LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 20, NO. 10

Fort Myers, Florida
Mary C. Blue, Editor

February, 1997

NO FEBRUARY MEETING

NEXT SOCIETY MEETING MARCH 17th

Reverend Joe La Mar, Speaker

The Center on Corporate Responsibility

Father Joe La Mar is a Maryknoll Priest who, after serving as a missionary to Maya Indians in Guatemala for eight years, has become the director of the Office of Corporate Social Responsibility for the Maryknoll Fathers. In this position he has also taken an active role in the Interfaith Center on Corporate Responsibility (ICCR).

The ICCR is a North American Association of nearly 250 Protestant, Jewish, and Roman Catholic institutional investors including dioceses, denominations, pension funds and health care corporations. Through the ICCR Father La Mar has been sedulous, challenging companies on business practices in South Africa; foreign debt and appropriate development; human rights violations; international health (tobacco) and energy/environmental issues. These and other accomplishments have been achieved using persuasion backed by economic pressure from consumers and investors. They sponsor shareholder resolutions, meet with management and testify at U. N. and Congressional hearings.

Father La Mar has been seen on CNN Headline News, heard on CBS, NPR, NPR-Marketplace and other media productions.

As physicians we have an interest in the well being of all people. Regardless of where you are in your ideological struggle with these issues, you will find the story of Father La Mar's quest to put people first through a blend of social and fiscal responsibility a compelling and provocative one. I invite you to hear Father La Mar at the March 17th LCMS meeting. ◆

WE MUST DEFEND THE CUP!

The 2nd Annual Legal/Medical Challenge Cup Golf Tournament will be held at the Lexington Country Club on Saturday, April 12, 1997 at 1:00 PM. A more detailed participation form will be coming in the mail to all members. For more information, contact Dr. John Petersen at 939-9939. ◆

HAPPY VALENTINE'S DAY!!

George C. Kalemeris, M.D.

PRESIDENT'S MESSAGE

"Chaos"

The season has begun with a vengeance!!!

The resultant increased workload, medical staff activities, PHO activities, Medical Society activities, work and children's school activities and responsibilities seem to whirl around all of us like the bedroom furniture during Dorothy's fabled transport to Oz.

Amidst all this activity, the economic, contractual and political changes associated with our medical community often give me the perception that the world has gone crazy and chantic.

In reality, this is, of course, not the case but only appears so.

The perception of chaos in the world is often inaccurate. Many natural systems which at first appear to be chaotic, that is, without explanation (weather, turbulence, crystal growth) can be explained by simple linear and nonlinear equations. The seasonal workload is due to the desire of the multitude of "snow birds" to escape the north winds. The additional medical staff and PHO responsibilities are given to us now, when the majority of us are assured to be in town for meetings and, of course, the children's school activities are coincident with the tourism season.

Nevertheless, these stressors are often the backdrop or base of our perceptions which are then exacerbated by the economic, contractual and political changes lumped onto us, blurring our vision under the weight of these additional challenges.

Webster's dictionary defines "chaos" as a state of utter confusion or a state of things in which chance is supreme, especially the confused unorganized state of primordial matter before the creation of distinct forms.

We are in the midst of the predicted and long awaited economic transition phase of medicine, a fluid chaos of sorts which will lead us to a new distinct form.

This new world of ours is being created through the influences of managed care. We can argue the causes (limited dollars for increasing available services, excess capacity and availability of hospital capital, the developing physician glut) or the ethics of its influence (mostly bad), but it has had its influence and will continue to have influence for the foreseeable future over how medicine is practiced in our community.

So how do we not only survive but thrive in our changing healthcare environment?

Tom Peters wrote in his preface to Thriving on Chaos in 1987: "The true objective is to take the chaos as given and learn to thrive on it. The winners of tomorrow will deal pro-actively with chaos, will look at the chaos per se as the source of market advantage, not as a problem to be got around. Chaos and uncertainty are (will be) market opportunities for the wise; capitalizing on fleeting market anomalies will be the successful business's greatest accomplishment. It is with that in mind that we must proceed."

Mr. Peters was giving advice to American industries mental challenge of the rapidly changing industrial and service marketplace of 1987. His words continue to be useful to us today.

