

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 22, NO. 4

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

July, 1998

LEE COUNTY MEDICAL SOCIETY

1998-99 GENERAL MEMBERSHIP MEETING DATES

Notice of Date Change for September only

Monday, September 14, 1998

Royal Palm Yacht Club
2360 West 1st Street

Program: "Joint Meeting with
LCMS Alliance to Greet Candidates
Running for Political Office"

Time: 6:30 p.m. Social Time

7:00 p.m. Dinner

7:30 p.m. Meet the Candidates

Cost: \$25.00 for Guests
or Retired Members

Monday, October 19, 1998

Speaker: Catherine Larned, M.D.

Program: "Motor Vehicle Laws,
DUI and Physician Responsibility"

Time: 6:30 p.m. - Social Time

7:00 p.m. - Dinner

7:45 p.m. - Program

Cost: \$25.00 for Guests
or Retired Members

Monday, November 16, 1998

Royal Palm Yacht Club
2360 West 1st Street

Speaker: Patrick B. Haggerty,
Journalist & Political Humorist

Topic: "Political Outlook for 1999"

Time: 6:30 p.m. - Social Time

7:00 p.m. - Dinner

7:45 p.m. - Program

Cost: \$25.00 for Guests
or Retired Members

December 7, 1998

The Veranda Restaurant
2122 Second Street

"Holiday Party"

Time: 7:00 p.m. - 11:00 p.m.

Cost: \$35.00 for Guests
or Retired Members

Corporate Sponsor:
Northern Trust Bank

Monday, January 18, 1999

Installation of Officers

FMA President,
Glenn Bryan, M.D.
has been invited

PRESIDENT'S MESSAGE

David M. Reardon, M.D.

"A FAMILIAR BUT SPECIAL SANCTUARY"



It is often the everyday things in our lives that become so much a part of us that we fail to recognize any consequential impact it may have on our perceptions and understandings. The doctors' lounge is one such place. Some of us are regulars, dwelling longer than we should after our supposed business there is finished. Others dart furtively in and out hoping they will go unnoticed and therefore undisturbed. Then there is the mere fact that the hospitals have provided a place that offers us, as of this printing, three meals a day and snacks gratis. Not to be forgotten are those women and men keeping these homes away from home well stocked and clean for whom we should be greatly appreciative. But more than any of these physical comforts, the doctors' lounge is a sanctuary sought out many times a week by all of us, it provides us with more than calories and a chair in which to sit. It is a nucleus of medical life where we meet with peers in an atmosphere that allows us to discuss topics we may not feel free to bring up on the wards, in the hallways, or in our offices. It also stimulates a manner of approaching issues that is less likely to occur in other more restrictive environments. I am thankful for this little luxury and would like to share with you my considerations on the matter.

They must all be somewhat alike. Those places off the hospital's busy corridors where we slip through the unmarked door into a temporary refuge from our busy office schedule, papers, callbacks, interruptions, and numerous other distractions that put one in that pre-lunch edgy mood.

There is usually too much of the wrong kind of furniture scattered haphazardly about as if an El Nino triggered twister had just touched down on its way to a trailer park in South Georgia. A cacophony of brightly timbered sounds rise up and swirl about the room like the steam emanating from the shiny stainless steel buffet warmers oddly angled along the counter. Some tables are overstuffed and seem to draw an ever enlarging crowd as bleary docs attempt to squeeze through the multitude, balancing plates piled high in ways that would make an MIT mechanical engineer envious, in hopes of landing the twelfth and final seat at the nine seat table; not wanting to miss the latest story or offer their own recount. Urns of seemingly, self-renewing coffee give off an aroma that mingles with the latest entrees from the chef.

The crowd thins as strangely satisfied customers return to the barrage that has become their life in medicine. What remains speaks about those who have sought their repose here. Many places

are left spotless by the fastidious and compulsive. Other areas are littered with remnants of a hurriedly consumed salad and soiled napkins; a glimpse into one who is always a little behind schedule. Other settings have plate, silverware, and drink left by someone who is still waiting for their mother to clean up behind them. Varied are we all.

I remember my first encounter with the doctors' lounge. The University Hospital did not have such a place, at least not one I discovered or would have been allowed to enter as a third year medical student. Ahhh, but a fortunate break in my schedule afforded me a cushy rotation with a surgeon in private practice. My first day with my new attending, he escorted me to the inner sanctum where they were serving roast duck. It wasn't free but for \$1.50 on my attending's account, it wasn't bad and I was hooked.

Sometimes, in something as ordinary and mundane as a meeting place for meals, we fail to appreciate the greater significance. From those first experiences I have come to realize that these havens provide much more than physical nourishment. The doctors' lounge is often a fertile ground where ideas are planted, grow, and become strengthened by the cross-pollination which results from the lively exchanges of opinions as different as night and day. The meal and the table serve as a focus and the springboard. Coming together over a meal has long been important in many cultures as a means of relaxing, getting to know others, developing relationships, and the telling of tales.

There is a strong oral tradition in medicine. Because our time is usually limited and the written word can only be referred to as a reference later, much of our education and training has been passed on orally, from attending to resident, resident to intern and so on. The doctors' lounge facilitates this oral exchange. Second opinions are sought and given, results of consultations are discussed, strategies of dealing with managed care and bad investment advice are all available daily - some are better values than others.

Medicine is a unique profession in many ways. I can think of few other professions that are afforded the opportunity of having such a forum that enables us to interact with such a concentration of our colleagues on a regular basis. It has an environment ideal for forging bonds and promoting interchange that has the potential to positively impact patient care, delivery of care, and promotion of our proud profession. Next time you leave the hospital hallways and enter the security of the doctors' lounge, be cognizant of the special role it plays in our lives. Be thankful for it and enjoy it. See you there.

AS I RECALL...

Roger D. Scott, M.D.

"GROWN KIDS"

Kids (not goats) do grow up. Some of the local physicians in the past and present have had that status (i.e. kids), and this article is intended to reveal these personages. Please be advised that I have not with intent omitted any of the physicians, but it is impossible for me to remember everybody's birthplace and such.

Angus D. Grace (IM) was one of the first kids to grow up in Fort Myers. He went to medical school at Tulane and returned to Fort Myers to practice. He was born in Graceville, FL and was the son of an old local Fort Myers GP, Willie Grace. Angus and Charles Peres formed the Grace Peres Clinic in East Fort Myers. Clifford E. Vinson (Uro) born in FL grew up in Fort Myers and returned to practice 1958. His father was a local urologist also (I think). Adrian Pollock (Peds) born and grew up here and died a few years ago at a young age. All of the above gentlemen are deceased.

Carey N. Barry (our 1st Board Certified Urologist) was from Clearwater and came to Fort Myers after W.W.II to practice. Frank M. Bryan (IM) born in Osceola County, grew up in Fort Myers and began practice late April 1957. Frank was our 1st Board Certified Internist. Roy Giles (GP) born in Fort Myers, returned here from the second graduating class of the University of Miami Medical School to general practice. H. Quillian Jones, Jr. (Surg.) born in Fort Myers on the 4th of July at the home of Dr. H. Quillian Jones, Sr. (GP-Surg.). Quill thought that everybody was celebrating his birthday on the 4th of July until he was about 10 or 12 years old when he finally realized that it really wasn't his celebration. John Agnew (Int.), Miami, our mailbag writer, and gas passer Larry Garrett (Anes) was born in De Funiak Springs. All of the above are retired.

