

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 22, NO. 6

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

October, 1998

OCTOBER GENERAL MEETING

Monday, October 19, 1998

Royal Palm Yacht Club

6:30 pm Social Time - 7:00 pm Dinner
8:00 pm Program

Speaker: Catherine Larned, M.D.

Topic: "Physician Responsibility on Medical
Conditions, Medications, and Driving" and
Motor Vehicle Laws, DUI

CME: "This activity has been planned and
implemented in accordance with the Essentials and
Standards of the Accreditation Council for
Continuing Medical Education through the joint
sponsorship of the Florida Medical Foundation
and Lee County Medical Society. The Florida
Medical Foundation is accredited by the Florida
Medical Association to provide continuing medical
education for physicians."

The Florida Medical Foundation designates this
activity for a maximum of one (1) hour in
Category 1 Credit towards the AMA Physician's
Recognition Award. Each physician should claim
only those hours of credit that he/she actually spent
in the educational activity.

Cost: \$25 for Guest and
Retired Members

RSVP By October 15th ~ 936-1645

LETTER TO THE EDITOR

Support One of Our Own

The Society is fortunate to have a member (Steve Machiz) seeking election to the Board of Directors of Lee Memorial. I have known Steve for about 25 years and he has been a gentleman during this period of time. He practiced Urology until 1992 when he retired from medicine and devoted time to retirement but still remained active in both the medical and economic fields. He was trained in economics in college and appears well versed and has proven his worth as trustee of several land trusts. With both medical and economic experience Steve would do a fine job as Director of the Board and would render fair decisions both to medicine and to the hospital. I would urge each of you to vote for Steve and to encourage your friends and patients to support him in his endeavor.

Roger D. Scott, M.D.

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PRESIDENT'S MESSAGE

David M. Reardon, M.D.

"ALTERNATIVE HEALTH CARE"



Most of us are becoming increasingly aware of the availability and use of so called alternative medicine by what would seem to be a growing segment of our population. The rise in popularity of health food stores offering dietary supplements, the expansion of the self-help section in your favorite bookstore offering volumes on arthritis to spiritual healing, and the increasing numbers of advertisements for massage therapy, acupuncture, and aroma therapy serve as signs telling us, at least, some of our patients are looking for more than they perceive we can offer them. Just how prevalent is the use of these alternative approaches to health care in our society? Do you know how many of your patients may be involved in such care? Are they being supervised and if so by whom? These are a few of the questions that came to mind when I read the recent JAMA "Why Patients Use Alternative Medicine".¹ Most of us know little about the subject. Not much is written about it in the medical literature. What notions we have of this nebulous concept are disparaging at best. Based on the fact that most of these remedies have no basis in science that has ever been documented in controlled trials, we view them as incongruous.

Alternative medicine can be defined as a heterogeneous set of practices that are offered as an alternative to conventional medicine for the preservation of health and the diagnosis and treatment of health related problems. Its "providers" are often called healers. Four general categories have been used to describe these unconventional modalities: 1) Spiritual and Psychological 2) Nutritional 3) Drug and Biologic 4) Physical Forces and Devices. The most frequently used alternatives to conventional medicine are reported to be relaxation techniques, chiropractic, and massage therapy.

The use of unconventional therapy is not confined to any narrow segment of our society.² The typical users profile is that of an educated person whose philosophical orientation toward health can be described as holistic. An additional factor predicting use of alternative medicine is health status; with its use increasing as health status declines. Back problems, chronic pain, headaches, anxiety, urinary tract problems, and cancer are the most frequent, specific health problems for which people seek alternative health care.

For five of the ten most frequently offered primary medical conditions of Americans surveyed in 1990, the use of unconventional therapy with or without seeing a medical doctor was more frequently utilized than the services of a medical doctor (back problems, insomnia, headache, anxiety, and depression).³ Those seeking alternative therapy did so without the recommendation of their medical doctor almost 90% of the time. Seventy percent of the time these same patients did not inform their physician of their use of the therapy. Almost half of those using unconventional modalities were completely unsupervised by any professional. Over half of these people pay the entire cost out-of-pocket. One third of the cost of conventional therapy is at least covered by a third party payer and 14 percent of these services are completely reimbursed by a third payer.