(continued on page two)

In This Issue...

AS I RECALL...

ROGER D. SCOTT, M.D.

"WHICH HOSPITAL"

From 1916 until about 1966 there was no question as to which hospital one went. The people of color in Lee County went to Jones Walker Hospital and the white people went to Lee Memorial. About 1965, Jones Walker was closed due to the desegregation of our county. In 1965, Lehigh Acres was spreading out and its first hospital, Lehigh Acres General Hospital opened, giving both people of color and whites a choice of Lee or Lehigh hospitals. I really never thought of there being two hospitals in the county at that time as the "big city doctors" mostly didn't go to Lehigh Acres ("*too far*"), and the "little country doctors" at Lehigh Acres didn't often come to town ("*too far*"). It was only when Ft. Myers Community Hospital opened its doors in 1974 that I personally, as did many of the other physicians, felt that there was a choice as to which hospital.

The development of Ft. Myers Community Hospital began about 1968 when a Presbyterian minister headed a group wanting to build a Presbyterian Hospital in Ft. Myers. Bonds were sold and land was purchased at Winkler and Broadway (now the site of a small strip shopping mall and multicomplex movie theater). A group of doctors, led by Jerry Laboda, DDS (Oral Surgeon) wanted to purchase space for an office building next to the proposed hospital. Stewart Hagen, Cecil Beehler, and Mike Kyle were the others involved. For some reason subscriptions just didn't go and the Presbyterian Hospital faltered. About 1970, Hospital Corporation of America joined with a group headed by Jerry Laboda to build a hospital but this eventually fell through. There was tremendous opposition by Lee Memorial against the development of a private hospital and the economy at that time was not very good, so it was 1971 when an entirely new group was formed. This group included the Jackson Brothers (developer and builders of nursing homes) along with CS&G (Cronin, Simons, and Goldberg-yes the famous "Mort"). This group then planned to build Community on 10 acres where the hospital now stands and Ft. Myers Community Inc. was founded between the doctors, Jackson Brothers, and CS&G. All of the local doctors were asked to join by buying stock in the new hospital. The Chairman of the Board of Directors of LMH said that any doctor who bought

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The Lee County Medical Society Bulletin is published monthly with the June and August Editions omitted.

MEMBERSHIP ACTIVITIES

NEW MEMBERS

Charles Brown, M.D. - Anesthesiology
Rafael Climaco, M.D. - Family Practice
Gary Correnti, M.D. - Neurosurgery
Patricia Dury, M.D. - OB/GYN
Martin Ebenger, M.D. - OB/GYN
Larry Farmer, D.O. - Emergency Medicine
Pamela Hackl, D.O. - Family Practice
Wayne Isaacson, M.D. - Anesthesiology
Marilyn Kole, M.D. - Internal Medicine
Alexandra Konowal, D.O. - Ophthalmology
Paul Lorenz, M.D. - Pediatrics
Leah Lynch, M.D. - Internal Medicine
Brent Myers, M.D. - Gastroenterology
Bruce Nakfoor, M.D. - Radiation Therapy
James Orr, M.D.-OB/GYN/Oncology
Brian Schwartz, M.D. - Urology
David Turkel, M.D. - Radiology
Michael H. Weiss, M.D. - Gastroenterology

RETIRED MEMBERS

Larry P. Garrett, M.D.
Elias Luis D. Dia. M.D.
Wallace Graves, M.D.

MOVED

Lowell Gerber, M.D.

RESIGNED

David B. Sudderth, M.D.

CLASSIFIED ADS

Classified Ads are only for Physician Members of the Society's use.

