



LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 22, NO. 1

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

March, 1998

MARCH 16, 1998

GENERAL MEMBERSHIP MEETING

6:30 p.m. ~ Social Time

7:00 p.m. ~ Dinner

Royal Palm Yacht Club

Program: "Medical Burn-Out"

Speaker: Dr. David G. Kelley

Member: NC

Guest-Spouse: \$25.00

Reservation Notice Enclosed

RSVP by March 13th

Cancellation by Noon Monday

Medical Society Office ~ 936-1645

LEE COUNTY PHYSICIANS STRESS TEST SCREENING

The recent sudden loss of colleague Stuart Harrison, M.D. due to an apparent cardiac death prompted the physicians of Southwest Florida Heart Group to offer the physicians of Lee County an opportunity to proceed with exercise stress testing and lipid screening. Sixty-nine individuals were evaluated through the months of November and December 1997. Treadmill time ranged from a low of about 5 minutes to an impressive 23 minutes of the Bruce protocol. There were a total of 5 abnormal electrocardiographic stress tests (7%), all of which proceeded on to further testing. Three subsequent nuclear scans were normal. One nuclear scan did reveal some mild ischemia which was opted to be treated medically. The last remaining individual did proceed to cardiac catheterization, revealing significant disease and subsequent bypass grafting has been performed. Happily, this individual has done exceptionally well and has returned to work and full activities without restriction. The physicians and staff of the Southwest Florida Heart Group were pleased with the results of this screening and proud to have been of service to our physician community.



Cecil C. Beahler, M.D. receives a plaque from Dr. Steve West who made the presentation to him from the Society for his eight (8) years of service on the FLAMPAC Board of Governors representing Lee County Medical Society.

Members. He did an outstanding job and a "thank you" to him by our members would be most appreciated.

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PRESIDENT'S MESSAGE

David M. Reardon, M.D.

"TUGGING AT OUR FATE"



Recently, while attending the FMA Leadership Conference in Jacksonville, I had the good fortune to hear a powerful and dynamic speaker, Captain J. Charles Plum, a former Navy fighter pilot and prisoner of war from the Vietnam conflict. I found his presentation to be very moving, with many useful messages that we can all apply to our personal and professional lives. With that introduction, I would like to summarize his presentation for you.

Visualize an erect, physically fit figure with the air of a military officer pacing an imaginary 8 by 8-foot prison cell on the stage. A single spotlight forming a small cubicle silhouettes the cell. It was precisely three steps across, turnaround and three steps back. Capt. Plum told us how he had been a POW for six years in North Vietnam, pacing.

Captain Plum grew up in a small rural farm town in Kansas where he learned one of his first lessons in dealing with adversity while on his junior high school basketball team. His coach, after a long losing season, came up to him and putting his arm around him gave him a reassuring squeeze. The young future captain turned and said, "I guess we're a bunch of losers, coach". In reply, inspiring hope, the coach stated, "If you think you're a winner or you think you're a loser, you're right." He asked the coach the following morning what he had meant by this vexing statement. The coach explained, "You have the power to choose. You can choose winning or you can choose losing. You can choose being happy or you can choose being sad. You can choose to exercise none of your options and be a victim or you can choose to be in charge and lead the way." This was the first hint he had about turning adversities into assets.

Plum attended the U.S. Naval Academy in Annapolis. He was assigned to flight school in Pensacola, Florida after graduating, and then went to Top Gun Jet Fighter Pilot School in San Diego. The Vietnam War was on, they needed fighter pilots and he was eager to go. There, he flew 74 successful missions. Five days before he was to return home at the end of his assignment, he embarked on his 75th mission. He was shot down. He ejected to find himself floating slowly down to the rice paddies of North Vietnam. He recalls looking up to make sure the panels of his parachute were intact...they were. While drifting to earth there was gunfire and artillery fire. The air was filled with pieces of artillery creating considerable debris around him including fragments of paper, smoke, and gunpowder. He prayed, head bowed, while bullets whistled by him. Once on the ground he was taken captive immediately. All his personal belongings were taken including the clothes from his back. He and his copilot were paraded from village to village, naked, the ultimate in humiliation. Finally, he found himself in his dark 8 by 8-foot cell made of concrete and wire.