In about 1968 I was quoted saying that I had just changed from the oldest of the young doctors to the youngest of the old doctors. The following younger doctors are now rapidly progressing from young to old doctors. David C. Brown (Eye) born in Immokalee is really very senior. George Allen Ball (IM) born Fort Myers Beach and named for local attorney George Allen is married to Jane

(continued on page two)

1998 LEGISLATIVE SESSION REVIEW PLENTY OF GOOD - NOTHING BAD

by Linda E. Barr

The only piece of legislation generated by the FMA that passed the legislature this year in the same form it was filed was the bill removing the 1.5 percent PMATF tax from free standing radiation therapy centers. Unfortunately, that was probably the one bill we didn't want to pass in its original form. We had hoped to add language to the bill removing the tax form ambulatory surgical centers, clinical labs and diagnostic imaging centers, but the Bill's House and Senate sponsors resisted adding the other facilities for fear the governor would veto the entire Bill.

Don't get me wrong, the physicians of Florida should be pleased with the outcome of the 1998 legislative session. After 11 sessions, I know that very little will pass the Florida Legislature in the same form it was introduced. I've also learned that most success in the Legislature is derived from defeating negative legislation rather than passing all of our positive legislation.

(continued on page two)

In This Issue...

President's Message	1	LCMS Delegates/Alternates	3
As I Recall	1	Lee County Resolutions	4
Legislative Review	1	Haiti Project Needs Physicians	4
The Question Man	2	LCMS Alliance News	5
1998 FMA Annual Meeting	3	Y2K - Y Me?	6

LEE COUNTY MEDICAL
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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 ACTIVITY

DROPPED

Howard Eisenberg, M.D.
Brenda Keefe, M.D.
Marc Yaloff, D.O.

RETIRED

Warren Hagen, M.D.
Felicitas Ritrosky, M.D.

AS I RECALL... (continued from page one)

Grace Ball, daughter of Dr. Angus Grace. John Kagan (Ortho) born in Fort Myers (delivered on Cox II in old LMH). Abbott Kagan (Ortho) born in Illinois and grew up in Fort Myers. Rex Stubbs, Jr. (Gyn) grew up in Fort Myers, son of Rex Stubbs, Sr. Fort Myers first Anesthesiologist. Ed Salko, Jr. (FP) was the first of the five Salko boys with the last two being born in Fort Myers, father was Ed Salko, Sr. (GP) who came to Fort Myers in 1959. Fred Burford, Jr. (FP) came to Fort Myers in 1959 at age "1", son of Fred Burford, Sr. (IM). Francis Lee Howington (Gyn) (another old one), born in Orlando came here in 1968. Richard Chazal (Card) third generation Okaloosa. Jim Penuel (GI) born in St. Petersburg. Mike Sweeney (Surg) grew up in Fort Lauderdale. John Fifer (Ortho) born in Fort Lauderdale, his father was a pediatrician and was Bob Buchholtz's (Psych) pediatrician. Jack Bartlett (Peds), Cecil Miller (Anes), David Butcher (Neph) attended elementary and high school together in Sarasota. David and Cecil's fathers were both physicians. Larry Sapp (Anes) born in Trenton, FL long ago. Steve Zellner from NJ to Miami at age 13 has been here for 24 years now. Joe Tienstra (Rad) from Deerfield Beach, his father a surgeon. Tuck Wilson (gas passer) was born in Miami. Gordon Burch (Surg) grew up in Fort Lauderdale.

Now the really young crowd consists of John (Plastics) and Steve (Anes) Ritrosky, sons of Drs. John and Felicitas Ritrosky. Leah Lynch's (IM) mother living in Fort Myers went back home to Punta Gorda for Leah's delivery and then returned to Fort Myers where Leah grew up. David (Gyn) and Charlie (Anes) Brown were both born in Fort Myers. Brian Hoffmann grew up in Fort Myers and lived in a house on a lot that I sold his parents. Dr. Howard (IM) and Carolyn Harris (GI) produced Scott (GI) (not named for me), Brian (Derm) and Keith (Derm) who grew up in Fort Myers. I am a few years older than these doctors except for the deceased ones, and Frank Bryan and Carey Barry. It has truly been a pleasure to see many of our kids grow up and become fine physicians.

I would appreciate it if those omitted from Florida and Fort Myers would send me a birth place etc. It would be nice to have this information in my memory bank.

LEGISLATIVE REVIEW... (continued from page one)

THE GOOD THINGS THAT PASSED

- HMO Prompt Payment:** In a compromise with HMOs, we passed CS/HB 1843, requiring that HMOs pay clean claims within 35 days after receipt. If the HMO contests a claim it has 35 days after receiving the claim to notify the provider in writing of the specific reasons for contesting the claim and to request additional information. The provider then has 35 days to respond, and after that the HMO has 45 days to pay or deny the claim or it must pay ten percent interest per year on the claim. This law will become effective October 1, 1998.
- Centralized/Uniform Credentialing:** Due to the increase in credentialing activities, the Legislature recognized the need for a uniform credentialing procedure and passed CS/HB 4515, creating Credential Verification Entities (CVEs). A practitioner chooses a CVE, where all data will be submitted on a one-time basis for use by other health care entities to use for credentialing at the practitioner's direction. The Department of Health will be one CVE and the law will become effective July 1, 1999.
- NICA:** In response to a recent Florida Supreme Court ruling, the Legislature passed CS/SB 1070, clarifying that an administrative law judge has exclusive jurisdiction in determining the applicability of NICA. The law also creates a study of the actuarial soundness of the fund and the feasibility of lowering the qualifying birth weight from 25 grams.
- Financial Responsibility:** A mistake last year changed the law to require a physician who does not carry malpractice insurance to post a conspicuous sign informing patients of the lack of insurance and to have patients sign a statement acknowledging that he/she knows the physician has no insurance. We successfully passed an amendment to CS/SB 2128 changing and to or.
- 1.5 Percent Tax:** CS/SB 570 repealed the indigent care tax paid by free standing radiation therapy centers.
- Pharmaceuticals/Emergencies:** Another amendment to CS/SB 2128 allows emergency physicians to dispense medications in the emergency department.

THE BAD THINGS THAT DID NOT PASS

- Financial Responsibility:** The Tort Reform Bill the Senate originally passed included a provision requiring all physicians who have hospital staff privileges to maintain \$250,000 in malpractice insurance. It took some persistent lobbying by your paid lobbyists and some very strong, effective lobbying from the physicians of Florida (Good Job!) to get this nasty provision removed during conference committee meetings. The Tort Reform package did not include this requirement when it passed the legislature.
- Complaints:** We defeated HB 1197 in committee, preventing the disclosure of complaints against physicians prior to a finding of probable cause. Current law requires that probable cause be determined ten days prior to such a finding being publicly disclosed.
- Wrongful Death Expansion:** Luckily, this proposal was dead before session started.
- Scope of Practice Issues:** We killed a number of proposals designed to expand the scopes of practice for several health related professions, such as: mandated hospital staff privileges for optometrists; allowing ARNPs prescriptive authority for controlled substances; allowing psychologists to prescribe psychotropic drugs; allowing pharmacists to administer immunizations; and creating "pharmacist practitioners" who would be able to practice medicine in certain circumstances.
- Name Badges:** CS/SB 932 would have required physicians and other health care workers to wear name badges identifying them as an MD, RN, PA, etc. at all times (even in their own private offices.)