Fully furnished 1300 sq. ft. physician's office in Lehigh. Available for sublease full and/or half days.. call Stacie 481-4000

PRESIDENT'S MESSAGE *(continued from page one)*

Those who doubt its effect are doomed to be most influenced by it. Those of us who feel that managed care has "won" and are willing to review this new landscape will pro-actively find ways of working ethically within this new environment and thrive. It is only by adapting to our new environment that we will be able to provide high quality medical care to our patients. ◆

MINI-INTERNSHIP PROGRAM

On January 20 & 21, 1997, the LCMS provided a two-day mini-internship program in which the following physicians and business professionals participated: Seated from left to right are: Ms. Verna Rice, Accountant, Lehigh Acres Fire Department; Ms. Erika Zurakowski, Administrator in Training, Health Park Care Center; Harvey Tritel, M.D., Internal Medicine/ Cardiology; and Ms. Dorothy Blewitt,RN, part-time worker for Hope Hospice and the Red Cross. Standing from left to right: David M. Reardon, M.D., Coordinator of this program; Ms. Debbie Middleton, Manager Medical Staff Services for Columbia East Pointe Hospital; Ms. Spring Rosen, Administrator for HealthPark Care Center and Thomas E. Teufel, M.D., Hemotology/Medical Oncology. Not pictured: Richard M. Glasser, M.D., Ophthalmology and Lee Litvinis, M.D., Internal Medicine/General Medicine.

All the interns were invited guests at the General Membership Dinner Meeting on Monday, January 20, 1997, and for a debriefing breakfast on Wednesday, January 22, 1997 at Columbia Regional Medical Center of SWFLA. The debriefing breakfast provided an opportunity for the interns to share their thoughts and feelings about their experience; a few comments from the participants were:

"For two days with the physicians I witnessed the hectic pace demanded of doctors, immediate decisions, sincere concern, compassion and empathy given in a matter of precious minutes. Thanks to this program I hope to apprise the community of the dedicated work of our local physicians. I appreciate the time given by the physicians." **Dorothy M. Blewitt, RN**

"No one could truly understand and appreciate the life and hours of a doctor until they've walked in their shoes at least one day". **Ms. Erika Zurakowski, AIT**

"The opportunity to be with Dr. Tritel in the hospital doing rounds, surgery and going to the ER was the most exciting day. I hope he will participate in the future. He is a natural teacher." **Ms. Spring Rosen, Administrator**

Our thanks to David M. Reardon, M.D., who was the program coordinator and to all the physician faculty. ◆

LEGISLATIVE DOCTOR OF THE DAY

The Doctor of the Day serves as the official physician of either the House of Representatives or the Senate during each day the legislature is in session. It's a great program aimed at teaching you more about the legislative process. To participate as Doctor of the Day during the 1997 legislative session, which begins Tuesday, March 4 and is scheduled to conclude Friday, May 2, please contact the Florida Medical Association at (800) 762-0233 to schedule your day in the legislature. ◆

LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectfully submitted by Sue Backstrand, Corresponding Secretary

1997 Charity Ball

Work is well underway for the 14th Annual Charity Ball "A Night on the River Nile," to be held at the Ritz-Carlton in Naples, on May 24th, 1997. Please mark your calendars so you can partake in what is sure to be another wonderful Gala. Sponsorship request letters were mailed in November and many donations have been received. Thank you to all of those who have already donated and we encourage others to support this wonderful event by being a Charity Ball Sponsor.

First Ever Doctors Day Run/Walk

Fun for all in the family at our first ever 5K Run/Walk before the Doctors Day Picnic on March 23rd at Lakes Park. Prizes for all participants Proceeds to benefit AMA-ERF. If anyone has any questions, has ideas for prizes, or wants to sponsor the T-shirts, Please call Debbie Hughes, LCMSA chairman of the run at 489-0212. Look for sign-ups in the March newsletter. Hope to see you there!

AMA-ERF Campaign

Our Holiday Sharing Card was a beautiful rendition of helping hands. Thank you to all those helping hands who raised $14,400.00 toward scholarships & research for medical schools.

Holiday Sharing Card corrections

A thank you goes out to Dr. Steve & Jane West, Dr. Michael & Janice Danzig & Dr. Richard & Linda Chazal for their contribution to AMA-ERF. Their names were left off the card due to deadline for printing. ◆

THE QUESTION MAN

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

"SHOULD INSURERS BE REQUIRED TO PAY FOR EXPERIMENTAL TREATMENTS FOR TERMINAL PATIENTS?"

