

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 22, NO. 3

Fort Myers, Florida
John W. Snead, M.D.

May, 1998

MAY GENERAL MEETING

Monday, May 18, 1998

Royal Palm Yacht Club

6:30 pm Social Time - 7:00 pm Dinner

Speaker: Rep. Burt L. Saunders

Topic: "Medical Families'
Involvement In Politics"

Cost: \$25 for Guest and Retired Members

RSVP By May 15th

DISASTER PLANNING SEMINAR FOR PHYSICIANS' OFFICE...

has been changed to June 12, 1998

More information will be
sent separately.

A Tribute to JOSEPH LUTHER SELDEN, JR., M.D. 1911-1998

The following article describes an unusual individual who was invariably referred to as the 'conscience of the medical community' for 30 years. He was never without an opinion and expected debate. He was 'the Bear' - gruff but with a big heart. He commanded respect, whether you hated him or loved him. Even after he left the community, he continued to monitor local (medical as well as community) activities and offered suggestions.

He transcended the era of 'hands-on' medicine to 'techno-medicine'. He was fortunate to have withdrawn from the 'field of battle' when he did, because he would not have tolerated the present day medical climate. He was and will be sorely missed - a legend of his time! No one among us has his courage, conscience, dedication, or love of mankind. Good-bye Brave Warrior!

~ Lee Howington, M.D.

Please read on...

Dr. Joseph Luther Selden Jr. was born in Woodward, AL on September 6, 1911, the son of the late Dr. Joseph Luther Selden and Annie Watkins Selden. He lived in Faunsdale, AL until 1919 when the family moved to Louisville, KY.

He attended Baylor School, in Chattanooga, TN and graduated in 1930 from Louisville Male High School. From the University of Louisville he received a BA degree and, in 1936, his MD degree. He played varsity football at U of L.

He interned at the Tennessee Coal & Iron Co. Hospital in Fairfield, AL and later at City Hospital, Mobile, AL. On December 8, 1938 he married Ann Clyde Brooks, a former nurse, who he met while in Mobile. Commissioned a First Lieutenant in the U.S. Army Medical Corps Reserve, he was assigned to the CCC Camp in Jefferson City, TN.

In 1939, he was appointed Head of The Order of the Holy Cross Hospital in Mbolahun, Liberia. The Liberian Government later appointed him Medical Officer of Health of the Western Province of Liberia. Mrs. Selden assisted him in running the hospital where he treated many tropical diseases prevalent in the "back country". He served as part of a team working on treatment for Sleeping Sickness (Trypanosomiasis). Their first daughter, Anne Caroline Selden Shoemaker, now deceased, was born in Mbolahun.

Returning to this country in 1941, Lt. Selden reported for active duty in the U.S. Army on December 6, 1941 and served in Eritrea, Egypt, Iran, India, and this country. His first assignment was to

(Continued on Page 2)

PRESIDENT'S MESSAGE

David M. Reardon, M.D.

"BEING CAREFUL"



As the "season" is winding down, most of you are probably feeling somewhat exhausted...as I am. Seemingly, there is little reserve and I wonder if I will be able to make the next diagnosis, read the next tray of pap smears, or attend the next interminable meeting. The pace of our modern world has become absolutely frantic. Forces pulling in a bewildering array of directions make it difficult to stay grounded and maintain an appropriate focus.

In the midst of this mid-year, mid-life, mini-crisis, I was recently handed an insult that added to the list of growing injuries. I was told "You don't CARE." WOW! Talk about pushing a button. To tell a "caregiver" they don't care or a "try harder type" they aren't trying sends them into the ionosphere. Well, I quickly came back to earth.

As I pondered what I first took to be the ultimate affront, I realized I should use this as an opportunity to reevaluate what they really meant. Webster's New World Dictionary defines "care" and "caring" as: 1) a troubled or burdened state of mind 2) close attention or careful heed 3) a liking or regard for 4) charge, protection, or custody 5) to feel concern about or interest 6) to have an objection, worry, regret 7) to take charge of; look after; provide 8) something to watch over or attend to; a responsibility. Had I somehow stopped caring? What sort of care are they looking for from me given their own wants, intentions, needs and expectations?