THE GOOD THINGS THAT DID NOT PASS

- Due Process:** This Bill was unrecognizable after it went through the committee process. What started out as legislation to provide physicians treating HMO patients with an opportunity to be heard if the HMO removes them from a panel ended up as a questionable "continuity of care" bill. Even if CS/HB 1087 or CS/SB 2080 had passed as amended, physicians would have been no better off than without the bills.
- Provider Sponsored Organizations:** The original version of this Bill was also extensively watered down to the point that the FMA felt it wasn't worth pushing. The ERISA exemption language was removed for physicians and PSOs, which was really the core of this proposal.
- Wingo/Physician Self-Referral:** The hospitals and radiologists successfully buried this Bill in the Senate. The House version came out of committee with language acceptable to the FMA, allowing group practices providing designated health services to treat patients referred by outside physicians with no financial interest in the group practice, as long as 50 percent of the patients receiving such treatment were patients of the group practice physicians.
- Telemedicine Licensure:** Working with the Florida Radiological Society, legislation passed a House Committee creating the Telemedicine Task Force to study the need for licensure in Florida, but the Bill stalled.
- HMO Bad Faith:** These good Bills were never heard in the House or the Senate.
- Medical Tort Reform:** The two issues the FMA advocated but which were not in the Tort Reform package were: 1) requiring that expert witnesses in medical malpractice cases be actively licensed and practicing/teaching in the same specialty as the defendant physician; and 2) allowing the defendant physician's attorney to speak informally with the plaintiff's subsequent treating physicians without going through the formal discovery process.

These were the main issues I felt should be addressed in this limited space. We monitored a large number of bills and the government relations office has complete records of the outcomes of all legislation affecting the practice of medicine. While we did not get everything we wanted, we also did not allow any harmful legislation to pass. So, all in all the 1998 legislative session was positive for Florida physicians.

ATTACHMENT A

ISSUES SUCCESSFULLY PASSED BY THE FMA

- HMO Prompt Pay** requiring clean claims to be paid in 35 days or be subject to interest. (CS/SB 1584)
- Centralized/Uniform Credentialing:** Create a uniform credentialing form and require HMOs, hospitals, etc. to use the credentialing organization of the physician's choice to collect the core data. (CS/HB 4515)
- NICA:** Clarify the administrative law judge determines applicability of NICA, not the trial judge; study actuarial soundness of the program. (CS/SB 1070)
- Repeat duplicative patient notice requirement** for physicians who self insure, allowing physicians to either post a sign or provide each patient with a written statement. (Amendment to CS/SB 2128)
- Repeat the 1.5% indigent care tax** on outpatient radiation therapy centers. Note: This is a partial victory. The FMA and specialty societies sought repeal of the tax on all outpatient facilities providing the designated services. (CS/SB 570)
- Transfer the child protection teams** to the Department of Health. (CS/SB 1646)
- Improvements to the HIV testing laws**, making confidential HIV testing more like testing for other diseases. This legislation represents an incremental success to the FMA overall HIV testing laws goals. (Amendment to CS/SB 714)
- Allow emergency physicians to dispense medications** in the emergency department. The Florida College of Emergency Physicians had the lead on the issue. (Amendment to CS/SB 2128)
- \$1.2 million increase to CHEC funding** for funding residency programs
- \$100,000 increase in the PRN program**

ISSUES SUCCESSFULLY DEFEATED BY THE FMA

- Requirement that all physicians who have hospital staff privileges** to maintain \$250,000 in professional liability insurance. (Senate Tort Reform Package - CS/SB 874)

(Continued on page four)

THE
QUESTION
MAN

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

JULY'S QUESTION: "HOW DO YOU FEEL REGARDING PHYSICIAN UNIONIZATION?"



Pamela Hackl, D.O.
Family Practice



Ralph Gregg, M.D.
Anesthesiology



James Rubenstein, M.D.
Radiology

"I presently do not feel the need for physicians to unionize. We have too many organizations to be involved with already."

"After the presentation at our recent FMA Annual meeting in Orlando, I cannot support physician unionization. The bottom line is that non-employed physicians cannot collectively bargain. Without this important tool, unions bring very little to the table other than a negative image."

"Employed physicians are already able to unionize and many have done so. The Federation of Physicians and Dentists bargains for approximately 2,000 such physicians. However, physicians in private practice are prohibited from collective bargaining by antitrust laws."

I think our efforts should be directed at obtaining antitrust relief for physicians. Physicians are independent contractors but so are truck drivers and screen actors, but they can bargain collectively. Since I doubt physicians would ever use an ability to strike to good effect, I think the real issue is the right to collectively bargain with insurance companies.

No BULLETIN published in August

September's Question:

"SHOULD MALPRACTICE LIABILITY BE EXTENDED TO MANAGED CARE HEALTH PLANS?"

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

DID YOU KNOW...

MOVING

- As of June 1, 1998, Jane A. Daniel, M.D. will be moving her Fort Myers practice to 1570 Colonial Boulevard, Fort Myers, FL 33907. The Bonita location will stay the same.
- The Associates in Pediatrics have moved their Cape Coral office. They are now located at 650 Del Prado Boulevard, Suite 107, Cape Coral, FL 33990.

MERGING

- Jack A. Devor, M.D. and Associates have closed the Royal Palm Square facility and joined Eye Physicians and Surgeons of Florida, 12525 New Brittany Boulevard, Fort Myers FL 33907.
- Island Coast Hematology and Oncology. Drs. Michael Raymond, Michael McCleod, and Brian Kim, have merged with Florida Cancer Specialist effective July 1, 1998.

STARTED NEW PRACTICE

- Jodi Grosflam, M.D., F.A.C.R. - Rheumatology 12600 Creekside Lane, S-4 Fort Myers, FL 33919 Phone: (941) 415-1100 • Fax: (941) 415-1102

CONGRATULATIONS!

- Steven E. Levine, M.D., of Fort Myers, is President-Elect of the Florida Society of Pathologists.
- Gary M. Price, M.D., F.A.C.P. has advanced to Fellowship in The American College of Physicians.

NEW FACE LIFT

- In April and May, the LCMS Office was newly renovated. Come by and take a look! Thank you to Interior Designer, Sandra Raak and Design Build 2000 for a great job at a reasonable cost.

If you have any news about LCMS Physicians (accomplishments, moving or starting new practices, etc.), please let us know by contacting the Medical Society office.

1998 FMA ANNUAL MEETING - MAY 14-17, 1998

GLENN E. BRYAN, JR., M.D. ~ FMA PRESIDENT



Glenn E. Bryan, Jr., M.D.
FMA President 1998-99

Glenn E. Bryan, Jr., M.D., a board-certified orthopedic surgeon who lives in Melbourne, has been sworn in as 122nd President of the Florida Medical Association during ceremonies held at the Marriott's Orlando World Center, Saturday, May 16, 1998.

Dr. Bryan is a graduate of the University of Florida School of Medicine and founder of the Orthopedic Clinic in Melbourne. He has been a member of the Florida Medical Association since 1981. He is also a member of the Board and past-chair of the Florida Medical Political Action Committee (FLAMPAC), and has provided leadership to numerous committees, councils and task forces.

Dr. Bryan enters his term as President determined that the health care system will once again put the needs of the patient first. "Our patients and their right to receive the best treatment that medicine can provide will guide our efforts. The FMA will continue to focus on serving as an advocate for patients and our profession to assure quality health care for all Floridians. And, as part of our patient advocate responsibility, we will continue to provide health care services to the needy and disadvantaged."