In 1990, 425 million visits to unconventional therapists are estimated to have occurred. This contrasts with 388 million visits to primary care physicians during the same period. The total projected out of pocket expenditure for unconventional therapy including supplements was \$10.3 billion in 1990. Compare this with the \$12.8 billion out of pocket spending for all physicians' services in that year.

There may be some advantages to alternative care. Many of the remedies are likely harmless, are often inexpensive, and are used to treat benign and self-

(Continued on page 2)

MEMORIAM

Gerald Charles Wrobel, M.D. ~ 1941-1998

The Lee County Medical Society, the staff and physicians of Kagan, Jugan & Associates, and Associates in Orthopedics, our community and his patients mourn the loss of Gerald Charles Wrobel, M.D. who died August 17, 1998 while hunting in Eastern Zambia. An experienced outdoorsman and hunter, Gerry's death occurred as a result of an elephant attack.

Gerry was born December 18, 1941 in Chicago, Illinois and leaves behind his parents, sister, son and daughter-in-law, grandchildren and fiancée. In addition, he leaves countless patients whose lives he has touched over the years and colleagues who are better because they have known him.

Gerry received his BS degree from Marquette University and his MD degree from Northwestern. After a stint in the US Army Medical Corps, Gerry came to Fort Myers in 1975, joining Drs. Wade Garner and Doug McCall. For the last 15 years, Gerry had practiced with John Kagan, MD and Michael Jugan, DO & Associates and had active staff privileges at all 4 Lee County Hospitals.

By his family, Gerry will be remembered for his love and time he so willingly shared with them. His ability to call upon his inner qualities to assist those he loved, no matter what the situation, will be sorely missed. Their memories of his nurturing, guidance, strength, humor, patience and wit will sustain them in the days to come.

By his patients, Gerry will be remembered as a caring, dedicated physician who was never too busy to handle their

problems - day or night, minor or serious. Medicine was Gerry's calling and his love. In combination with his love for his work, he possessed excellent surgical skills which are evidenced by his many patients whose lives are also better because they have known him.

By his colleagues and those he worked with, Gerry will be remembered for his abilities, his hard work, his humor and his ability to put into words just what everybody was feeling but couldn't voice. He dedicated the last 23 years of his life to our medical community. Our remembrance of his dedication, loyalty, and wonderful traits will be his legacy.

As for me, I lost one of my closest friends. Gerry and I worked side by side for hours on end each week in surgery for the last 15 years. In fact, so much so, that verbal communication was unnecessary as our sense of what the other was thinking or needing guided our work. When I needed advice, I could always count on Gerry to be objective, honest and true to me. His mischievous grin, with the twinkle in his eye, and his "wrobelisms" - humorous thoughts and words to explain so many of life's situations - still make me chuckle. I miss Gerry and always will as he was a tremendous influence in my life. I, too, am a better person for having known and worked with him. In his humble and unassuming way, he did not even have a clue as to how many lives he touched and how much he was loved and will be missed by all who knew him.

His Friend and Colleague,
John Kagan

AS I RECALL...

Roger D. Scott, M.D.

"BOO-BOOS, SNAFUS & FUBARS"

For those of you who may not know the definitions, a brief explanation is given. SNAFU was a W.W. II commonly used abbreviation for Situation Normal All Fouled Up. FUBAR means Fouled Up Beyond All Recognition or Repair. In "Saving Private Ryan" they used FUBAR one time, but I did not hear any SNAFUS mentioned in this W.W. II movie. I have been told that FUBAR does date back to W.W. II, but I'm personally quite familiar with W.W. II, and I don't ever remember hearing it before Vietnam. In the military, a different 4-letter word was used to replace the fouled portion of the statements. Boo-boos are of course common to all of you.

My most recent boo-boo was in not recognizing the "Kosher Cracker" physician (named by Dr. Joe Selden). The "K.C.", born in Florida, is still in practice here and his father was a physician too.

The County Commissioner has had a good many Boo-boos, SNafus and Fubars over the years. Very notable was when the Edison Bridge of Light over the river was built in 1931, there were no lights on this bridge for some years. This was mentioned in newspapers about the country and about 3 or 4 years later the bridge was "electrified" and lights were finally placed upon the bridge. More recent bridge problems have always seemed to plague the county commissioners. The "New Caloosahatchee Bridge" was built in about 1962 and when the Fort Myers side of the river was reached it was realized that the county had not obtained the right of way for exits and entrances and the bridge ended in the air over First Street. It was two years before the ramps were built. Further down the line were considerable problems when the county sewer system was installed in South and East Lee County, in that a commissioner (I think he was the chairman at that time) had taken bribes from the contractor doing the work. There were photographs in the newspaper of the commissioner on a yacht in the Bahamas with some "red hot babes". This was a major project and apparently much underhanded dealings had taken place. I am not sure about the fate of the contractor, but the commissioner was convicted and sent to prison (shades of the Gary Hart fiasco).