Certainly, this definition implies all the subtleties and complexities of the duties I have to my God, my family, my job - as a physician and pathologist, my profession, and my community...to name only a few.

My profession falls fourth on the list. On any given day, it could be number one or number ten. Fortunately, I am not alone, we are not alone, in our pursuit to uphold and advance the standards and values of our profession. There is an entire Federation of Organized Medicine working on your behalf from the AMA nationally, through the FMA at the state level, and the LCMS locally. Oh, I know you don't want to hear the litany of "what we are doing for you". But just as it is important to reflect about caring in our own lives, it is equally important to reflect on how organized medicine is caring for us, our profession, and our patients. I am also aware that a list of endeavors that often comes off as lofty and irrelevant doesn't address one of your main concerns...economics. Well, I am naive enough to believe that it has everything to do with sound economics in medicine. If we do what is right for our patients, our profession, and ourselves, the final translation will result in economic success. This is not some "Pollyanna" fairy tale; these are fellow physicians sacrificing much of their own personal and professional time for you.

Below is a summary of recent activities in the Federation of Organized Medicine:

THE AMA:

1. Evaluation and Management guidelines - The AMA recognizes the frustration and anxiety all of us are feeling as a result of HCFA's revised documentation guidelines for E and M. The AMA is responsible for having obtained a six-month implementation delay from HCFA in order for the medical profession to address problems with E and M documentation guidelines. The December 1997 AMA House of Delegates saw the need to revise the guidelines and met with HCFA to present their case. HCFA has agreed to the AMA's proposed process for fixing documentation problems.

The AMA's Three-Pronged Campaign Includes:

• Advocacy to ensure that physicians are protected from unwarranted fraud and abuse penalties when

inadvertent coding or documentation errors occur, as well as ensuring the proper use of documentation guidelines and audit criteria by Medicare and other payers.

• Ensuring that refinement to the guidelines are comprehensive and result from a process through which national medical specialty societies and state medical associations continue to provide the AMA, the CPT Editorial Panels, and HCFA with detailed recommendations for clarifying and improving the documentation guidelines.

• A coordinated effort between the AMA and other members of organized medicine to conduct an extensive educational effort to assist physicians during implementation of the final revised guidelines and payer audit criteria.

2. The American Medical Accreditation Program (AMAP) - The AMA has been proactive in developing a single, universal means of assessing excellence. The AMAP is a voluntary, comprehensive accreditation program to measure and evaluate individual physician performance against national standards, criteria, and peer performance. The concept is that of one credential, created with input from all interested bodies, that satisfies physician performance assessment needs. Five areas are covered: credentials, personal qualifications, environment of care, clinical performance, and patient care results. When AMAP is operational and is accepted by MCO's insurance companies, and other payers we will no longer have to complete multiple credentialing and accreditation applications and be subject to multiple inspections, site visits, or performance measurement systems.

Physicians will set the standards for ourselves. If we don't do it, someone else will surely do it for us.

THE FMA:

1) Aetna Contract - The FMA was instrumental in leading the way with the AMA to initiate action objecting to the onerous Aetna Contract presented to physicians of Florida and other states. As a result, Aetna has modified its contract in several states so it is more acceptable. Meanwhile, the AMA's Legal Department is exchanging letters with Aetna in hopes of solving the issue on a national level. If the AMA is not successful soon, it will sue Aetna.

2) Union Activity - The FMA has appointed a committee to evaluate the possibility of physician unionization in Florida. At a recent update on this topic in Port Charlotte, experts from the AMA and FMA presented the issues clearly. Unionization, as we know it, is not a viable option for most physicians to deal with managed care.

THE LCMS:

Strategic planning - A strategic planning committee of the LCMS has met twice in recent months to help map the course for our local society's future. We have developed a list of ten priorities, which we will begin to address. The top five are:

- 1) Increase physician awareness on how the LCMS and FMA represent them.
- 2) Name a public relations committee to discuss the need for marketing the medical profession and increasing our exposure in the community.
- 3) Increase the strength and influence of the Legislative Committee.
- 4) Declare war on insurance companies, in so far as it is possible.
- 5) Develop better management skills for medical offices - set them up to run as a business.