At this point he digressed and recounted the following aside to the now spellbound audience. After finally returning home he and his wife were out to dinner one night when a fellow approached their table and announced "I know you! You're Captain Plum. You're a fighter pilot, a Top Gun. You were shot down over Vietnam and were a prisoner of war for six years." Flabbergasted Capt. Plum stuttered "Yes, yes, that's right, how did you know that?" "Well, I packed your parachute down in the bowels of the ship," replied the intruder. He thanked the man profusely.

Captain Plum explored the concept of "parachute packers". These are people who are perfectly happy to do their job, to do it well, to do it faithfully, diligently and tirelessly, without any exception for kudos or thanks. He urged us to be aware of the "parachute packers" in our lives. Those people who help us to do our jobs. In addition, he told us how we must become parachute packers ourselves, that we all must make sure that our own parachutes are packed; our mental parachutes, our physical parachutes, and our spiritual parachutes. We will need an arsenal of such tools to handle whatever life might hand us.

Back to the cell. Pacing, pacing, pacing, trying to occupy his mind to keep from going absolutely crazy. One day, while pacing, he heard a sound that he thought was the chirping of a cricket; but he realized that it was very rhythmic and regular and he went

over to inspect the noise. He discovered that it was a little metal wire scratching the floor of his cell. The wire was protruding through a tiny hole in his cell wall at floor level. What he realized next was startling. There was another human being at the other end of the wire. At first he didn't know what to do. He was now faced with a real question. Should he establish contact with this other human being by "tugging the wire"? He realized that he had built a wall around himself, a wall of defense. He had become very secure in the prison. Not only did he have the prison walls around him but he also built up this very tough mental wall. Did he have the strength to establish contact with this person, whoever it might be?

To do so would require him to reach outside himself, to break down these walls he had built around himself preventing him from doing what he knew he needed to do. The thought of this was very frightening and threatening to him. He thought, "Oh my God, there is someone on the other side of this wall who is a better survivor than me, tougher than me, smarter than me. I am doing all I can do to just hang on." Ultimately, he did tug on the wire and the wire quickly disappeared back into the wall. Several days later the wire reappeared. Wrapped on the end of the wire was a tiny piece of paper. It was a note scribbled on a small scrap of toilet paper. The note read "I am Major Smith (not the name he used). I am in the cell next to yours. Memorize the code of the alphabet in this message and then eat it." The alphabet was laid out in a 5 x 5 grid. Each letter consisted of two sets of tugs determined by each letter's row, and column. Using this cumbersome technique a means of communication had been established.

Once they began talking by tugging on the wire, Major Smith pointed out to Plum that he was suffering from POW disease. Major Smith explained that POW disease means you are acting the part of a prisoner, blaming someone else for your troubles. You are angry, in a state of self-denial and self-pity. You believe this isn't fair and lack any personal responsibility for your circumstances. Furthermore, his new friend convinced him that he was going to have to change if he expected to survive his ordeal of imprisonment. Once again, he was urged to take charge and empower himself to make decisions. It was the same message that his basketball coach had given him in junior high school, the same one he later learned from his parachute packer.

There was torture, in adequate sanitation, malnutrition and generally deprived conditions. One day their North Vietnamese captors offered release. All the U.S. soldiers got together and decided that since they were the "healthy ones" they would not board the bus which would take them to a U.S. plane headed for home until they had assured that all the sick, injured, and disabled had been released first. The decision so surprised and angered those holding them that the first officer, Major Smith, was put in the stockade for 30 days. The remainder of the group was then urged to leave while the offer still stood. Not one of the soldiers left. Some time later they were again offered their freedom but refused to go until the less fortunate had been released first. Finally, they were given assurance that the injured and wounded had been sent home. They were all finally released. This was a real act of honor and dignity that no one was willing to leave until they were all free to leave.

On the journey home, he recounts many hours, days, and nights he spent thinking about getting back to his wife that he had wed in a Navy ceremony in Annapolis prior to the war. Once home, he was not able to find his wife. His parents broke the unbelievable news to him that she had given up hope several months earlier, had filed for a divorce, and was engaged to be married to another man.