Another problem came from the County Commission when the new Justice Center was built about 12 years ago on Monroe Street. Soon after the building was completed, the plaster on the outside walls of the monstrous building began falling off. The building had to be replastered and painted. Wonder who paid for this?

The Southwest Florida Regional Airport was about ready to have its grand opening when a major sink hole was discovered beneath the runway requiring digging out, filling in and rebuilding.

In the more recent past, a county commissioner (female this time) was involved with apparently some questionable bribery or favors for the commissioner's boyfriend who apparently was involved with the contract for the Incinerator. This occurred after a long period of time deciding on a location for the incinerator. I believe that the parties involved were tried and convicted, but an appeal is being made. Romance triumphed and they did ultimately get married. I don't know if they lived happily ever after or not.

Most everyone in town is aware pretty much of Mort Goldberg and the scandals that have arisen from his activities over the years.

I've left out names because I can't specifically recall the details of each event although I know all of the names. However, I can't remember some of the more recent events which makes me think that I am becoming-I can't remember the name of the disease when you can't remember recent events but remember old events.

The "Kosher Cracker" was one of our early Jewish physicians. Sorry Allen that I forgot to mention you in the article earlier.

Gerry Wrobel was one of the good guys and will be missed.

LEE COUNTY MEDICAL
SOCIETY BULLETIN

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

MEMBERSHIP ACTIVITY

STATUS CHANGE FROM
ASSOCIATE TO ACTIVE

Mark Farmer, M.D. Michael Lutarewycz, M.D.
Stephen Helgemo, M.D. R. Paul Licciani, M.D.
Emad L. Salman, M.D. Kenneth Tolep, M.D.
D. Thompson McGuire, M.D.

NEW MEMBERS

Aeria Chang, M.D. Raymond Johnson, M.D.
Nuel Celebrado, M.D. Michael Jugan, D.O.
Joseph D'Allesio, M.D. Lawrence Kline, D.O.
George Drugas, M.D. Chris Marino, M.D.
Victor Gregory, D.O. Joseph Testa, M.D.

PHYSICIANS IN THE NEWS

Catherine Larned, M.D. has been appointed to the Medical Advisory Board of the Florida Department of Highway Safety and Motor Vehicles.
James Rubenstein, M.D. has been appointed an advisory member of the FLAMPAC Board.

LCMS 1999 COMMITTEES

LCMS Committees, Chairmen and members are being finalized for 1999. If you are interested in serving on a committee, please call the LCMS office. Your active participation is needed! Send back the form for information to update your office information. We use this in the referral calls and information checks from the public. It also keeps our data file up-to-date.

SPECIAL PEOPLE COLUMN

These are really quite special...

TWO NICKLES AND FIVE PENNIES

In the days when an ice cream sundae cost much less, a 10-year-old boy entered a hotel coffee shop and sat at a table. A waitress put a glass of water in front of him. "How much is an ice cream sundae?" "Fifty cents," replied the waitress. The little boy pulled his hand out of his pocket and studied the number of coins in it. "How much is a dish of plain ice cream?" he inquired. Some people were now waiting for a table and the waitress was a bit impatient. "Thirty-five cents," she said brusquely. The little boy again counted his coins. "I'll have the plain ice cream," he said. The waitress brought the ice cream, put the bill on the table and walked away. The boy finished his ice cream, paid the cashier, and departed. When the waitress came back, she began wiping down the table and then swallowed hard at what she saw. There, placed neatly beside the empty dish, were two nickles and five pennies -- her tip.

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.

ROBERT FORSYTHE, M.D. - Internal Medicine

Medical School: American University of the Caribbean, Plymouth, West Indies (1984-88)

Residency: St. Joseph Mercy Hospital, Pontiac, MI (1989-91)

Board Certification: Dr. Forsythe practices internal medicine at 391 Lee Boulevard Suite 400, Lehigh Acres, FL.