Dr. Bryan's agenda calls for change and is designed to lift physicians out of the "apathy and shell shock they have suffered over the past few years." He has pledged to work "to see the new FMA become the undisputed protector of the doctor and patient."

Dr. Bryan's aims also include working to make sure that "quality health care will not be lost to corporate America's quest for the greatest profit at any cost, including the cost of its employees' health and to ensure that only physicians can make the decisions on our patient's health care."

FMA ELECTED OFFICERS 1998-99

PRESIDENT - Glenn E. Bryan, Jr., M.D. PRESIDENT-ELECT - Mathis L. Becker, M.D.
VICE-PRESIDENT - H. Frank Farmer Jr., M.D., Ph.D. SECRETARY - Robert E. Cline, M.D.
TREASURER - Barbara J. Harty-Golder, M.D. SPEAKER - Terence P. McCoy, M.D.
VICE-SPEAKER - Carl W. Lentz, M.D. IPP-99 - Cecil B. Wilson, M.D.

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AL-1999 - James W. Bridges, M.D. AMA-1999 - Juan S. A. Wester, M.D.
YP-2000 - Madelyn E. Butler, M.D. FMAA-1999 - Kathy Molinet

THE LCMS DELEGATES/ALTERNATES REPRESENTING YOU
AT THE 1998 FMA ANNUAL MEETING

The following members of the LCMS represented you as Delegates/Alternates at the 1998 FMA Annual Meeting: Doctors: F. L. Howington, Chairman; Howard Barrow; Eliot Hoffman; Ralph Gregg; George C. Kalermeris; Richard Kilfoyle; David Reardon; James Rubenstein; David Shapiro; Alan Siegel; Steven R. West.

Each of these members took time out of their busy lives to represent you, please thank them for their work on your behalf. They wish to share with you a few issues they debated and some of their experiences:

F. L. HOWINGTON, M.D. ~ DELEGATE/CHAIRMAN

I am sure each of you find it increasingly more difficult to render quality medical care due to oppressive restraints and monetary exploitation by the insurance industry specifically Medicare, HMO's and managed care, better known as "rationed care".

This legal scam is affecting the lives of all Americans.

The FMA annual meeting was recently held in Orlando and unfortunately most of our deliberations focused on the "rationed care".

Your delegates worked diligently and were actively involved in addressing issues affecting all of us. Time and space does not allow me to elaborate on all the critical efforts of your FMA and AMA to control the demise of quality medical care for the state and nation.

The seriousness of the issue and the magnitude of futility was expressed best exemplified by the House of Delegates deliberation and debate of FMA mandatory membership for all licensed physicians and unionization of physicians.

How pontifex that physicians would consider these issues.

It appears that the insurance industry (not attorneys) has found medicine's Achilles Heel (some call it greed) and has successfully applied Machiavellian principles by dividing and conquering.

If it were not for the efforts of the FMA and AMA (organized medicine), medicine would be under absolute control of the insurance industry and the government.

JAMES H. RUBENSTEIN, M.D. ~ DELEGATE
THE CONCEPTION AND BIRTH OF RESOLUTION 98-8

STEP 1 - Writing the Resolution:

Physicians in Lee County expressed concerns to Nancy Dickey, M.D., President-Elect of AMA and to Lee County Medical Society delegates regarding the ability of insurers to unilaterally mandate use of hospitalists for their members. This led to the following resolution being written and approved by the LCMS delegates and subsequently the Lower West Coast Caucus. The caucus consists of the combination of all delegates from Collier, Lee, Charlotte, Sarasota, and Manatee Counties.

Whereas, there is a unique bond between a patient and their primary physician; and whereas continuity of care is important before, during, and after hospitalization, and whereas, certain insurers are threatening that bond and such continuity of care by forcing patients to be cared for by hospitalists in preference to their chosen primary physician; therefore be it

Resolved, that the FMA seek and support legislation that would require patients to be informed of their policy regarding hospitalists at the time they sell their product; and be it further

Resolved, that the FMA seek and support legislation allowing the patient to choose which Physician will admit and provide primary care for the patient during hospitalization.

STEP 2 - Presentation of the resolution to the Reference Committee - No. 1 - Health Education and Public Policy.

After submission to the FMA, Resolution 98-9 was assigned to Reference Committee Number One. The reference committee consists of experienced FMA delegates and advisors from the FMA, AMA, and Board of Medicine. Each of four reference committees evaluate and amend their assigned resolutions following verbal presentation and debate. Their recommendations are then presented to the full House of Delegates.

THE REFERENCE COMMITTEE AMENDED 98-8 AS FOLLOWS:

Resolved, that the Florida Medical Association seek and support legislation that would require patients to be informed of their policy terms regarding hospitalists; and be it further

(Continued in next column)

JAMES H. RUBENSTEIN, M.D., (continued)

Resolved, that the FMA reaffirm its existing policy of support for the individual patient-physician relationship, the right of patients to choose the qualified physician of his/her choice and the freedom of all physicians to continue to treat their patients.

STEP 3 - Review of the Reference Committee Report

The Lower West Coast Caucus meets daily to formulate strategy regarding FMA elections and the other business of the House of Delegates. The caucus was unhappy with the changes the Reference Committee made in the second resolve of 98-8. The decision was made to support an effort to change the second resolve when the resolution came before the full house of delegates.

STEP 4 - Debate before the full House of Delegates

When 98-8 was presented before the full House of Delegates it was the recommendation of the Reference Committee to pass the amended version. A plea was made to the full House of Delegates to reject the reference committee's second resolve and instead pass the original version. The House agreed with the argument in favor of the original version and passed 98-8 in that form. It is, therefore, now the policy of the FMA to seek and support the suggested legislation. More to follow.

DAVID REARDON, M.D. ~ DELEGATE
DESTINY OF MEDICINE

Once again my experience at the FMA House of Delegates meeting leads me to believe that the destiny of medicine is in our hands. Our major obstacle is to recognize it and act upon it.

There were a myriad of issues discussed and it would not be practical to begin to summarize them all, but I would like to share some of my thoughts with you.

I had the opportunity to sit on Reference Committee I. Resolutions submitted by individual FMA members, county societies, specialty societies and various caucuses dealing with Public Health and Education are assigned to this committee for initial evaluation, gathering testimony, and making recommendation to the FMA House of Delegates regarding what action should be taken. As a relatively select group (by what criteria, I'm not sure) that is supposedly representative of the Delegation, we did our best to make an objective evaluation of each resolution and made our recommendations as earnestly as possible given testimony heard, existing FMA policy, AMA policy, and Board of Medicine policy.

However, when the debate for each resolution came to the floor the will of the Delegation would often resoundingly override our first opinion. There was serious debate, emotional pleas, and a sharing of information regarding the grassroots origin of the resolution and how such issues would effect the membership at large. The arguments were often elegant and usually persuasive. Physicians who have been representing you and me at the FMA and AMA for years with the benefit of experience and wisdom would rise to guide those less experienced through the thorny issues of each discussion. In the end, the will of the House, based on a floor vote, is carried out.

Much of our legislation agenda and FMA policy begins when a single physician turns a complaint into a resolution. My words are not as compelling as taking part in the process first hand. I encourage all of you to attend. Your view of organized medicine will change forever - you will appreciate the reality that we are in charge of our own destiny.

RALPH GREGG, M.D. ~ DELEGATE
UNIONS FOR YOU AND ME?