Thomas E Teufel, M.D.
Oncology/Hemotology

"Experimental therapy is important for developing new treatments. However, I do not feel the burden of experimental therapy should be born by the insurers.The pharmaceutical industry is the one that clearly benefits from much of these treatments when they are finally incorporated into the standard of care and therefore they should carry the burden of pain for experimental protocols".

Michael G. Raymond, M.D.
Oncology/Hemotology

"Insurers should be required to pay for the cost associated with the care of terminal patients regardless of whether they receive standard treatment or experimental treatment for palliation of their symptoms. Investigational drugs are always provided free of charge by the sponsoring organization".

MARCH'S QUESTION

"Will Regional Hospital-Initiated PHO's control managed care contracts in our area?"

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

FMA AD HOC COMMITTEE ON PHYSICIAN PROFILING UPDATE

The Ad Hoc Committee on Physician Profiling, appointed by the President in August, met on Friday, January 17. The committee is addressing two distinct issues: physician profiling - the release of physician information to the public; and physician discipline - improvements to the disciplinary process, creating a more effective system. Position papers are being developed by the committee for review and policy action by the Board of Governors. FMA physician leaders and management staff have been meeting with government and legislative representatives to voice concern over the proposed release of information by the Agency for Health Care Administration and the Department of Insurance. The Ad Hoc Committee on Physician Profiling is chaired by FMA President-Elect Cecil B. Wilson, M.D. Other members are: Drs. Dennis Agliano, Mathis Becker, Glenn Bryan, Barbara Harty-Golder, Patrick Hutton, Michael Redmond, Alvin Smith, and Richard Bagby as an advisor. ◆

Comments from FMA members should be addressed to Dr. Bagby at:

FMA, P.O. Box 10269, Tallahasse, FL 32302 - Other members of the committee would also like to hear from you.

THE SEVEN DEADLY SINS OF MEDICINE

By Barbara Harty-Golder, M.D., J.D.

MEDIEVAL THEOLOGIANS traced a good many of the world's evils to the seven deadly sins of mankind: pride, avarice, lust, anger, gluttony, envy and sloth. The same shortcomings are often the basis of risk management disasters in modern medical practice. Take a little time for reflection on the state of your own practice with respect to the seven deadly sins of medicine.

PRIDE

Pride in person and pride in practice are fundamental to good medical care—after all, every physician should have confidence in himself and his work. Projecting that pride is another matter. Florida law strictly regulates the ways in which physicians may advertise, including limitations on which honors and board certifications may be listed on letterheads, in patient information brochures and in print or media ads. Take time to review all information disseminated with your name on it to insure that it complies with the very specific rules that regulate physician advertising.

AVARICE

Insurance fraud, particularly in the Medicare and Medicaid arenas, is an increasing focus of action by both the Agency for Health Care Administration and the Justice Department. "Creative billing" in medicine may be a tempting way to make up for drops in income that result from managed care and restrictions on health care funding—but it is a dangerous practice. Insure that your billing office recognizes the what, where, when, why and who of charging for your services. When in doubt, seek help—don't assume that good faith is enough to carry the day.

LUST

Every year, physicians are disciplined, usually severely, for having inappropriate sexual relations with patients. In this day and age, a physician accused of sexual impropriety (from dating to fondling) is very nearly in the position of proving innocence. And, unlike in the past, allegations of impropriety are increasingly against female physicians as well as their male colleagues. Conduct your personal life and your practice in such a way that no credible charge of sexual impropriety can be brought against you.

ANGER

Intemperate words have gotten many a physician in trouble—sometimes causing a malpractice suit to be filed against a colleague, sometimes against himself. Further, remember that intemperate words can result in allegations of libel or slander—against patients or against colleagues. Finally, the hotheaded physician generally sacrifices the all important support and assistance of both colleagues and staff. Learn proper anger management techniques.

GLUTTONY

Biting off more than you can chew is a great way to make mistakes It is often the overworked, overscheduled physician who misses important symptoms, fails to follow up on critical clinical information, or otherwise "drops the ball." Understanding and working within one's own limitations is increasingly difficult in a world which expects every doctor to work more for less compensation— but it's a critical skill to cultivate if you want to stay out of court.