LORRAINE GOLOSOW, M.D. - Plastic/Reconstructive Surgery

Medical School: University of Colorado, Denver, CO (1987-91)

Internship and Residency: Case Western Reserve University, Cleveland, OH (1991-96)

Board Certification: Board eligible. Dr. Golosow is an associate with Associates in Cosmetic Surgery at 3700 Central Avenue Suite 1, Fort Myers, FL.

RANDALL BUSS, M.D. - Cardiothoracic Surgery

Medical School: University of Alabama, Birmingham, AL (1977-81)

Internship: University of Texas Southwestern, Dallas, TX (1981-86)

Residency: University of Michigan, Ann Arbor, MI (1986-88)

Board Certification: American Board of Surgery and Thoracic Surgery. Dr. Buss is an associate with Cardiac Surgical Associates of Southwest Florida at 2675 Winkler Avenue, Fort Myers, FL.



SCOT C. SCHULTZ, M.D. - Cardiothoracic Surgery

Medical School: University of Miami School of Medicine, Miami, FL (1985-89)

Residency: Georgetown University Hospital, Washington, DC (1989-98)

Board Certification: American Board of Surgery. Dr. Schultz is an associate with Cardiac Surgical Associates of Southwest Florida at 2675 Winkler Avenue, Fort Myers, FL.

EDWARD L. HARWELL, M.D. - Radiology

Medical School: Wayne State University College of Medicine, Detroit, MI (1958-62)

Internship: The Grace Hospital, Detroit, MI (1962-63)

Residency: The Grace Hospital, Detroit, MI (1963-69)

Board Certification: American Board of Nuclear Medicine & American Board of Radiology. Dr. Harwell is retired.



LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectfully submitted by Lisa Fleishman, Corresponding Secretary, LCMSA

SEPTEMBER GENERAL MEETING

The first General Meeting of the year was held on September 16th at the Gateway Golf and Country Club. Those in attendance were shown the latest trends and accessories during a fashion workshop/fashion show presented by Janet Marie Studios.

During this meeting, a check of \$50,000 was presented to the Lee County Breast Screening Program. This check represented seventy percent of the proceeds from the 1998 Charity Ball. Thank you to everyone who supported this worthy project.

POTLUCK IN PARADISE

On September 19, 1998, the Alliance held its 8th Annual Potluck in Paradise. New Physicians and their spouses were invited to share in some delicious home-cooked food, friendly conversation and lots of fun! The evening was a fabulous success! Thank you to everyone who attended. Your support really helped make newcomers feel welcomed in our community. A big thank you to Marilyn Kole and Bill Carracino for hosting this year's event at their lovely home.

1998 CHARITY BALL

Vivian Lang and Fran Fenning have been busy securing the underwriting for this year's Charity Ball, "Last Blast of the Century." Sponsorship letters were sent out at the end of September. The LCMSAF once again asks for your gracious support. Please consider making a tax deductible contribution. Seventy percent of all proceeds will be given to Big Brothers/Big Sisters of Southwest Florida; this year's Charity Ball recipient.

MEDI BAGS

Medi Bags is a state wide project sponsored by the Florida Medical Association Alliance to help the needy of Lee County. We have found that donations often neglect to include first aide and personal hygiene products.

The LCMSA is currently collecting toiletries from area hotels, hospitals, pharmacies, grocery stores and physician's offices. Tax deductible monetary donations are also gladly accepted. We can use any hotel-size shampoo, soap, conditioner, etc. saved from your summer vacations. The deadline for donations is October 28th. Please contact Alissar Salman at 437-3582 or Fern Weiss at 561-0339, if you would like to make a donation.

1998 ALLIANCE DIRECTORIES

Lee County Medical Society Alliance Directories are now available! The directory contains names, addresses, and phone numbers of Alliance members and their spouses. This great resource is available to all paid members of the Alliance. It is not too late to pay your Alliance dues. If you would like to receive a directory, please contact Ana Gregg at 433-9634.

AMA-ERF (AMA Foundation)

Now is the time to send in your AMA Foundation (formerly AMA/ERF) holiday sharing card donation. Your tax deductible contribution can be directed to the school of your choice. All donations must be received by November 13th. Please see the flier insert in this month's newsletter.

THE
QUESTION
MANOPINIONS - EDITORIALS
LETTERS TO THE EDITOR

John W. Snead, M.D.