He was forced once again to reflect on the words of his coach and Major Smith. He could be a victim or he could take charge of his life in the face of one more seemingly insurmountable adversity. Ultimately, he does get on with his life. He remarried and lives happily, giving this talk all over the country many times a year. At this point he explained to us, "I don't give this talk completely for your benefit. I give this talk for me." Holding a hand up in front of his face as if it were a mirror he remarked, "This is my form of therapy; this is what makes me strong. This is what allows me to survive recounting this story to you...and to me."

We must all, from time to time, be willing to break down the walls we have built around ourselves and step out of our comfort zones if we are going to survive and have success. We must have our "parachutes packed" and be willing to "tug on the wire" if we are to move beyond victimization. Whatever we think our future holds...we are right!

AS I RECALL...

Roger D. Scott, M.D.

"THE TOLL OF TWO CITIES"

Well it's hard to believe that one finally drives across the Mid Point Bridge. It's a shame in a way that the massive steel and concrete structure had to be built to change the topography and some of the beauty of the area; however, I must admit that it's pretty dogged nice to be able to get on this bridge and have a very pleasant and beautiful ride across the river (especially since I don't have a boat anymore). Lee County and the cities of Fort Myers and Cape Coral are to be congratulated along with the bridge contractor for having performed this building in excellent time and with, I think, the least possible inconvenience to the citizens of the area. The landscaping is done very well, and overall, I am pleased that if we had to have this progress that it is as nice as it is.

Now it's time that we propose the locations and names for the next bridge to be built across the river. You new comers to the area should realize that my next to youngest daughter was conceived, born, reared, educated through college and has now graduated and is now self sufficient during the time that the decision was made as to where the bridge was going to be built and its completion. It has been close to 25 years in the coming so this is the time to go ahead and start planning our next bridge. There are a number of locations that we could stick another bridge in, even though the News Press says there won't be a need for any more bridges. This area is growing so rapidly that we surely will need more bridges in the next 25 years!

What a delight it is to go East over the Cleveland Overpass. It's like coming in for a landing at Page Field when it was our major airport; and on the rising Full Moon one can be E.T. Going West. At sunset can it be like a perfect postcard.

(continued on page two)

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SOCIETY BULLETIN

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

RESOLUTIONS FOR FMA
ANNUAL MEETING

The LCMS Delegation to the FMA Annual Meeting is seeking resolutions from our membership to be debated at the Annual Meeting. Those who have issues or ideas on quality of Health Care, Unions, Managed Care, Ethical Issues or any other subject can send them to the Society Office or the Chairman, E.L. Howington, M.D. We will be glad to assist in the writing of a resolution. The Annual Meeting date is May 14-17, 1998. Resolutions should be in the Society Office by April 1, 1998.

AS I RECALL (continued from page one)

The bridge that one now uses to go to Fort Myers Beach was built in 1979 to replace the old low level steel swing bridge built in 1928. For years the only way to get on Fort Myers Beach by car was to go on the little narrow swing bridge which was hand cranked to the open and closed position by a man. By the time I arrived in Fort Myers in 1958, this bridge was rather inadequate and very frequently it would stick in the open position. Now, if you were on the Beach at that time, you could neither get off the beach or on to the beach until the bridge was repaired. Sometimes, this was longer than a day. The old bridge was right next to where the new bridge is now. It is indeed a pleasure to cross the "new" high rise bridge to the beach and have a beautiful view of the gulf and beach. The bridge at the south end of the beach (to Bonita) was built a few years after the new bridge making a second access to the beach.

The two new spans (1994) replacing the old Edison Bridge (built in 1931) were the first major projects that I can recall that were promptly constructed and finished on time or in advance of time and within the budget. That was a remarkable job as is our new Mid Point Bridge.

If you new comers would desire previous articles on bridges, see the Bulletin of July 1996 "A Bridge Too High" and of February 1996 "Good-Bye San Mateo; Hello Bridge". I would be happy to supply copies.



Don't guess you'll hear anymore about bridges from me unless one of them caves in or the pygmy palms under the overpass turn out not to be pygmies! Laugh if you will, but Lee County History is studded with many BooBoos. That'll be a future article!

LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectively submitted by Kathy Marchildon, Corresponding Secretary, LCMSA

LEGISLATIVE WORKSHOP

An informative luncheon workshop was held at the home of Jim and Betty Rubenstein on February 4th to prepare for the upcoming Florida Legislative Session which convenes March 3rd.