ENVY

Competition can breed contempt and corruption at least as often as it fosters excellence. There is a need for a wide range of physicians, with varying styles of practice and different patient bases. Find your spot, fill it, and avoid comparing yourself unnecessarily with your neighbors.

SLOTH

All too often, physicians find themselves in a malpractice suit for simple failure to follow up on a regular or routine clinical situation. Adjusters will confirm that the highest risk times for incidents are nights, weekends and holidays—times when physicians "off duty" don't want to be interrupted. Avoid giving in to the temptation to wait until morning, or put things off. If your clinical judgment tells you that a problem might be brewing, address it *now*. Waiting almost never improves a bad situation.

The Medieval masters were right. Avoiding the seven deadly sins can only improve life—even as a physician in the waning years of the Twentieth Century. ◆

IS MEDICARE PART B DENYING YOUR CLAIMS??!!??

The Medicare Part B program is working together with the FMA and the many specialty and county medical societies to identify and inform the medical community regarding how to avoid unnecessary Medicare denials. By following these simple tips, you could avoid the need to refile your claims or request reviews for these common denials. Currently, the Medicare carrier has identified the following procedures/billing practices which resulted in over 200,000 unnecessary denials during the month of December:

Reason #1: Diagnosis not payable for service billed.

You will see this denial when the ICD-9 diagnosis code you billed is not considered "covered" for the procedure code rendered. This means the Medicare carrier will only pay the service for certain ICD-9 diagnosis codes.

The top codes affected this past month were: Clinical lab codes which included 80162(digoxin), 82270 (occult blood), 82378(CEA), 82728(ferritin), 82746(serum folic acid), 82985(glycated protein), 83036(glycated hemoglobin), 83540(iron), 83550(iron binding capacity), 84153(PSA), 84466(transferrin), 85610 - 85652 (prothrombin time, non-automated erythrocyte sed rate, automated erythrocyte sed rate), 86149 (CEA - gel diffusion), 86151(CEA - RIA or EIA), 86316 (immunoassay for tumor antigen), 86592 -86593 (syphilis qualitative or quantitative), 87086 - 87088 (urine cultures), 88150 - 88157(pap smears), 88348(electron microscopy, diagnostic), chest x-rays (71010 - 71035) and other diagnostic services such as EKSs (93000 - 93010).

While some of these denials are appropriate based on current Medicare policy, many are billing errors which can be avoided by:

a) Always checking the Medicare Update!

b) Accessing the Medicare Bulletin Board System (BBS). The call is FREE if you're a participating provider.

c) Purchasing an inexpensive booklet($15.00 + tax) from the Medicare carrier.

d) Contacting the Medicare customer service (904) 634-4994.

Reason #2: Diagnosis reference code not indicated.

When you enter an ICD-9 diagnosis code on the claim form, you have to put a reference code in block 24e next to the detail (1, 2, 3 or 4), not the ICD-9 diagnosis code. By putting the reference code number on the same line as the service, Medicare will know which condition (ICD-9 diagnosis code) the patient had which warranted the service. Unfortunately, if you indicate the ICD-9 diagnosis code but don't indicate the reference code, according to HCFA guidelines the Medicare carrier will have to deny the service.

Reason #3: Didn't indicate the UPIN of the referring physician.

Remember, any time you bill for laboratory service (80002 - 89399 including venipuncture (G0001), any consultation (99241 - 99275), any radiology service (70010 - 79999) or diagnostic service (90600 -90654, 90900 - 92260, 93000 - 93350, 93555 - 94799, 95805 - 95999) you must indicate the UPIN of the ordering physician - even if that physician is you!

AS I RECALL *(continued from page one)*

stock in this new hospital might as well forget about practice at LMH. Well, this was "waving the red flag before the bull" and most all of the doctors immediately bought stock in the new hospital!

In 1974, the 200 bed Ft. Myers Community ("The Doctor's Hospital") opened with only a North Tower with 3 floors. Additional land was obtained over the course of time, and in 1976 the South Tower with 200 more beds was built.