OCTOBER'S QUESTION: "SHOULD
DRUG COMPANIES BE ALLOWED TO
ADVERTISE DIRECTLY TO PATIENTS?"Geoffrey Nagn, M.D.
Radiology

"It is obviously inappropriate for pharmaceutical companies to market their products directly to the public. Unfortunately, much of medicine has become consumer driven to such a point that the quality of care is no longer the primary focus. Drug companies have found this type of marketing to be profitable and will continue these efforts until some economic or political force dictates otherwise. A 30 second TV advertisement is clearly not sufficient to fully educate a 'consumer' on the various treatment options available, the possible risks/benefits of therapy, or the quality of the research pertaining to the medication being promoted."

November's Question:

"DO HMOS HAVE A FIDUCIARY
DUTY TO DISCLOSE PHYSICIAN
INCENTIVES TO PATIENTS?"

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

PRESIDENT'S MESSAGE... (Continued from page 1)

limited conditions. In using them, patients may decrease utilization of more conventional therapy, which in some instances is invasive and costly. Alternative therapies may renew hope for some with chronic diseases or chronic pain.

There are important disadvantages and potential dangers, however. Such care may delay implementation of conventional care for illnesses that are more effectively treated by usual means. Some unconventional remedies are directly toxic. It is not always inexpensive and may be more costly than routine care. Some unconventional treatments are outright fraudulent.

It turns out that dissatisfaction with conventional medicine and the need for personal control of health care decisions has little to do with seeking alternative care despite what one might have guessed. Only five percent of patients using alternative methods as their only source of health care were likely to be dissatisfied or distrustful of standard care or desirous to exclusively control their health care decisions. Instead, most users of alternative health care methods are not exclusive users and report being attracted to these non-traditional therapies because they find them to be affirming of their belief in the importance of treating illness within the large sphere of spirituality, nutrition, and philosophical orientation. This may be indicative of more than a shift in individual beliefs but a change in cultural attitudes towards health as exemplified by the so-called "cultural creatives" who are described as being at the leading edge of cultural change and innovation in our society. This group is identifiable by the following values: environmentalism, feminism, involvement with esoteric forms of spirituality and personal growth psychology, self-actualization, and the love of the foreign and exotic.

As you can see, each of us sees patients who routinely use unconventional therapy; furthermore, we know these people are not discussing their use of therapy with us. This failure of communication is not in the best interest of our patients, particularly if the use of alternative health is totally unsupervised or results in delays of necessary conventional care. If we are going to be effective patient advocates and assist them in making safe, informed health care decisions, we must become more aware of the kinds of alternative remedies, their usefulness, and the reasons our patients use these other conventional means.

As individual doctors we should begin to ask our patients about their use of alternative health care when we obtain a history. As a group, physicians should continue the exploration of the use of alternative health care to further our understanding of these practices. With this knowledge we will enhance communication with our patients and improve our ability to deliver effective conventional care.

1. Astin, J. Why patients Use Alternative Medicine. JAMA. 1993; 270:1548-1553.
2. Murray RII, Rubel, Physicians and Healers - Unwitting Partners in Healthcare. NEJM 1992; 1:61-64.
3. Eisenberg DM, et al. Unconventional Medicine in the United States. NEJM 1993; 328:246-252.

Celebrate
Valentine's Day with Us!

Northern Trust Bank has generously offered to sponsor a unique event that will help the Lee County Medical Society Alliance Foundation as well as provide a wonderful opportunity to spend a romantic and exciting Valentine's Day. On Sunday, February 14th, fifty couples will enjoy a special gourmet dinner to be held at a beautifully transformed Northern Trust Building on College Parkway. Afterward, they will proceed to Barbara B. Mann for a stunning and dramatic presentation of Andrew Lloyd Weber's Tony Award winning musical, *The Phantom of the Opera*. This is the first time that Phantom is brought to Fort Myers. The traveling Broadway company does not skimp on production value as you will take an imaginary trip to tunnels underneath the Opera House. The cost of a gourmet dinner and this Broadway presentation is \$200.00 per couple.

At a bargain price, this event will still help the Foundation as all proceeds will go towards the L.C.M.S.A.F. Charity Project and Mini Grant program. If you have not yet seen this one-of-a-kind Broadway production, or if you were planning on attending one of the shows, you owe it to yourself to call us now and spend the most romantic Valentine's Day ever!!