Unions, I had always been leery of unions. I realize that at times they have served an important service for the common laborer, but recent images of violence, corrupt leaders, and the use of union funds to support a one sided political agenda, have left me cold. However, after watching our medical community suffer at the ravages of managed care, while our state and local government continue to support this unfair and often immoral system, I was willing to listen to what the unions had to say.

At our most recent FMA meeting in Orlando, extensive presentations were made by organized labor and concerned parties. After two days of presentation and debate, three things became clear: 1) Non-employed physicians do not have the right to collectively bargain. Period. This negates the single most important tool unions can bring to the table, and they were the first ones to admit it. Without this, the support organized labor can give becomes limited to helping evaluate contracts. 2) The negative images frequently associated with unions would still be there. How would our patients regard this association with organized labor? Wouldn't it bring us down yet another notch in the eyes of the media and the public? Even though we cannot and would not strike, that is what our patients associate with unions. 3) Organized medicine, i.e., the FMA and AMA has the same tools that organized labor can bring, without the down side. These tools rest primarily in Washington and Tallahassee. It is only through legislation that we can level the playing field for doctors, patients, and managed care. Recently, organized medicine has made strides in this direction and legislators are finally hearing the complaints of their constituents.

I believe the pendulum is beginning to swing against managed care. It will not go away, but I do not believe that unionization is the answer. Through organized medicine, we have had recent success in taking our message to Tallahassee. With wider and more active membership, we can take greater control of our future.

STEVEN R. WEST, M.D. ~ DELEGATE
FMA CONSIDERS UNIONIZATION

Out of frustration, physicians feel with managed care the issue of unionization was discussed. The frustration with the current health care denial system which has eroded the physicians' ability to deliver medical care motivated the Florida Medical Association House of Delegates last year to create a high level task force to study the issue of unionization. During the recent Florida Medical Association's annual meeting, the recommendations of the task force were discussed and debated. Various unions were interviewed and members of unions provided testimony during the debate which took place in the reference committees as well as on the floor of the House of Delegates.

The Florida Medical Association House of Delegates decided at this point not to unionize. The current federal law prohibits independent contractors or small businessmen to form collective bargaining units. The House of Delegates voted to support proposed federal legislation which has been introduced in the U.S. Congress "The Health Care Coalition" which stipulates that "any group of health care professional negotiating with an HMO, insurer, or other payor in connection with such negotiations be entitled to the same treatment under the anti-trust laws accorded to members of a bargaining unit recognized under the National Labor Relations Act."

The FMA also reaffirmed the American Medical Association policy that employed physicians may unionize to negotiate employment contracts with their employers such as a hospital, managed care organization or a large practice. The Florida Medical Association also reaffirmed the American Medical Association policy that physicians should not use in their negotiation the threat of strike or boycott. Many physicians in Florida that are employed have successfully unionized and improved their working conditions as well as improved patient care as a result of unionization and collective bargaining.

During the discussion with many of the unions, it became apparent that the Florida Medical Association and the American Medical Association share very similar goals and concerns with Labor with regards to managed care. The union members lack choice. The members are being denied necessary care. The unions and their membership are not happy with managed care organizations. Organized medicine needs to

(Continued on page four)

FMA ANNUAL MEETING (continued from page three)

STEVEN R. WEST, M.D., (continued from page three)

develop coalitions with labor to pass legislation which will protect patients from managed care organization abuses. Legislation which would be supported both by labor and medicine.

The Florida Medical Association House of Delegates voted to form a managed care advocacy center. This center is designed to assist patients and physicians with dealing with issues of access, choice, the quality of care in managed care plans. The center will do this through the establishment of a toll free line for patients and physicians and by devising strategies to bring about managed care reform. The advocacy center will also work to establish coalitions with other agencies and consumer groups in support of reform as well as educate the public and physicians about managed care. The advocacy center would be supported through dues of \$87 per year collected from FMA members. This is similar to what the cost would be for members of the Florida Medical Association to join a union.

Glenn Bryan, President of the Florida Medical Association, as a result of this vote, stated "The vote shows that while physicians do not feel at this time a union would effectively address their concerns with managed care abuses, they do see a strong need for legislation on behalf of patients and the right to choose a physician and have access to treatment." Dr. Bryan went on to say that "Our goal is to protect our patients and insure the quality of the health care system and not allow managed care companies to practice medicine. The vote was never about giving physicians the ability to strike or boycott because that would defeat our motive of providing access to quality care for our patients. We are only seeking to create an avenue where physicians would be on a level playing field with the managed care companies."

LEE COUNTY RESOLUTIONS

RESOLUTION 98-8 ~ Ensuring Patient Right to Choose Physician During Hospitalization

Lee County Medical Society and James Rubenstein, M.D., Delegate (Reference Committee)

Resolved, That the Florida Medical Association seek and support legislation that would require patients to be informed of their policy terms regarding hospitalists; and be it further

Resolved, That the FMA seek and support legislation allowing the patient to choose which physician will admit and provide primary care for the patient during hospitalization.

HOUSE ACTION: Adopted as Amended

RESOLUTION 98-9 ~ Guidelines for Review of PAP Smears in the Context of Potential Litigation

Lee County Medical Society and David M. Reardon, M.D., Delegate (Reference Committee I)

Resolved, That the Florida Medical Association support the College of American Pathologists' guidelines for the review of pap smears.

HOUSE ACTION: Adopted as Amended

RESOLUTION 98-37 ~ Physician Courtesy

Lee County Medical Society and Steven Levine, M.D. (Reference Committee IV)

HOUSE ACTION: Adopted Substitute Resolution 98-6 in lieu of original Resolution 98-6 and 98-37. (Below)

RESOLUTION 98-6 ~ Professional Courtesy

Duval County Medical Society (Reference Committee IV)

Resolved, That the FMA seek and amend the Florida Self-Referral Act and that the AMA seek legislation to amend the Health Insurance Portability and Accountability Act so that physicians can continue professional courtesies offered to colleague physicians and be immune and protected from prosecution or interpretation as a violation(s) of fraud and abuse and anti-kickback statutes.

HOUSE ACTION: Resolution 98-6 in lieu of Original Resolutions 98-6 and 98-37

RESOLUTION 98-38 ~ Vehicle Safety and Maintenance Law

Lee County Medical Society and Steven E. Levine, M.D. (Reference Committee I)

Resolved, That the Florida Medical Association seek to accomplish through appropriate means the following:

1. All automobile manufacturers either directly or through their dealerships shall provide written notification of all technical service bulletins; etc.

HOUSE ACTION: Not Adopted

HAITI PROJECT NEEDS PHYSICIANS

We have a wonderful opportunity to give back for the many gifts and opportunities we profit from as physicians. We can respond to the health care needs of our neighbors in Haiti. Alex Lozano, M.D. recently returned from his mission work at the orphanage La Foyer in Haiti where 250 appreciative children live. Teams of nurses, handymen and women and physicians with medications and supplies are making regular 5-7 day visits. Physicians from all specialties will find great satisfaction in joining these work groups. Contact Dr. Alex Lozano 772-2171 or Dr. Catherine Larned 283-6028 for more information.