One of the most painful and sad remembrances I've had in my practice occurred in the first few months that Community Hospital was open. An older gentleman was scheduled for a hernia repair, and in those days, hernias were done as inpatient. The patients were admitted the evening prior for surgery the following day, and usually kept for 3 or 4 days postop. I visited the patient the evening of admission, and we discussed his surgery and he seemed fine. An anesthesiologist visited him that night, talked with him, and he seemed fine. Somewhere around 11 or 12PM, the nurse phoned me stating that "Mr. X got hung". I simply said "What did he get hung on?" and she said "the shower rod". I said "Oh, how is he?" and she said "He's dead, but we have been resuscitating him with a ventilator". He apparently had taken his belt and literally hung himself in the shower because of being so fearful of surgery. Mr. X expired in 24 hours. This was truly a sad situation and still bothers me.

It's hard to realize that we now have six major hospitals (sorry, we only have five-remember Lee Memorial is one hospital in two locations!), and multiple outpatient facilities, plus many extended office facilities. ◆

HUMOROUS SOUND BYTES

MEDICAL MALAPROPISMS: "SMILING MIGHTY JESUS"

While spending some time in the Appalachian Mountains, one of the rural physicians there told me a true story about an elderly local woman who brought her husband to the E.R. with crushing chest pain. Despite their efforts, the E.R. docs could not resuscitate him, and the man died. The stoic old woman was found in the waiting room explaining to the family that their father died of a "massive internal fart."

Obviously the E.R. doc had told the woman that her husband died of a "myocardial infarct"; however, that was not what she heard or understood. Her words made sense to her ("he just BLEW UP inside"). The physician's words did not make sense.

Medical malapropisms are humorous examples of the language barrier that exists between physicians and our patients. One has to laugh at the tragic irony of a person using such a happy uplifting phrase "smiling mighty Jesus" for the potentially devastating disease of spinal meningitis.

Another family physician tells the story of seeing an older adult woman in his office for the first time. While obtaining a thorough past medical history, the patient tells him that she had had "fireballs in my universe." Not to be shaken, he asked "And how did your doctor take care of them?" "I had a hysterectomy," she replied.

"Fireballs of the Eucharist" and "fibroids of the Eucharist" are other medical malapropisms reported for fibroids of the uterus.

"*Sick-as-hell anemia*" (sickle cell anemia), "old-timers' disease" (Alzheimer's), "infant milk formula" (Enfamil formula), "blood clog," and "mind-grain headaches" are examples of phrases that in some ways make more sense than the original expression. O such as "prostrate exam," "Valium stress test," "Cadillac arrest," and "throat sculj are humorous in their nonsense.

Patients perceive and interpret this foreign language of medicine in unique and fascinating ways. As physicians, we must always be aware that what we *say* to our patients may be very different from what they *hear*.

If you come across interesting medical malapropisms, I would appreciate your sharing them with me. ◆

—Lee Montgomery, M.D., Florida Hospital Family Practice Residency, 2501 North Orange Avenue, Suite 235, Orlando, FL 32804, or E-mail LGomery@worldnet.att.net

Reprint: FL AFP/Winter 1997

CORPORATE PRACTICE OF MEDICINE UNDER FIRE

Texas has become the first state to take action against corporate interference with medical judgment. In Dec., 1996, the Texas Board of Medical Examiners, consistent with section 3.060(1) of the Texas Medical Practice Act, took the position that the determination of medical necessity or appropriateness of proposed care, so as to effect the diagnosis or treatment of a patient, constitutes the practice of medicine. Further, a person who practices medicine in Texas without a license or permit, so as to cause financial, physical, or psychological harm, shall be subject to prosecution for a third-degree felony as provided for in section 3.07 of the Medical Practice Act.

Those who might be suspected of violating this Act include insurers, case managers, third-party review companies, agency employees, managed-care companies, managed-care gatekeepers, and out-of-state medical directors.

It is expected that this policy will be challenged in court.

The California board also intends to expand its role in enforcing the ban on the corporate practice of medicine, according to an Action Report of October, 1996. The purpose of the prohibition is to "protect patients from interference with a physician's judgment....The physician should not be forced to choose between the dictates of his or her "employer" and the best interest of the patients. ◆

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