We are currently halfway to sellout, as 25 couples have already sent in their checks. You may place your reservations by sending your \$200.00 check today to the Alliance's address at P.O. Box 6445, Fort Myers, Florida, 33911-6445. Event chairs, Sue Backstrand, at 278-0088, or Ana Gregg, at 433-9634 are available to answer questions. Don't delay, we guarantee you a special evening of romance!!

FLORIDA MEDICAL ACTION COMMITTEE (FLAMPAC)

Run for Political Office? Who Me?

We need physicians, physician spouses and our friends to get involved. You do not have to run for political office but each of you need to know the process to protect your profession. Consider campaign school.

The election cycle is in full swing. The first primary is over and while we have a number of successes and the expected few failures, we cannot be complacent. Key races will be decided in the second primary on Thursday, October 1, 1998 and of course in the general election Tuesday, November 3, 1998. Your FLAMPAC Board is actively involved in all these key races and we believe that we will have much good news to report to you and your membership soon.

The purpose of this letter however is to remind you of a major problem facing the House of Medicine and ask your assistance. It is possible, some would even say likely, that because of term limitation by the year 2002 there will be no physician legislators in either the state house or the state senate. Without the counterbalancing voices of Doctors Myers, Sullivan, Peadar, Casey and Brooks, who will challenge the attorneys, insurance companies, hospitals and various "professionals" in the health care field seeking to expand their influence? No one. I am asking your help in identifying physicians or physician spouses in your area who would be interested in running for elective office. Please present this issue to your executive committee and begin discussions now with physicians and alliance members to determine their level of interest. Anyone who is remotely interested should contact me. All such individuals will be encouraged to attend AMPAC's campaign school in January of 1999. This school is free to all FMA/JAMA members and will provide each individual with much useful information. Some individuals who attend this school may not be interested in running themselves, but it will increase their ability to assist other pro-medicine candidates who are running for election. This is an urgent matter. Please look at your membership list carefully and forward names of any interested physician or alliance member to me ASAP.

Karl M. Altenburger, M.D. - FLAMPAC President
1-800-762-0233 FLAMPAC Office

DESPITE AMA VOTE

HCFA Vows to Implement E&M Guidelines

Sean Martin, AM News Staff

STALEMATE! Government officials claim AMA-backed changes in E&M documentation guidelines are unworkable.

Now that the AMA House of Delegates has taken a strong stance against the format of the Medicare evaluation and management guidelines, it is the government's turn to take a tough line.

Over objections from AMA leaders and CPT editorial panel members, the house approved a measure opposing any documentation system - including new guidelines that supposedly address many physician concerns - that requires quantitative formulas or assigns numeric values to elements in the medical record. But the Health Care Financing Administration's top physician, Robert Berenson, M.D., said the house's action was unworkable and that HCFA will implement guidelines - with or without the AMA's involvement.

Dr. Berenson said stripping away the guidelines' quantitative assessment component would be the death knell to the five-year effort that the agency has made in developing standards with the CPT editorial panel. "The resolution would essentially nullify the guidelines without providing any viable alternative," Dr. Berenson said. "To leave us without anything is simply not acceptable."

With Medicare E&M payments totaling \$17 billion last year and pay for a new patient office visit increasing 40% under HCFA's new practice expense proposal, Dr. Berenson said the agency needs measurable standards to assess the validity of its payments.

HCFA isn't pleased with other elements of the house's E&M actions either. Agency staffer Jean Harris said the AMA's call for extensive and "scientifically valid" pilot testing of future guidelines was unfeasible.

While HCFA believes testing should assess factors such as the guidelines' burden on doctors, Harris said that what the Association backs would be "impossible with all the time and money in the world." The AMA policy stipulates that testing in all types of practice settings and geographic regions should measure factors including compliance costs, patient and physician satisfaction and the effect of a peer-review model.

Dr. Berenson said he's soon meeting with AMA leaders to discuss where the two sides can go from here.

ACTION MAY LOCK MEDICINE OUT

The house did vote to continue to cooperate with HCFA to create simplified E&M guidelines. But with the agency's response, the house's stance threatens to lock organized medicine out of guidelines development. "The house was warned, and they went that way," AMA Trustee D. Ted Lewers, M.D., observed. He said he expected HCFA to keep quantitative elements in its guidelines.

"If we walk away, there's a good chance that we won't get a second chance," said AMA President Nancy W. Dickey, M.D. "We'll get something created without anybody at the table."