AMA ANNUAL MEETING - JUNE 13-18, 1998

HYATT REGENCY, CHICAGO

Ann Wilke

When I first started going to the FMA and AMA Annual Meetings I was in awe of the events that took place and after 24 years, I still am. The early morning caucus meetings starting at 6:30 am every day for two hours was filled with reviewing resolutions, reports from the Boards, Committees, Trustees, and elections to vacant seats within the organization of medicine. It is awesome to meet all the dedicated physicians and staff that make up the house of medicine. 676 physicians spend alot of their time, money and effort working on behalf of the over 300,000 physicians to preserve the profession of medicine (the art of medicine). This without very little appreciation from the grassroots as to what it takes to keep the house of medicine intact. To spend a week away from your practice and sometimes family with very little back-home support takes a certain kind of dedication to your profession. We need more of this in our members if we are to survive government control.

The Florida Medical Association members elected 14 Delegates/14 Alternates to represent you and they did it well! Florida was well represented in many ways to the AMA governance level: Dr. Yank D. Coble is on the AMA Board of Trustees; Dr. Kay Hanley who is on the AMA Council on Medical Service will make a bid next year to the AMA Board of Trustees; Dr. Fred Schild is on the Council of Long Range Planning and Development; Dr. Jim White is on the American Medical Political Action Committee (AMPAC); Dr. Roy D. Altman is on the Council on Scientific Affairs; Dr. Cecil Wilson is on the Council of Constitution and By Laws.

Dr. Richard Bagby chaired the Reference Committee on Constitution and By Laws and Dr. Robert Windom was a member of the Committee; Dr. Kay Mitchell was on Reference Committee C (Medical Education); Each Delegate/Alternate was assigned to a reference committee to report back to the caucus.

Drs. Joseph Ostroski and Arthur Eberly worked behind the scenes to position the Florida Delegation in elections and issues. Our own Dr. Edward R. Annis, past-president of the AMA, well known for his dedication to medicine, was there to see his son, Joseph Annis (Texas) make a bid to an AMA Council.

There were nine Reference Committees with 78 reports and 322 resolutions debated by 676 Delegates/Alternates plus AMA/State/County/Specialty Staff - making it over 1000 participants. Florida introduced 14 resolutions to be debated and our own Dr. Troy Tippet led the fight on E and M Documentation Guidelines.

E. Ratcliffe "Andy" Anderson, Jr., M.D. has been selected the new Chief Executive of the AMA, former U.S. Air Force Surgeon General and CEO of Truman Health Systems.

Nancy W. Dickey, M.D. a board-certified family physician from College Station, Texas was installed as the 153rd President of the AMA and is our first woman President. She will represent your interests and the house of medicine with the highest level of professionalism.

The AMA NEWS will print the proceedings of the House's actions. Please take a few minutes to read them and know that there are caring fellow-physicians working on your behalf.

The AMA Alliance held their annual meeting at the Palmer House and from Lee County, Betty Rubenstein and Liz Kagan were part of the group that represented FMA.

Thank you for the opportunity to participate in this democratic process and work with this wonderful profession. You need to support your AMA!

ATTACHMENT A (continued from page two)

- **Expansion of the Wrongful Death Statute.** (SB/HB 25)
- **Disclosure of complaints against physicians** prior to a finding of probable cause. (HB 1197/SB 1286)
- **Limitless expansion to the Statute of Limitations** in cases of fraudulent concealment. This would in effect repeal the seven-year statute of repose currently in the Medical Practice Statements where fraudulent concealment can be alleged. (Amendment to SB 2150)
- **Changes in hospital discipline statutes** allowing hospitals to discipline physicians for "any" reason. (Amended provision out of CS/SB 314)
- **Mandated hospital staff privileges for optometrists.** The Florida Society of Ophthalmology had the lead on this issue. (HB 3117/SB 1828)
- **Prescriptive authority** controlled substances by ARNPs. (HB 3805/SB 1076)
- **Prescribing of psychotropic drugs by psychologists.** Florida Psychiatry had the lead on this issue. (HB 1919)
- **Allow pharmacists** to administer immunizations. (CS/HB 3973/CS/SB 2126)
- **Creation of "pharmacist practitioner,"** allowing pharmacists to practice medicine in certain circumstances. (HB 3865/SB 974)
- **Creation of Superboards** to discipline physicians and other health care providers. (SB 256)
- **Allow PIP automobile coverage insurance companies** to provide coverage through managed care. (HB 727/SB 1296)
- **Expansion of the Statute of Limitations** if plaintiff "alleges" fraud. (Amendment to HB 3657/SB 2150)
- **Addition of two consumer members** of the Board of Medicine. (SB 1038)
- **Requirement for physicians and other health care workers to wear name badges** identifying their licensure status (i.e. MD, RN, PA) (CS/SB 932).
- **Mandatory assignment of new Medicaid patients** into HMOs, instead of assigning to MediPass and HMOs on a prorated basis.

FMAS SUPPORTED LEGISLATION WHICH DID NOT PASS


- **Due Process for physicians** in managed care plans (CS/HB 1087/CS/SB 2080)
- **Creation of PSOs.** (CS/HB 3895 & CS/CS/CS/SB 1432) (Note: While the FMA supported this legislation early in the session, once the ERISA exemption language was removed for physicians and PSOs the FMA's level of support dropped significantly.)
- **Referral to group practices** for designated services when the referring physician has no investment interest in the group - "Wingo issue". (HB 3969/SB 2182)
- **Telemedicine Licensure.** The FMA worked with the Florida Radiological Society on this legislation. (CS/HB 1855/SB 1798)
- **HMO Accountability** (HB 1547/SB 490)
- **Medical Tort Reform** - Included subsequent treating physician and expert witness.
- **Repeal of the fingerprinting requirement** from the profiling legislation. (Note: The FMA has one more session to remove this requirement before it goes into effect.)
- **Prohibition of Exclusive Contracts**
- **Transfer of Alcohol, Mental Health and Drug Abuse** to the Department of Health
- **Non-Discrimination of Mental Health Coverage** within insurance contracts.

OTHER ISSUES

- **Children's Health Initiatives** — Expanding availability of health care for Florida's uninsured children passed the Legislature. The Florida Pediatric Society was the lead on this issue. A more detailed report will appear in the Annual Report.

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LEE COUNTY MEDICAL SOCIETY

LONG RANGE PLANNING MEETING ~ APRIL 7, 1998

Ten Priorities Listed In Order Of Importance

1. Increase physician awareness of how the LCMS and the FMA represents them, and works to serve their best interests locally as well as on the state and national level.
2. Name a public relations committee to discuss need for marketing the medical profession and increasing our exposure in the community. Consider hiring a marketing/public relations professional. Explore media resources that are already available to us, but under utilized.
3. Increase the strength and influence of the Legislative Committee.
4. Declare war on the insurance companies, insofar as it is possible.
5. Develop better management skills for medical offices - set them up to run as a business.
6. Consider operation of a telephone line where people can call for information re: managed care and HMOs.
7. Actively discourage fraudulent advertising in our profession - hold ourselves and our peers to high ethical standards.
8. Provide advocacy in facilitating resolutions between hospitals and physicians.
9. Consider offering incentives for more active participation, i.e. reduced membership fee for recruiting new members, having all physicians in a group be members.
10. Have a committee find ways to increase participation at all meetings and events.

Of Lesser Importance Were:

- Offer management training in team-building and interpersonal skills to members.
- Take advantage of modern technology - doing more with less will be the impetus of the future.
- Expand the Mini-Internship Program, Sports Medicine Program, etc.
- Develop a program of giving back to the community - "We make a living by what we get... We make a life by what we give."