In closing, if you have recently been asked, or have asked yourself whether you care, please consider organized medicine as one very important partner in your responsibility. Organized medicine cares for you and you should care for it through your continued support and membership. It is one place, in which I know, there is solid ground in a turbulent world.

AS I RECALL...

Roger D. Scott, M.D.

"OWED TO MYRTLE"

As the years go by, more and more good things seem to depart from my life. I just lost a good person with the retirement of Myrtle S. Miller, my Office Manager and friend for the past 40 years and 1 month. Myrtle came to work for me in February 1959, only seven months after the office opened. We were in a very tiny office in the Crescent Building and the very young secretary had become pregnant. As she enlarged, the room became much smaller, and it was impossible for her to even get to her desk. Therefore, it was necessary for me to find a new secretary and God delivered a delightful Myrtle. We have been through births, deaths, divorces, marriages, good and bad economic times, joys and sorrows, and the many changes in medicine over these years. Myrtle has been a truly devoted employee who, except for summer vacations, has probably had two weeks off for an operation about 20 to 25 years ago and maybe a week or so all together for sick leave during her tenure. Myrtle never complained, but would come forth to issue help and encouragement to all of us who have been in contact with her. She has always been totally trustworthy and loyal. Myrtle has now decided that it's time for her to take life easy and therefore she has taken an "early" retirement after 40 years. This has truly been an ode to Myrtle but is meant as a tribute in an effort to repay the debt I owe her for such wonderful professional service over the years. She has truly been one of God's angels. After such long associations it feels more like I am losing a member of the family rather than an employee. I know that Myrtle will enjoy her retirement as she is still an active "young" woman. Thank you Myrtle for all that you have given all of us. You will be missed by so many of the patients who are used to seeing you or talking to you on the phone. You have always been a wonderful representative of medicine and also of my office. Now that you are no longer my secretary please call me Roger instead of Dr. Scott.

This is, in addition, a tribute to all of the paramedical personnel who support us in our practices and in our professional life.

Another loss is the death of Joseph L. Selden, M.D. (age 86) who came to Fort Myers in 1945. Joe began developing the specialty of OB-GYN in this area. Joe was nicknamed (by his patients) "The Big Teddy Bear", and he gave each of the new doctors a nickname when they came to town. I was the "Jolly Green Giant" as I was jolly and always wore green scrubs. Joe did much to foster medicine in the area and also much in civics. Farewell, Teddy Bear.

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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
RESIGNED

Eric Borock, M.D. Mark De Santis, M.D.
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A TRIBUTE TO... (Continued from page 1)

the North African Military Mission, with orders for service in Egypt and Eritrea, where Army Engineers were to clear the Massawa Harbor to facilitate getting supplies to the British in Egypt, then being threatened by Rommel.

Following his discharge from service in 1945, he and his family moved to Florida, settling ultimately in Fort Myers. Subsequently, he completed course work in Obstetrics and Gynecology, limiting his practice to OB/GYN, a field he served until his retirement in the late 1970's.

He was founder of Canterbury School in Fort Myers. Their other five children were born in Florida - Julia Selden White and Mary Selden Brown, both of Greenville, AL; Joseph Luther Selden III, of Perth, West Australia; and the late Camille Selden Beach and the late Victoria Selden Willard.

Their Florida garden on Jambalana Lane along the Caloosahatchee, off McGregor Boulevard, was filled with exotic plants, a hobby of both Dr. and Mrs. Selden.

An active Rotarian, Dr. Selden headed his local club and was District Governor in 1972-73. A major achievement was the construction and equipping of a hospital in an isolated city in rural Honduras. Initially, Rotary was to equip the Maternity Ward; but later on learning that the whole project was in danger of falling through, Dr. Selden helped secure financing for the materials which the local residents then used to construct the building themselves.