About 35 attendees were treated to the hottest topics to face organized medicine this year. We discussed issues we will work to support: **Managed Care Reform** (due process for physicians being terminated, reasonable provisions to expand patient choice and prohibition against requiring physicians to sign "exclusive contracts" to name a few items specifically), **Tort Reform** (participation in Tort Reform Coalition (TRUE), expert witnesses being active practitioners in the defendants specialty and allowing defense attorneys to talk informally with the treating physician) and **Regulatory Reform** (change of the Self Referral Act, repeal of the 1.5% tax on physician owned outpatient facilities and diagnostic centers, and funding for graduate medical education and research, among many other regulations). We also discussed issues we will strongly oppose: particularly, the expansion of the wrongful death statute and the elimination of physician ability to self insure.

We learned a lot from Craig Hansen and Linda Barr of the Florida Medical Association Legislative Department and LCMS Legislative Chairman, Dr. Steven West, on how to communicate with our representatives in congress. If it's true that there are three types of people: the one's that make things happen, the one's that watch and the one's that ask, "what happened?" then we are spiritedly moving to create a fourth group, the one's that know "what's happening" in Tallahassee and are willing to take action to deliver the best patient care possible.

DOCTOR'S DAY

This year's Doctor's Day Picnic will be held on Saturday, March 8th, at Lakes Park, Shelter C-1. The picnic includes BBQ chicken, burgers, hot dogs, and all the fixings. Entertainment will be provided by Moonwalk and more! Don't miss this fun, family event starting at noon and lasting till 4! To make reservations and menu selection call Randi McAlpine at 481-2995 or Tammy Sadighi at 489-1476 today!

1998 CHARITY BALL NEWS - KAGAN OPEN HOUSE AT DEVONWOOD

Welcome the first day of Spring at an Alliance benefit on Saturday, March 21st, hosted by Dr. John Kagan and his wife Liz at their new residential development, Devonwood Estates. As a prelude to the Alliance Foundation's Charity Ball, the Kagans' are inviting physicians and their spouses to enjoy a reception with wine and hors d'oeuvres at the "Laguna Beach", a new luxurious model home at Devonwood Estates. The reception will be from 5 pm until 8 pm. Guests will have the opportunity to view paintings and prints by local artists including Chloe Hugill, Barbara Fewster, Elaine Hayes, Christine Jamolinski and Debbie Penuel. All of the artwork will be for sale, with a portion of the proceeds returned to the Alliance to benefit the Lee County Breast Screening Program (LCBSP), the major recipient of the 1998 Charity Ball. LCBSP targets over 90,000 Lee County women, ages 40 and over, from low income households, so they may receive educational and diagnostic services and treatments. Invitations will be mailed out March 1st to the Devonwoods Estates Preview Party. A stellar good evening of fun should ensue, hope to see you there. Please R.S.V.P. to 466-7938 if you plan to attend.

Tickets to the 15th Annual Charity Ball, "Moonlight Over Havana" will again be \$295.00 per couple (this includes the Sunday Brunch for 2 adults and 2 children under 12 years of age). Watch for your invitation, they will be mailed out early in April. The Sanibel Harbour Resort and Spa will be offering a limited number of rooms at a special rate for attendees of the Ball, so make your reservations as early as possible.

If you would like more information, please contact Charity Ball Chairman Barbara Rodriguez at 433-9654.

SILENT AUCTION OF ANTIQUE MEDICAL BOOKS!

Dr. J. Andrew Burnam and his spouse Gloria Brannam Burnam have generously donated several antique medical books to the Alliance. Mrs. Burnam decided to contribute the books in aid to raising funds for this year's recipient of our Annual Charity Ball, Lee County Breast Screening Program.

These rare books date back to 1732 and will be a priceless addition to someone's collection. Since no cost could be affixed, a silent auction will be accepted. All the books will be available for viewing at the Kagan Open House on Saturday, March 21, 1998 at the Devonwoods Model Home. Invitations to the open house were mailed out March 1st. All the proceeds from the sale will go directly to the Lee County Breast Screening Program. Below is a list of the books donated.