If AMA policy removes itself from the guidelines process, that could also spell trouble for the CPT system. Others are more optimistic about the impact of the new policy. "The AMA will gain a lot of credibility by standing up to HCFA," predicted California Medical Assn. President Robert Reid, M.D.

At the same time, Dr. Reid said, "I don't think we can stonewall them." He said that organized medicine could propose to the agency an alternative that would use a specialty-specific grid and measure only medical decision-making complexity. Such a system would be auditable by physicians - and possibly nurses, according to Dr. Reid.

The AMA's position at this point is that future guidelines should be based on what a physician peer reviewer would need to assess the level of service based on the medical record, other related information and the appropriate CPT guidelines.

MEMBERSHIP DEVELOPMENT AND RETENTION COMMITTEE

The following physicians are not members of the LCMS/FMA. They each have received an application packet. If you know any of these physicians, please encourage them to join. Every physician in Lee County should belong to the Medical Society.

Myrian Alea, M.D.

Jose Arroyo, M.D.

Daniel Booth, M.D.

Patrick Bowman, M.D.

Nancy Bruder, M.D.

Rathna Bushan, M.D.

Lisa Chow, M.D.

Anthony Dalley, M.D.

David Depree, M.D.

Enclosed in this month's Bulletin is the FMA's program "Doctor Get a Doctor Campaign" and October is Membership Month. If you need recruitment materials, brochures or applications, please call the LCMS office, 936-1645. Thank you for your help!

Valerie Crandall, M.D. - Membership Chairman

CLASSIFIED ADS

Classified Ads are only for Society Physician Members use.

Medical Office for lease at
Metro Medical Plaza near Gulfcoast
Hospital. 2,644 sq. ft. Turn Key!
Call Lorie at 768-5454

THE DISTRICT 21
MEDICAL EXAMINER'S OFFICE

"MOST CREATIVE CAUSE OF DEATH"

In an effort to improve accuracy of diagnosis on death certificates, the Medical Examiner's office is providing us with feed back. Here is one of the more creative recent death certificates:

"Congestive Heart Failure Due to
Respiratory Failure Due to Severe
Osteoporosis"

ODDS AND ENDS

Practice Management Group Files for Chapter 11 Bankruptcy Protection...FPA Medical Management, Inc. and affiliate companies have filed for Chapter 11 bankruptcy protection. Any creditor who has a disputed, contingent, or unliquidated claim against one of these debtors must file a proof of claim by November 15, 1998, with the Office of the Clerk of the Bankruptcy Court, 824 Market Street, 5th Floor, Wilmington, Delaware 19801. Filing the proof of claim will reserve your right to recover the disputed amount, but will not guarantee recovery. While the case is under the jurisdiction of the bankruptcy court, creditors are prohibited from contacting the debtor to demand repayment, taking action against the debtor to collect money owed or starting or continuing foreclosure actions or repossessions.

Justice Department Investigates FPD for Possible Anti-Trust Violations...The United States Department of Justice filed an anti-trust complaint in Delaware on August 12, 1998, against the Federation of Physicians and Dentists. As part of this complaint, the DOJ has started an investigation of the Federation's activities in Florida as well. Several groups in Florida, including the Hillsborough, Pasco and Manatee County Medical Societies, have received Civil Investigative Demands from the DOJ pursuant to the Anti-trust Civil Process Act, 15 USC §§ 1311-1314. The investigation demand requires that certain documents relating to activities by the FPD be made available for review or mailed to the anti-trust division of the DOJ. If you have received such a demand and need assistance, please contact the General Counsel's office at (800) 762-0233.

Candidates Needed for Genetic Study on Aging...The Harvard Medical School and the Beth Israel Deaconess Medical Center, both of Boston, are seeking participants for a genetic study on aging. Subject candidates are individuals 98 years and older and their living brothers and sisters who are at least 90. Participants do NOT have to live in the Boston area. Participation is voluntary and free of charge. The center intends to use the study to help discover information that could lead to a cure for such diseases as Alzheimer's disease and cancer. For more information or to refer any patients who may qualify, call 1-888-333-6327.