As a result of his numerous accomplishments, he was named a Paul Harris Fellow, one of Rotary's highest honors. A seasoned traveler, Dr. Selden visited India twice with Rotary programs.

On retiring, Dr. and Mrs. Selden settled on Coosa Mountain overlooking Vandiver, AL. He enrolled in Cumberland Law School, now part of Stanford University, where he taught a course in "Law and Medicine" to familiarize students with terminology and concepts they would encounter in their law practice. He took course work toward a law degree.

Dr. and Mrs. Selden joined others in forming St. Bebe's Anglican Church, now part of the Diocese of Christ the King. He and Mrs. Selden both assisted in building the present structure with their own hands.

Other survivors include five grandchildren; four great grandchildren; two brothers and a sister.

TAKING BACK THE PRACTICE OF MEDICINE

Write Your Congressional Members

PATIENT RIGHTS

Members of Congress on both sides of the aisle continue to express interest in advancing the issue of quality health care for patients, and multiple bills are expected to be introduced shortly. In your discussion with Senators and your Representative please stress the need to include the following elements in any bill:

- Removing ERISA's Pre-emption so that health plans would be liable for medical decision making -- H.R. 2960 (Norwood).
- Ban Gag Clauses and Gag Practices in all plans -- H.R. 586 (Ganske) & S. 449 (Kyl).
- Patient Protections and Plan Disclosure Requirements Such As:
 - Comparative information for patients on benefits, cost-sharing, service areas, physician and provider access (including access to specialists), and physician composition; non-discrimination based on health status;
 - Prudent lay-person standard for emergency services;
 - Fair, medically-based grievance and external appeals procedures for physicians and patients;
 - Procedures to assure continuity of care for patients (physician de-selection);
 - Prohibition on incentive arrangements to limit medically necessary care to patients.
- Broader freedom for physicians to negotiate the terms of patient treatment with plans and payors.
- Rely on private sector groups to advance quality improvement objectives.
- Appropriate safeguards to ensure the confidentiality and security of patient medical records and information.

Prepared by the American Medical Association ~ Public Sector Advocacy Group

LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectfully submitted by Kathy Marchildon, Corresponding Secretary, LCMSA

1998-1999 NOMINATED OFFICERS

The Nominating Committee is pleased to announce the slate of officers for the upcoming year. These officers will serve with our 1998-1999 president Nancy Barrow.

President Elect
Vice President
Treasurer
Corresponding Secretary
Recording Secretary
Nominating Committee

Gena Burtch
Kathy Marchildon
Maruchi Rodriguez
Lisa Fleishman
Debbie Hughes
Harriet Lipshutz
Barbara Rodriguez
Kathy Danehy

Their installation ceremony will be held on May 6th at 10:30 at the University Club. Many thanks follow the outgoing executive board for their hard work and good humor.

SUMMER VOLUNTEER PROGRAM

With summer fast approaching, it's time to think of worthwhile summer activities for your children. This summer the Alliance will host another Volunteer Program. Your child can get a chance to be you for a day. The program was designed to foster understanding of the hospital environment and the challenges and stresses you face everyday. As a nice dividend, it also develops an increased awareness of the importance of community service and gives you a chance to spend time with your family. For more information and to make a reservation please call on Marivic Gamez at 278-3332.

1998 CHARITY BALL NEWS

The rhythm is gonna get you, at the 1998 Charity Ball, "Moon Over Havana" coming to the Sanibel Harbor Resort and Spa on May 23rd, 1998. The time has come to send in your reservation so if you have not received an invitation please contact Charity Ball Chairman Barbara Rodriguez at 433-9654.

FLAMEDCO PLAN OPENS ACCESS TO MEDICAL SAVINGS ACCOUNTS

County Medical Society members can participate in a pilot program of Medical Savings Accounts - individual accounts established to pay qualified medical expenses while lowering health care costs.

To qualify for an MSA, an individual must be either self-employed or work for a small employer that has an average of 50 or fewer employees during either of the two preceding years.

MSA holders must also be covered by a high-deductible health plan. Typically, a high-deductible plan costs much less than those with low deductibles.