DATE PUBLISHED

TITLE

1732	<i>The History of Cold-Bathing</i> by Dr. Edward Baynard
1853	<i>A System of Human Anatomy</i> by Easmus Wilson M.D. 251 Illustrations
1863	<i>Cellular Pathology Twenty Lectures delivered in the Pathological Institute of Berlin</i> (1858) by Rudolph Virchow (Professor at the University of Berlin) Illustrated by 144 engravings on wood.
1894	<i>The Physician's Wife</i> by Ellen M. Firebaugh (signed by author)
1943	<i>A Surgeon's World</i> by Max Thorek M.D.
1947	<i>The American Illustrated Medical Dictionary</i> W.B. Saunders Co. 21st Edition 880 Illustrations, including 233 Portraits
1950	<i>Woman's Surgeon</i> by Seale Harris M.D. (autographed first edition)
1946	<i>Treatment in General Practice</i> by Harry Beckman M.D.
1976	<i>Physician Signers of the Declaration of Independence</i> by George E. Gifford, Jr.

If interested and unable to attend please contact Barbara Rodriguez at 433-9654 and remember that your tax deductible donation will benefit the Lee County Breast Screening Program.

Our sincere thanks to Dr. and Mrs. Burnam for their generosity.

MCCOURT SCHOLARSHIP

FLORIDA DIABETES CAMP FOR
CHILDREN/YOUTH

LCMS Member...If you have a patient who you feel would benefit from attending Diabetes Camp, please send a letter of recommendation to the Medical Society no later than April 1, 1998, telling us how to reach the patient's parents. We have provided the Upcoming camp dates for 1998 for assistance in planning.

CAMP

Family Weekend
Type 2 Weekend
Bring a Friend Weekend
Adventure Camp
Sports Camp
Sea Camp
Session 1
Session 2
Teen Weekend
Family Weekend
Family Weekend

UP COMING "98" CAMPS

DATES	AGES	LOCATION
March 13-15	All	Camp Crystal, Starke
April 25-26	All	Camp Crystal, Starke
May 9-10	Elementary School	Rotary Camp, Tampa
June 14-20	15-18	North Central Florida
June 21-26	15-18	Rotary Camp, Tampa
June 28-July 3rd	15-18	Marineland
July 26-Aug. 5	11-14	Camp Winona
Aug. 7-15	7-11	Camp Winona
Oct. 2-5	13-18	Camp Winona
Oct. 30-Nov. 1	0-12	Rotary Camp, Tampa
January 1999	All	Vero Beach

FLORIDA DIABETES CAMP ~ (352) 334-1323

THE
QUESTION
MAN

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

"WHO WILL LIKELY LEAD THE
FIGHT AGAINST MANAGED CARE?"

Peter M. Sidel, M.D.
Thomas G.
Cardiovascular Surgery

"While physicians will play an important role in educating the public about the conflicts of interest inherent in managed care, the fight must be led by non-medical representatives of the general public. Public animosity towards managed care has been slow to develop because managed care itself has only recently enrolled a significant fraction of the public. As stories of abuses are told across the back fence, over the telephone, and through e-mail it won't take long for people to become wary of HMO's. The brother-in-law of a lady who works with my wife was recently sent home from an emergency room with chest pain. The ER Physician had apparently recommended admission, but the patient's doctor felt it was unnecessary. Four days later the man went back and underwent coronary artery surgery. The response of my wife's friend was - it must have been an "X" doctor. "X" being the name of a large health care organization that has an office near where my wife works, and that clearly doesn't care about its patients. The people working near that office have very quickly come to see the organization as pompous, rude, overbearing and non-caring. The HMO's will be their own worst enemy. It is important that physicians work hard to preserve their role as advocate for and guardian of the patient. When the public comes to despise managed care, as it surely will, doctors should try hard to avoid being blamed for the fiasco."



Robert B. Pratt, D.O.
Family Practice

"Lawyers! Physicians are too busy fighting pestilence and disease!!"



April's Question:

"SHOULD THE EXECUTION OF
CONDEMNED CRIMINALS BE
SUPERVISED BY A PHYSICIAN?"

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

HEALTH CARE QUALITY
TASK FORCE

House Speaker Newt Gingrich (R-GA) has appointed ten members, as follows, to serve on a working group on health care quality: Charlie Norwood (GA); Harris Fawell (IL); Mike Bilimkis (FL); Bill Thomas (CA); Porter Goss (FL); Sue Kelly (NY); Jim McCrery (LA); Deborah Pryce (OH); Jim Talent (MO); and Kay Granger (TX). In addition, Representative Dennis Hastert (IL) will chair the group.

