issues and how they may affect your practice, financially, administratively, and in the way you deliver health care.

COMPENSATION

1. Is the compensation adequate? Consider the whole package (i.e., withholding provisions, patient case load, and capitation rates).
2. Is the amount of compensation specified in the contract? If not, do not sign the contract until the amount of reimbursement is specified.
3. Are there withholdings? Are the withholdings tied to utilization? Will they put me at financial risk? How will they affect the way I deliver medical care? Remember this is just as important as the capitated rate.
4. On what basis will the plan pay on a discounted fee-for-service? U&C? RBRVS? Can I obtain a copy of the reimbursement levels for the top 20 CPT codes billed by my office?

ADMINISTRATIVE

1. What is the company protocol? Can my current office staff comply with their administrative requirements? Would I have to hire more support staff?
2. Is there a definite time frame that the company must pay a claim? Is it satisfactory? Clean claims should be paid 45-60 days after submission.
3. Does the plan have access to patient medical records? If so, who obtains the patient's consent? This should be the plan's responsibility and it should reimburse for copying cost.
4. What are the mechanisms for patient/provider grievances and appeals.
5. What are the mechanisms for a quality assurance or medical necessity dispute. Is there protocol for emergency disputes? What are the alternative dispute resolutions (i.e. arbitration).
6. How quickly must I submit claims? Can my office provide claims that quickly?

MALPRACTICE INSURANCE

1. How much coverage does the contract require? Does it exceed the amount required by Florida law?
2. Does the company require that insurance be maintained by a carrier or can I self-insure? If you currently self-insure make sure the premiums are affordable.
3. Is the plan's network of specialists adequate? Obtain a current list in advance and make sure that it is updated periodically.
4. Will I be penalized for referrals within or outside the network?
5. Could this shift the financial risk of adequate patient care onto the physician? Check the withholding provisions contained in the contract.
6. Who is on the list of participating physicians and hospitals? Am I comfortable sending patients to them? Make sure the list is up to date.

OTHER ISSUES

1. How will the contract affect patients who are not members of the plan? Does the contract contain an "exclusive" provider clause? Be careful of any contract that contains a "most favored national clause."
2. What are the conditions for terminating the contract? Is notice required by either party? Is the notice acceptable? What happens to my patients if the contract is terminated? Can the contract be terminated without cause? If you are in a group practice, limit terminations for cause to only the affected physicians.
3. Can the contract be amended unilaterally? What happens if I do not accept the amendment?
4. Does the contract contain a provision to indemnify the MCO for legal expense? Is there a similar clause for the physician? Be cautious of clauses that provide rights to the MCO but not the provider.
5. Can I continue to provide care to patients who leave the plan? If the contract is terminated, how long am I responsible for providing patient care? If so, what will the payments be? Try to obtain a fee-for-service schedule in advance and have it updated periodically.
6. If marketing materials contain your name, make sure the contract stipulates that your review and permission must be obtained in advance.

FINAL CHECK

1. Review the contract one last time. Ensure that all blank spaces have been filled in and that all exhibits mentioned are included and have been reviewed.
2. Do you understand all of the clauses and conditions in the contract? Never execute a contract that contains clauses that you do not understand.

FMA Annual Meeting
May 28 - June 1
Sheraton Bal Harbour

AMA Annual Meeting
June 22 - June 26

LCMS General Meeting
May 19, 1997

NO MEETING IN APRIL

LEE COUNTY MEDICAL SOCIETY
P.O. Box 60041
Fort Myers, Florida 33906-0041

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