FMA members now have access, through FMA sponsored group medical coverages, to a \$2250 deductible option that is designed as a high deductible health plan. This high-deductible plan is not a Medical Savings Account, but it may allow eligible individuals to take advantage of income tax benefits available when establishing an MSA and use the money in the MSA to pay for qualified medical expenses subject to the deductible under this plan.

The plan meets federal government guidelines that should enable eligible participants to obtain tax deductions on their MSAs.

For more information contact Penny Smith at FLAMEDCO, 904-354-5115 or 800-423-1409.

FLORIDA MEDICAL ASSOCIATION
Annual Meeting ~ May 14-17, 1998

We have 11 Delegates attending the FMA Annual Meeting on your behalf. They will take time out of their practices with no pay and the support of their colleagues to debate the issues on Health Care. Say "Thank You" to them when you see them in the offices, hospitals or socially.

Ralph Gregg, M.D.
George C. Kalemis, M.D.
F.L. Howington, M.D., CH
Richard G. Kilfoyle, M.D.
Howard Barrow, M.D.

David M. Reardon, M.D.
James H. Rubenstein, M.D.
David Shapiro, M.D.
Alan D. Siegel, M.D.
Steven R. West, M.D.

Robert E. Arnall, M.D. (representing the Organized Medical Staff Section.)

THE
QUESTION
MAN

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

MAY'S QUESTION: "SHOULD ANYONE
OTHER THAN A MEDICAL DOCTOR BE
ALLOWED TO USE LASERS ON A
HUMAN BEING?"

William P. Evans, M.D.
Urology

anyone other than certified physicians should be using them."

"No. I think that laser therapy falls into the realm of surgical intervention and the use of this should be confined to physicians who are adequately trained to use it. The use of lasers can result in significant complications and damage if used improperly or injudiciously. I don't believe



James Penzel, M.D.
Gastroenterology

"Lasers should be considered as surgical instruments. This question is best addressed in the broader context of whether non-physicians should be performing surgical procedures. In my opinion the answer is simply no. Physicians are best qualified to determine whether a surgical procedure is appropriate and which procedure best meets the overall needs of the patient. Even though a non-physician professional may have the technical skill to perform a surgical procedure, he or she still does not necessarily have the judgement to ensure that the right decision is being made. The fiduciary responsibility for decision making and proper performance of the procedure should remain in the hands of the physician."



Robert Brueck, M.D.
Plastic Surgery

"I think it depends on the laser. I think with proper training and supervision, a nurse should be allowed to use certain lasers on patients."



Richard M. Gleser, MD
FACS
Ophthalmology

Recent state legislation in Oklahoma has allowed optometrists to perform laser vision correction. Unfortunately this issue has become an economic turf battle which is likely only the beginning. Medical doctors (MD's and DO's) are the best qualified to perform laser procedures. In the United States, there is no short supply of medical doctors to provide these procedures so there is no reason to allow others to perform laser procedures other than for their economic gain. Those wishing to perform laser procedures ought to go to medical school and get the appropriate degree."

No BULLETIN published in June

July's Question:

"HOW DO YOU FEEL REGARDING
PHYSICIANS BEING ABLE TO
UNIONIZE?"

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

PHYSICIANS IN THE NEWS

Through special invitation from The Royal Australian College of Ophthalmologists, John W. Snead, M.D., F.A.C.S., was a guest speaker at the 1998 South Australia Conference of the Royal Australian College of Ophthalmologists. Dr. Snead taught eight lectures as an assistant clinical professor under the auspices of the University of South Florida, Department of Ophthalmology, Tampa, Florida. The conference was held at the Stamford Grand Hotel, Adelaide, Australia from February 26-28, 1998.

Stephen F. Scholle, M.D. has opened his office for the practice of Family Practice at the Beach Family Medical Clinic - 765-0007.

WE GET LETTERS

March Mini-Internship Program

Dear Dr. Siegel,

I apologize for this letter being a month late, but getting back to my normal routine after my mini-internship took longer than I anticipated.