Let Rep. Porter Goss hear from you...

108 Cannon House Office Bldg.
Washington, D.C. 20515-6820

OR

2000 Main Street, S-303 • Fort Myers, Florida 33901
Fax: (941) 332-1743

NEW MEMBER APPLICANTS

Application for Membership

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

GEORGE T. DRUGAS, M.D. ~ Pediatric Surgery/General Surgery

Medical School: Northwestern University, Chicago, IL (1980-84)
 Internship: Stanford University Medical Center, Palo Alto, California (1985-89)
 Residency: John Hopkins Hospital, Baltimore, MD (1989-91)
 Jackson Memorial Hospital, Miami, FL (1991-92)
 Fellowship: John Hopkins Hospital, Baltimore, MD (1992-94)
 Board Certification: American Board of General Surgery, Surgical Critical Care, and Pediatric Surgery. Dr. Drugas is an associate at the Nemours Children Clinic at 9800 S. HealthPark Drive, S-110, Fort Myers.

VICTOR H. GREGORY, D.O. ~ Radiology

Medical School: Philadelphia College of Osteopathic Medicine, Philadelphia, PA (1966-71)

Internship: J.F. Kennedy Memorial, Stratford, NJ (1971-72)

Residency: Metropolitan Hospital, Philadelphia, PA (1972-75)

Board Certification: American Osteopathic Board of Radiology. Dr. Gregory is an associate with the Radiology Regional Center at 3680 Broadway, Fort Myers.



MEDICARE/MEDICAID FRAUD AND ABUSE COMPLIANCE PLAN

Recent federal legislation has greatly increased the government's resources for combating health care fraud and abuse. The Office of Inspector General and the Department of Health and Human Services and other Federal agencies have emphasized the importance of voluntarily developing and implementing compliance plans. To date, the OIG has established general guidelines that describe seven elements fundamental to an effective compliance program that any health care provider can incorporate into their practice. Based on these elements, many organizations develop in-house compliance plans or hire an outside consultant. The AMA has developed a document reviewing the components of an effective compliance plan.

A compliance program protects both the provider and the Medicare system. When fraud is discovered, both the Department of Justice and the OIG look at the entity to see if reasonable efforts have been made by management to avoid and detect any misbehavior that occurs within the operations. The OIG uses this analysis to determine the level of sanctions, penalties and exclusions that will be imposed upon the provider. Establishing a compliance plan could help a provider in avoiding activities that are fraudulent and abusive.

Members can obtain a free copy of the compliance plan by contacting the Office of Health Policy and Regulations at 1-800-762-0233. This document will be distributed by the FMA to members only.

NEW PROJECT FOR SCHOOLS! WE NEED YOU!

Victoria Sweet, R.N., Legal Nurse Consultant, member of the LCMSA, is coordinating a project for the Lee County Medical Society (LCMS) that teams up attorneys with physicians for an educational project.

This project involves teaching middle or early high school children the potential medical and legal outcomes of driving under the influence of alcohol or drugs. An outstanding committee exists thus far, but they would like to expand the number as to not over-impose on one particular person.

It is not necessary to be a strong public speaker, or have a strong background in this area, just a dedication to helping the community. We can make a difference if we just donate a little time to this worthy cause.

If anyone would like to participate, please contact Victoria Sweet for the next meeting date. (941-433-2988).

School Project Committee

- Dr. Reardon, President of LCMS
- Hal Eskin, Esq., Patterson, Eskin & Ball
- Dr. Larned, Psychiatrist and Psychotherapist
- Andy Sweet, Esq., Humphry & Knott
- Susan Tutko, School District for Lee County
- Victoria Sweet, R.N., LNC
- Angelo Vaughn, Sheriff's Department

CLASSIFIED ADS

ARE YOU CARRYING YOUR FAIR SHARE?

"Do We Need A County Medical Society?"