An Ad Hoc Committee of LCMS Past Presidents, chaired by Dr. Ron Delans, will meet to discuss implementation - your input is valued - let us hear from you - 936-1645.

MINI-INTERNSHIP PROGRAM

On May 18 & 19, 1998, the LCMS provided a two-day mini-internship in which the following physicians and business professionals participated:



Standing from left to right, first row: William Evans, M.D.; Larry Eisenfeld, M.D., Orthopedic Surgery; Mark Vertich, Vertich Insurance; Jim Sproul, Accounting Manager for Lee Memorial Health System; Second Row: Shana Gruskin, Medical Reporter News Press; Janet Moore, Oswald, Trippie, and Company.

Not pictured: Harvey Tritel, M.D., Cardiology, Brian D. Kurland, M.D., Vascular/General Surgeon, Robert Schwartz, M.D. Infectious Disease.

All the interns were invited guests at the General Membership Dinner meeting on Monday, May 18, 1998 and for a debriefing breakfast on Wednesday, May 20, 1998 at Southwest Florida Regional Medical Center. 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:

"Knowing about medical care through news reports, television, reading, etc. is nothing compared to experiencing it in person. I have an awareness that could never have occurred if I hadn't experienced this program. I learned so much it was well worth the time."

~ Mark Vertich, President, Vertich Insurance Agency

"Fabulous program. I truly appreciate the opportunity to participate. The doctors and everyone were wonderful."

~ Janet Moore, Oswald, Trippie And Company

"The practice of medicine focuses on caring for the sick, in what has become a very high tech environment. Doctors are among the most highly trained and skilled individuals in their chosen field (medicine). They work very hard. The practice of medicine is a very complicated and amazing process."

~ Jim Sproul, Marketing Representative, Lee Physicians Group

"It reinforced for me that medicine is still an art, that one doctor is not the same as another, and just how personal the relationship is between physician and patient."

~ Shana Gruskin, Medical Reporter, News-Press

We would like to thank Alan Siegel, M.D., program coordinator and to area hospitals and the entire physician faculty that participated.

3RD ANNUAL LEGAL-MEDICAL CHALLENGE CUP

On Sunday, May 17th, 40 physicians and 40 lawyers showed up at Lexington County Club for a near perfect day to play golf. They raised \$5,000 for the Deaf Service Center of Southwest Florida. The Doctors earned the bragging rights by winning 36 points to 24 points and will keep the CUP for the 3rd year. Our special thanks to Drs. John Petersen and Scott Harris of the LCMS, and to Ken Jones and Celeste Ford, Executive Director of the Bar Association for coordinating this successful event.

DOCTORS 36PTS LAWYERS 24 PTS.

FLIGHT WINNERS

1ST FLIGHT:	Rich Yovanich • John Gast	68
2ND FLIGHT:	Warren Hagen • Quinnon Purvis	59
3RD FLIGHT:	Bob Turner • Chuck Homolka	71
4TH FLIGHT:	George Sybert • Joy Arpin	75

LOSEST TO PIN #4 ~ John Martina

CLOSEST TO PIN #14 ~ Steve Dalton

LOSEST TO LINE #1 ~ Jim Franklin

LONGEST PUTT #18 ~ Kevin Kyle

LONGEST PUTT #9 ~ Raffle Draw (Thomas Carrasquillo)

Congratulations to all the winners (and we are all winners with this event)!

Each year we need hole sponsors, gifts to raffle, shirts, hats, prizes, food and beverages. It is not too early to help us out. If you know someone who would like to be involved with this event, have them give the Medical Society office a call at 936-1645.

LCMS ALLIANCE/FOUNDATION NEWS

Respectfully Submitted by Lisa Fleishman, Corresponding Secretary

1998 CHARITY BALL

Over three hundred and fifty people enjoyed an evening of fine dining and dancing at the fifteenth annual Charity Ball, Moon Over Havana. The event was held this year on May 23, at the Sanibel Harbour Resort and Spa. Once again, the Charity Ball was a huge success. This year's Charity Ball raised over \$75,000, 70% of which will be given to the Lee County Breast Screening Program. The remaining 30% will be given to other charities in the form of mini-grants. Mini-grant applications will be available in September and announced in this newsletter. A Sincere thank you to all the Charity Ball Committee chairpersons and members, as well as the underwriters, sponsors, and friends of the LCMSAF who helped make the Ball a Success. Congratulations to Charity Ball Chairperson Barbara Rodriguez and Assistant Chairperson Juli Bobman on another successful Charity Ball.

WELCOME BRUNCH

Every year the Lee County Medical Society Alliance and Foundation boards welcome new physician spouses by hosting a Welcome Brunch. All Alliance members are invited to attend. This year's brunch will be held at the home of Susan and Richard Glasser, 11301 Longwater Chase Ct., Fort Myers, FL 33908. The brunch is being chaired by Noreen Kurland, Maureen Schwartz, and Karen Weiss. If you know of any new physicians in town, please contact Maureen at 768-1999, Noreen at 481-8820, or Karen at 768-3293. If you are a new physician in to Lee County, please encourage your wife to attend the Welcome Brunch. It is a great way to meet new friends, as well as become familiar with the Lee County Medical Society Alliance.

POTLUCK IN PARADISE

Our 8th annual Potluck in Paradise will be held Saturday, September 19th at 7:00 p.m. at the home of Doctors Bill Carracino and Marilyn Kole, 13777 Pine Villa Ln., Fort Myers, FL 33912. Janice Yalof and Lisa Reynolds, co-chairs, are busy planning a casual evening of great food and fun. Potluck is a wonderful way to meet new friends and colleagues and "catch up" with old ones. We hope to see you there! Please RSVP to Janice at 768-6272 or Lisa at 768-2918.

LEE COUNTY MEDICAL SOCIETY/ALLIANCE JOINT MEETING

There will be a joint meeting of the Lee County Medical Society and the Lee County Medical Society Alliance on September 14th. This will be a very important Legislative meeting with political candidates in attendance. Please encourage your spouses to attend this important meeting.

FEBRUARY 14TH, 1999 VALENTINES DAY EVENT

I'm sure you must be thinking "why is Nancy writing about Valentines Day this early?" Has she totally lost it? Well, I have not gone over the edge yet! I'm very excited to announce that after months of planning and with assistance from Sue Backstrand & Ana Gregg, we have a special Valentines Day Event in store for 50 romantic couples. The LCMSAF, in partnership with Northern Trust Bank, will be sponsoring an Evening at the Theater. You will begin the evening with an elegant dinner (gourmet food from salad to dessert), served to you in a beautiful Bank turned Bistro atmosphere, at Northern Trust Bank. Afterwards, you will be brought to the Barbara B. Mann Theater to attend Andrew Lloyd Weber's production of The Phantom. There are also other treats in store. What could be a more perfect way to celebrate Valentine's Day? The event will cost \$200 a couple and proceeds will go towards the Charity Ball Major Recipient and Mini-grants Fund. Because The Phantom is such a fantastic play and tickets have been on sale, I wanted to get the word out as soon as possible, so that if you are planning to attend you can do it with us. It is sure to be a wonderful evening of fine food and excellent theater. Since there will only be 100 seats, I will accept the first 50 couple reservations I receive. To R.S.V.P. send your \$200 check payable to LCMSAF and mail to, Valentine's Day Event, LCMSAF P.O. Box 6445, Ft. Myers, FL 33911. For further information please call, Valentine's Day Event co-chairs Ana Gregg at 433-9634 or Sue Backstrand at 278-0088.