I want to take the opportunity to thank everyone involved in my mini-internship for making it a once in a lifetime experience that enabled me to gain insight that can only be gained from first hand knowledge and observation.

In response to the blue follow-up form provided:

I found the experience to be very beneficial. It allowed me to get behind the scenes to gain insight into the human side of medical technology.

I gained key information regarding the pressure from managed care to squeeze cost regardless of the physicians' knowledge. Case managers in an office, usually in another state, decide what is best for a patient. The patient is stuck in the middle between quality care and affordable coverage. Medicare regulation and bureaucratic paperwork taking precious time from the human contact between patient and doctor. Our litigious society makes every decision a possible lawsuit.

Regarding suggestions to improve the program, I can't think of any.

I would definitely recommend the program to others, and have mentioned it enthusiastically to anyone who will listen. In fact, I'm recommending my uncle to try the program with his local Medical Society. The program enables the community to "walk a mile in the other person's shoes" which is by far the most profound learning experience.

Thank you so much for the opportunity to better understand the practice of medicine and the problems we all must face and work together to solve.

Respectfully yours,

Jill Lampley
Chief Financial Officer ~ Hope Hospice

RISK MANAGEMENT

Compliance of Controlled Substances

Recent efforts by the DEA and Board of Pharmacy have been aimed at curbing the lack of compliance in the areas of:

STORAGE: Stock should be kept to a minimum under security lock, substantially constructed cabinet or safe and an office alarm system. Access restricted to a minimum number of employees.

DOCUMENTATION: Closed system: Dispensing controlled substances need to be traced from the time it is manufactured to the time it is dispensed to the ultimate user. Retain records for two years and make available for inspection.

EVALUATION: Assessment of your office: Internal medication pharmaceutical policy and procedure should be in place. Each office should do an initial inventory and continue to do inventory on a biannual basis. Inventory record should include:

1. Name, address, and DEA registration number of registrant.
2. Date, time, opening or close of business.
3. Be signed by person responsible for TAKING inventory.
4. Maintain records of location appearing on registration certificate for two years.
5. Keep records of Schedule II drugs separate from all other controlled substance records.

DISPENSING: A practitioner is authorized to prescribe controlled substances by a jurisdiction in which the physician is licensed to practice his profession and registered with the DEA.

DISPOSAL METHODS: Registrant Pharmaceutical Recovery Company Private Disposers - DEA registrant who uses EPA facilities permitted for the incineration of pharmaceutical waste products. All Schedule II and V must use these companies.

Small amounts of non-controlled drugs may be flushed into the sewer system. All drugs must be destroyed beyond reclamation. The DEA Registrant Recovery Companies can accept Schedule II, III, IV and V substances for processing and destruction.

You may want to obtain the DEA Physicians Manual and a list of Registrant Recovery Companies for your area from:

DEA TAMPA OFFICE
4950 West Kennedy Boulevard, S-400 • Tampa, Florida 33609

RECOVERY COMPANIES

1. SAT Transport • 3420 Young Ridge • Lakeland, Florida 33810 • (941) 858-7110
2. Pharmaceutical Recovery Services, Inc. • 5422 Carrier Drive, Suite 204 & 205
Orlando, Florida 32819 • (407) 370-2400
3. Affordable Pharmaceutical Destruction, Inc. • 4301 32nd Street West, #B21
Bradenton, Florida 34205 • (800) 842-3912

THERE ARE 160 REASONS TO JOIN FLAMPAC AND THE 1000 CLUB

All of them sit in the Legislature in Tallahassee

Did you know...that 60% of the sitting members of the Legislature will leave office in the year 2000 - a result of term limits.

Did you know...that the remaining 40% will leave office by 2002 - because of term limits.

That means that we have an unprecedented opportunity to elect medicine friendly candidates to the state legislature...

- the legislature that will - or - won't - consider tort reforms
- the legislature that will - or - won't consider restraints on managed care
- the legislature that will - or - won't consider permitting non-physicians to practice medicine
- the legislature that WILL have control over the fees you pay to practice medicine

Contributions to FLAMPAC and the 1000 Club are the most effective way to ensure that medicine's voice is heard in Tallahassee - by electing medicine friendly candidates.