The changes in the medical practice environment over the past 10 years have made many of you question the necessity of being a member of your county medical society. I have heard the usual complaints of "my dues go nowhere" or "I see no tangible evidence of the society doing anything for me or my practice". WELL, guess what? Just as the government of the United States is predicated upon the active participation of the people, so is the county medical society predicated upon the active participation of its members. In other words, YOU ARE THE MEDICAL SOCIETY. The medical society exist as a forum for meeting the needs and expressing the opinions of YOU, the practicing (and practiced) physicians of Lee County.

If you think the medical society is inert, here is a list of some of the legislative issues that the AMA, FMA and county medical societies will be dealing with:

- due process for physicians terminated by managed care organizations
- allowing physicians the right to self-insure
- opposing the expansion of the Wrongful Death Statute
- eliminating CLIA and AHCA regulatory redundancies
- creation of provider-sponsored organizations (PSOs)
- expansion of patient choice and preservation of physician/patient relationship
- reimbursement for non-contracted hospital-based physicians rendering services to HMO patients
- improvements in the disciplinary process and adequate funding

Many issues that we will have to defend against will be put into bills this legislative session. If you are of the opinion that these issues are of no importance to you and your practice, regardless of your practice scenario, it might be appropriate to ask this point "Who will be in Tallahassee or Washington representing ME when these issues are being debated?"

The medical society serves as your eyes and ears, in the medical environment as well as the community. We are constantly here as a resource for you. We invite those of you who feel that the medical society board is aloof and elitist, to come to a meeting. Call your medical society officers and discuss your concerns and complaints. If you have a message that you feel is not getting out, write an article for THE BULLETIN.

If you choose to just stand back, withdraw from the Society, finger-point and say we're not doing enough or the dues are too high (we have not raised dues for 6 years), you have it backwards. It is you, the society member, who is not becoming involved or doing your share. Are you willing to become involved and make the difference? Don't be on the outside of life looking in...be a participant. One very important thing you can do is invite a non-member physician to join the medical society and do his/her fair share. We have a list of non-members in the society office. If you recruit 3 or more members in 1998, you will receive your 1999 dues free.

Below is just a partial list of the accomplishments of the medical society on your behalf during 1997. We ask that you respect your chosen profession, acknowledging that it has provided well for you. Resolve to be a DOER not a COMPLAINER in the future, dedicated to fighting for your rights as a physician, and those of your patients.

Some of LCMS Accomplishments for 1997

1. Twenty (20) new members were credentialed by the Ethical & Judicial Council, new member orientation was held.
2. Forty (40) community business leaders were given one-day internships with our members.
3. Over nine hundred (900) free sports physicals for area high school students were performed by the Sports Medicine Committee and volunteers.
4. The LCMS/EMS Disaster Committee worked on Special Needs Shelters in the community.
5. Twelve (12) members represented LCMS at the FMA Annual Meeting. Lee County coordinated the Lower West Coast Caucus County Meetings.
6. The Public School Health Committee worked on several issues, and was able to bring about smoke-free Lee County schools.
7. The Joint Bar-Medical Committee, under direction of Dr. John Petersen and Mr. Ken Jones, Esq., put on a successful Golf Tournament to benefit the Boys and Girls Club. The tournament resulted in a tie, with the LCMS retaining the cup.
8. The Grievance Committee thoroughly reviewed the cases necessary.
9. The Legislative Committee and Key Contacts worked diligently to oppose unfavorable legislation. Dr. Steven West, Dr. George Kalemeris and Ms. Betty Rubenstein traveled to Tallahassee to lobby.
10. The society has published the 1997-1998 Pictorial Directory, and of three Editors published ten (10) issues of the Bulletin.


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RE: SAM MUDANO

MEDICAL & SOCIOECONOMIC ABSTRACTS

An Update on Issues Affecting Medical Practice ~ from the FMA

The Florida Medical Association would like to thank all the physicians and their office staff who responded to our informal survey on HMO problems. The FMA received approximately 150 responses. Below is a summary of the general problems.

The FMA met with Kate Morgan, Bureau Chief of Managed Care, Agency for Health Care Administration (AHCA) to discuss the problems encountered by your practices on a daily basis. Ms. Morgan was most receptive in working with the FMA to resolve these issues and offered to establish and mediate a meeting with the top five offenders.