MCCOURT SCHOLARSHIPS FOR CHILDREN & YOUTH WITH DIABETES

This year our McCourt Scholarship Fund helped send three children with diabetes to camp. The cost of camp is \$400.00 for one week. The fund was established to remember the Jerome McCourt Family (Dr. McCourt was a practicing endocrinologist in Lee County and the family was lost to us in a tragic plane accident.) This years recipients were: Justin Barth (6 1/2), Robert (7) and Michelle (11) Krebs. Below are two letters we received from the Family:

May 15, 1998

To the Lee County Medical Society

Thank you so much for your generosity. We really appreciate the Jerry McCourt Scholarship given to Justin Barth and allowing him the opportunity to go to the Florida Camp for Children and Youth with Diabetes. Justin is very excited about going. This means a lot to us, thank you again for your kindness.

Sincerely,

Adriene Barth

May 20, 1998

Dear Lee County Medical Society

We would like to thank you for granting the scholarships for Michelle and Robert to attend the Florida Camp for Children and Youth with Diabetes.

Michelle is looking forward to attending camp to be with other children who have diabetes so she does not have to feel "different." Her goal in attending camp this year is to learn more about the proper food choices and how they affect her blood sugar. Robert is excited about attending camp for the first time. His goal is to learn more about how to draw up and inject his own insulin. He also is a picky eater and would benefit from learning more about food choices.

As a result of your support, Michelle and Robert will have a chance to learn more about their diabetes, and accomplish their goals. They will also have a wonderful, unforgettable experience. Thank you for your generous gift.

Sincerely,

Linda & Robert Krebs

As you can see this is a worthwhile program and we do need your financial support. Your contributions can be sent to the McCourt Scholarship Fund, c/o LCMS, P.O. Box 60041, Ft. Myers, FL 33906.

Y2K - Y ME?

David M. Reardon, M.D.

There has been a lot of talk and even more ink spread about the Y2K problem; but many of us (myself included) are not exactly sure what all the commotion is about. To satisfy my curiosity and hopefully share some valuable information with you, the members of LCMS, I made a bold move. I got on the Internet and researched the topic. I have to confess this is only after I asked several people to "volunteer" for the project and was soundly rejected by everyone. Here is what I found.

"Y2K" stands for the year 2000 and the so-called "millennium computer bug." In essence, as a "space saving" move by computer programmers, the tiny computer chips implanted in all sorts of devices and machinery have been designed to record dates as two-digit numerals, 98 for 1998 etc. When presented with the year 2000 or beyond computers and the chips will read the computer designation "00" as 1900 rather than 2000. This creates a multitude of problems for many computer systems and often the result is to shut down the given operation or either to misplace valuable information creating malfunctions.

Alarmist theories abound: elevators will jam, cars won't operate, airplanes will fall from the sky, ATMs and banks will be unable to provide cash or log transactions, computers everywhere will malfunction or give unreliable data, medical equipment will fail, air conditioners will shut off and burglar alarms will shut down.

What should a medical practice do? Ignoring the situation is not an option. Yet only 41% of 500 recently surveyed small businesses had begun to address the problem. Because we use computers or equipment with computer chips approximately 82% of small businesses are at risk.

In general, there are four main areas you should consider:

- **In-house Computers:** Most Medical practices use computers for billing and accounts receivable, payroll, inventory control, word processing and

medical records. If you do not evaluate your system for Y2K readiness, you may begin to have information logged in the wrong place and not discover the problem until spreadsheets don't tally correctly or data are not available.

- **Embedded Systems:** This is the term for chips present in all sorts of equipment from microwaves to ECG machines. This may be the most difficult area to assess. Evaluating a computer and software is a fixed target you can focus on. However, all the auxiliary equipment in your office including computer printers, fax machines, telephone systems, blood pressure devices, scales, and echocardiography equipment - to name a few - will be much more difficult to determine Y2K readiness. This may prove a costly area since much of the equipment will need to be replaced. When replacing, don't assume that since it's new (i.e. manufactured in 1998) it is Y2K ready. Make sure you have this verified in writing.

- **Business Relationships:** You may be successful in preparing your office for Y2K but those with whom you conduct business such as banks, hospitals, vendors, and insurance companies may still have problems. If they are temporarily shut down, you might be too.

- **Legal liabilities:** If you cannot deliver care because Y2K problems have disabled your practice, you may be in breach of one or all of your managed care contracts. LCMS may be liable for failing to inform its members of the perils of Y2K. Consider yourself informed. Attorneys are expecting a plethora of lawsuits after 2000.

If you would like more information on the Y2K problem, here are some resources:

<http://www.year2000.com/> <http://www.Rx2000.org/>

<http://www.sba.gov/y2k/>

A free booklet "Countdown to Year 2000" is available from Wells Fargo Bank @ 800-384-7020.

THANKS FOR YOUR HELP WITH SCHOOL PHYSICALS

On June 9, 1998, at Lee Memorial Health System/Cleveland Campus, nine physicians and volunteers did 383 free physicals: Drs. Martin Sherman, Anthony Pietroniro, Bob Arnall, John Kagan, Irwin Kash, Ron Gardner, Peter Curcione, Larry Eisenfeld, Ed Gomez, and Ms. Pam Salaz, ARNP, Mr. John Kmetz, P.A., and Ms. Joanne Calhoun, P.A.

On June 10, 1998, at Cape Coral Hospital, six physicians and volunteers did 378 free physicals: Drs. Charles Curtis, Martin Sherman, Donn Fuller, Barry Sell, Edward Drass, Richard Delorio, and Ms. Andrea Chance, ARNP, and Ms. Susan Murawski, ARNP.

Thank you to all in our community who donated time to our children for sports physicals. Special recognition and thanks to Tammy Mugavero, Athletic Training Coordinator, and her team, who actually put these programs together.



FMA MEETS WITH BC/BS

May 5 - A leadership group from the FMA spent the day in Jacksonville meeting with officials of BC/BS of Florida. The very productive event was organized and facilitated by Dan Lestage, MD, FMA member and BC/BS VP of Professional and Organization Relations. The FMA team included Cecil C. Wilson, MD; Glenn Bryan, MD; Mathis Becker, MD; Terence McCoy, MD; Robert Cline, MD; Don Foy, and Francesca Plendl. The BC/BS group included a high level team headed by Michael Cascone and William Flaherty. We had a wide-ranging, frank discussion of the issues relating to managed care as it impacts on patients, the medical profession and managed care companies. The FMA brought the following issues to the table: due process, prompt payment, centralized credentialing, HMO bad faith, PSO's, scope of practice, telemedicine, tort reform, children's health care and mental health parity. The day also included a demonstration of a BC/BS project called "Virtual Office." This computer program will integrate with office management systems to provide real time, on-line information at the time of a patient encounter related to eligibility, coding, co-pays, deductibles, authorization of referral or hospitalization, electronic billing, and making obsolete the task of using the phone to try to get information from the insurance company. It looks like an exciting opportunity to take some of the hassle out of the office.

FACTOIDS FROM THE MEETING ~ Six trends in health care today:

1. Integration and consolidation.
2. New competitors for managed care companies (banks, brokerages, etc.).
3. Questions of access and cost.
4. Information dissemination.
5. Legislative initiatives.
6. Consumer involvement. Managed care penetration of the non-Medicare market in 1997 was 85% (PPO 35%, HMO 30%, POS 20%).

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