The Trial Bar is already generating it's war chest, and so are all the other professions that recognize that in order to have a voice in politics, you have to work with politicians. You can bet their candidates won't have your interest at heart. If the physicians of Florida don't start NOW to raise money for the upcoming elections in 2000 and 2002, we're sitting ducks. We can't afford apathy and cynicism any longer.

Everybody complains about politics - too few doctors do anything practical about it. Do something practical - join FLAMPAC and the 1000 Club!

SKYDIVING WITHOUT A PARACHUTE

By Cliff Rapp, Loss Prevention Manager

The necessity of implementing effective loss prevention measures is underscored when analyzing the most recent statewide medical professional liability closed claim data. Without question, 1996 was a banner year for trial attorneys and their clients. According to the Florida Department of Insurance, a record \$238,510,498 was paid to claimants in 1996 on behalf of Florida physicians and surgeons. This staggering amount reflects an 11% increase from 1995 in terms of total indemnity dollars paid and a 10.4% increase in the number of closed claims for 1996. The average indemnity payment, per physician, was \$217,421. The most alarming increase is seen in the percentage of claims which were closed with indemnity paid at a record 55%! While general practitioners top all medical specialties for the most closed claims in 1996, pediatricians had the highest average indemnity payment at \$397,639, while OB/GYN's paid out the most dollars at \$32,923,354 in 157 paid cases. Ophthalmologists topped the list with the highest percentage of paid cases at 72.2%. While it is no surprise that Dade County leads the state by sheer number of claims, Escambia, Osceola, and Clay counties placed first, second and third respectively with the highest average indemnity paid per case at \$480,979, \$350,708 and \$292,438 respectively. No medical specialty or practice environment is immune from the spiraling chances of being sued in Florida, currently 1 in 6 according to actuarial studies, twice the national average.

Stemming from the advancing tide of medical professional liability suits requires a multifaceted approach. Aside from practicing good medicine and avoiding patient injury, physicians must be prepared to fight in court to uphold practice standards and the freedom to exercise individual judgment.

As long as medical negligence cases remain in the civil justice system, good doctors, practicing good medicine, will have patient outcomes that will become the subject of law suits. The impact that managed care has had upon a physician's liability exposure necessitates proactive risk management savvy. Clearly, having one set of standards for utilization review and cost containment purposes and another for determining medical malpractice does not balance from a liability standpoint. Practicing medicine in Florida without implementing effective loss prevention measures will serve only to fuel what the 1996 closed claim data reveals: lawsuits against doctors continue to rise and are a fact of practice life. Anything less than a full commitment to defend non-meritorious claims may be likened to skydiving without a parachute.

* All figures cited are per Florida Department of Insurance Physicians and Surgeons closed claim data for disposition year 1996 as of 7/7/97. Medical specialty and county data is limited to claim experience of ten or more closed claims.

Cliff Rapp is affiliated with the Professional Liability Company Physician's Protective Fund.

SPECIAL PEOPLE COLUMN

These are really quite special...

One night, at 11:30 p.m., an older African-American woman was standing on the side of a Alabama highway, enduring a lashing rain storm. Her car had broken down and she plainly needed a ride. Soaking wet, she tried to flag down a passing car. A young white man stopped to help her-generally unheard-of in those conflict-filled 1960s. The man drove her to safety, helped her to get assistance, and put her into a taxi cab. She seemed to be in a big hurry! She wrote down his address, thanked him, and rode away. Seven days went by and a knock came on the man's door. To his surprise, a giant combination console color TV and stereo record player were delivered to his home. A special note was attached. The note read: Dear Mr. James: Thank you so much for assisting me on the highway the other night. The rain drenched not only my clothes but my spirits. Then you came along. Because of you, I was able to make it to my dying husband's bedside just before he passed away. God bless you for helping me and unselfishly serving others.