At this time, the Office of Health Policy and Regulations needs your assistance again. The FMA needs documented examples of the problems below (i.e., copies of letters, denial notice, etc.). In an effort to protect participating physicians, any information submitted by a physician will be confidential unless the physician provides his/her expressed permission to identify the parties. Please send examples to the attention of Roberta Kelley.

GENERAL PROBLEMS:

Confirming Eligibility

Many physicians' offices stated that they often encounter difficulties in conforming enrollee's eligibility for coverage. The most common reason cited for this difficulty was that the patient had not received a card or the card had expired. Also, many insurance cards do not contain a phone number of instructions regarding verification of an employee's eligibility. The FMA recommends that all insurance cards be required to publish a customer service number so that an enrollee's eligibility can be verified.

In your example, please list the name of the insurer(s) and describe the problems encountered. Also, please send a copy of the insurance card if it is available.

Obtaining Authorization and Referrals

This is one of the most frequent problems that a physician encounters. Many physicians stated that patients wait until the last minute to obtain an authorization stating that they were not aware of the referral procedure. Furthermore, many physicians stated that they often have to wait an inordinate amount of time to obtain approval for a referral. Complaints of telephone holds of over half-an-hour and HMO's lack of timely response to a request (>3 days) were the most common complaints.

In your example, please list the names of the insurer(s) and document the date and time and the steps taken by your office to obtain an authorization or referral.

Rigid Prescription Formularies

Many HMOs use prescription formularies to contain costs. However, this is a problem when the HMO does not have a mechanism in place allowing for a deviation from the formulary.

In your example, please provide the name of the HMO and examples of any formulary that you feel is inappropriate. Also, please provide examples of any instances where you have had difficulty in requesting that the prescription not be substituted.

Delay of Payment of Clean Claims

This is one of the most universal problems encountered by physicians. Many physicians think that HMOs employ egregious billing tactics in an effort to stall payment and earn interest or for any other purposes. These

tactics come in various forms such as not processing a clean claim by repeatedly requesting information which was given, removing supporting documentation sent with a claim, and randomly dropping procedure codes as if they were never submitted. Since physicians have no recourse in collecting payment from the HMO and must hold harmless the HMO enrollee, the FMA is considering sponsoring legislation that would penalize an HMO if clean claims were not processed in an appropriate time frame.

In your example, please provide the name of the HMO and outline the general problems associated with each HMO. Also provide any documented examples that your office has (i.e., an aging of accounts receivables, letters, etc.)

Inappropriate Bundling of Codes

It appears that many HMOs are inappropriately bundling procedure codes in which a physician's office submits a claim for multiple procedures, but the HMO only pays one or a select few. The bundling is typically inconsistent with the CPT descriptor. The FMA believes that action is prohibited by Section 641.3906(5), Florida Statutes regarding unfair claim settlement practices since the determination is unilaterally made by the HMO often without consulting a patient's medical record. The statute states that an HMO is... "c) Committing or performing with such frequency as to indicate a general business practice any of the following... (1) Failing to adopt and implement standards for the proper investigation of claims; (4) Denying of claims without conducting reasonable investigations based upon available information."

In your example, please submit a copy of the actual claim and the explanation of benefits by the Insurer. Also, correspondence regarding appeals should be included in the examples as well as any other information that you feel is relevant.

Improper Reimbursement of Emergency Care

Many HMOs are not complying with Section 409.9128, Florida Statutes. HMOs are denying payment screening after-the-fact due to lack of authorization, or paying a flat triage fee.

Down Coding of Claims

Again many HMOs are altering a claim submitted by a physician by automatically changing the payment for services to a lower level of service which reduces the final payment to the physician. This often is done without consulting a patient's medical record to determine if the level of service billed was appropriate. This should also be prohibited under the unfair claim settlement practice statute cited above.

In your example, please submit a copy of the actual claim and the explanation of benefits. Also, correspondence regarding appeals should be included as well as any other information that you feel is relevant.

Denial After the Fact

Many physicians stated that payment for services is denied after the services have been rendered. This often occurs in a non-emergency situation where an authorization was approved.

In your example, please submit a copy of the actual claim and the explanation of benefits by the insurer. Also, correspondence regarding appeals should be included as well as any other information that you feel is relevant.

Problems with Customer Services

Many physicians state that the customer/provider service offered by many companies is inadequate and the staff is not properly trained.

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