- Sincerely, Mrs. Nat King Cole

During my second month of nursing school, our professor gave us a pop quiz. I was a conscientious student and had breezed through the questions, until I read the last one: 'What is the first name of the woman who cleans the school?' Surely this was some kind of joke. I had seen the cleaning woman several times. She was tall, dark-haired and in her 50's, but how would I know her name? I handed in my paper, leaving the last question blank. Before class ended, one student asked if the last question would count toward our quiz grade. 'Absolutely,' said the professor. 'In your careers you will meet many people. All are significant. They deserve your attention and care, even if all you do is smile and say hello.' I've never forgotten that lesson. I also learned her name was Dorothy.

- JoAnn Jones

If you know of a special person or event, please feel free to submit a story for print, we would love to share it! If you have any questions, comments, or would like to submit an article, contact the Lee County Medical Society Office for more details.

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HENRY FORD HEALTH SYSTEM

What Our Patients Expect From Our Physicians ~ Results of 1996 Patient Focus Group

"PATIENT EXPECTATIONS"**WHEN SCHEDULING AN APPOINTMENT**

- Limited time on hold
- Expect same-day appointment for sick patient visits

CHECK-IN PROCESS

- Greeted by the office staff in a warm, friendly manner
- Positive acknowledgment - even if staff is busy
- Referral to patients by name
- Patients want to be informed (and updated if necessary) of the approximate length of their wait

WAITING

- Reasonable length of time in the waiting room is 10 to 20 minutes
- Patients are less willing to wait in the examination room - 5 to 10 minutes only - because of comfort reasons

ENCOUNTERS WITH NURSES AND MEDICAL ASSISTANTS

- "Polite" and follow standard medical procedures
- Good communications between doctor and support staff is very important (and also quite evident to the patient when lacking)
- Would like to be able to call the medical center to speak with a nurse for quick consultative-type matters

TESTING

- Call patients with all test results
- Medical center staff schedule any needed tests rather than having the patient do the scheduling

EXIT PROCESS

- Give direction
- Closure

"PHYSICIAN EXPECTATIONS"**COMMUNICATION SKILLS**

- Nonverbal cues and behaviors
- Refers to patient by name
- Good listener
- Has a caring and compassionate attitude
- Shows sincere interest in the patient's health
- Knows the patient's medical history and the reason for the visit
- Explains everything in understandable terms
- Involves the patient in the process: dialogue, not monologue
- Answers all questions with sincerity
- Provides closure so the patient understands that the visit is completed
- Accessible by phone if necessary

DEMONSTRATION OF COMPETENCE

- Exhibits knowledge of the patient's past medical history
- Knows the reason for the patient's visit
- Thoroughly assesses medical needs; probes for symptoms
- Offers suggestions for preventive measures
- Writes clearly when prescribing medications in writing
- Refers patients to a specialist immediately
- Tells the patient what he/she is doing, and why, and what outcomes to expect

LENGTH OF TIME WITH PATIENT

- Gives the perception that the patient's time is valuable
- Sits down, takes time with the patient
- Answers all questions
- Doesn't spend the whole time writing
- Doesn't edge toward the door (or put a hand on the door knob)
- Doesn't look at a watch
- Doesn't make the patient feel rushed
- Doesn't cut off the patient in mid-sentence
- Doesn't ever have his/her back to the patient

**3rd ANNUAL GOLF TOURNAMENT
"LEGAL-MEDICAL CHALLENGE CUP"**

Sunday, May 17, 1998

WHEN:

1:00 pm ~ Shotgun Start ~ 2 person teams

WHERE:

Lexington Country Club

CONTACT:

Dr. John Petersen or Dr. Scott Harris 939-9939

Sign-up forms also available at the
Lee County Medical Society Office

NO MEETING JUNE, JULY, AUGUST!
NEXT MEETING SEPTEMBER 21, 1998...
ENJOY YOUR VACATION!

NOTE OF INTEREST...

The deadline for presenting material for the
BULLETIN is the 10th of each month.

When finished with this issue . . .



*Pass it on to
your staff!*

TO:

INITIALS:

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Reprint for the Group Practice Journal

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