The AMA has Created a "From the President" Section...The AMA has created a "From the President" section on its Web site to serve as the primary source on the Internet for news and information about the presidency of Nancy W. Dickey, M.D. Here, visitors will learn about Dr. Dickey's agenda, her viewpoints and her activities as she leads the AMA through 1998 and 1999. The site, which became operable in early September, provides an important strategic tool that allows Dr. Dickey and future AMA presidents for communicating messages to as wide an audience as possible. The "From the President" section of the AMA Web site can be found at <http://www.ama-assn.org/president.htm>

The CPT 1999 Coding Symposium...and the 3rd Annual RBRVS Symposium will be held in Chicago on 11/12 and 11/13. These symposia will explain the major changes for CPT in 1999 and present the latest information on Medicare payment. To register or to obtain more information, call the AMA's Customer Service Center at (800) 621-8335.

The AMA Asked Permission...On Friday, 9/11, the AMA asked permission from the Fulton County Superior Court to intervene on behalf of Georgia physicians who are members of the AMA in a suit filed by the Medical Association of Georgia against Blue Cross & Blue Shield of Georgia, Inc. for breach of contract. At stake is a change in the contract definitions that govern physician compensation. The standard contract between Georgia Blue Cross/Blue Shield and its provider physicians states that the physicians will be paid according to the uniform, customary and reasonable fees charged by physicians generally. Georgia Blue Cross/Blue Shield has, without physician consent, adopted rules and regulations that would calculate the payments according to fees received by physicians. AMA seeks to join the suit at the invitation of MAG as part of its ongoing campaign to correct the abusive use of physician contracts by managed care companies.

CME REQUIREMENTS

Current Licensure Biennium

CME REQUIREMENTS: Every physician pursuant to Chapter 458 Florida Statutes shall be required to complete 40 hours continuing medical education (CME) courses in the 24 months preceding each biennial license renewal period.

The current biennium is February 1, 1998 - January 31, 2000.

You must have one (1) hour in Domestic Violence Education, and one (1) hour in AIDS/HIV Education.

The application for renewal of licensure shall state that he/she has completed the required CME. It is important to keep receipts, vouchers, certificates, and other papers necessary to document completion of the CME listed on the renewal for a period of not less than four (4) years from the date the course was taken. The Board of Medicine will audit at random a number of licensees as it is necessary to assure the CME requirements are met.

Relicensure requirements for DOs differ slightly from those of MDs. All DOs must complete 40 hours of CME, 20 of which must be AOA Category 1 credit, one (1) credit hour must deal in risk management (in person attendance required), (either AMA or AOA approved), three (3) hours must deal in HIV/AIDS, specific to Florida law (either AMA or AOA approved) and one (1) hour (AMA or AOA approved) must deal with Domestic Violence.

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WHAT ARE YOUR PATIENTS SAYING ABOUT YOUR CUSTOMER SERVICE?

Part One of a Two Part Series

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HOW DO YOU VALUE YOUR PATIENTS?

- The patient is the most important person.
- The patient is not an interruption of your work. The patient is the purpose of your work.
- The patient deserves the most attentive, courteous and professional treatment you can provide.
- The patient is the lifeblood of your business. Without patients, you do not have a business. You work for the patient!

Do you buy into the above message? If not, why not? If not, what can you do about it? Your patients are your customers and today's savvy customers expect exceptional customer service. Exceptional service stands out and people will share their experiences with friends, hopefully future customers for you.

Statistics show that unhappy customers will tell an average of 8 to 20 people about their experience. Happy customers will tell an average of 5 people. In addition, it costs 5 to 10 times more to acquire a new customer than to maintain a current customer. What are you doing to show your customers that you really want to retain their business?

Customer service training is essential in order to create an awareness with all your employees around their customer service skills.

WHERE CAN YOU BEGIN?

Focusing on the following areas will make a major difference.

1. Everyone needs a check up from the neck up. How is your positive mental attitude.
2. Working effectively with the internal customer...your peers.
3. Handling your patients' special needs...frustration, anger.

HOW IS YOUR P.M.A.?...POSITIVE MENTAL ATTITUDE

Attitude shows and people feel the difference between a positive and negative attitude. If you are rushed, irritated, frustrated, the patient feels it and they don't like it. Actually, why should they? They come to your office in hopes of feeling better. Your goal should be to satisfy the customer...whatever it takes. Remember, without them you don't have a business!

Maintaining a positive attitude takes constant effort and awareness. Our attitude is our CHOICE. We are responsible for our own attitudes. Tune in to what makes a difference for your attitude. Are you hanging around positive or negative people? Bad attitudes are contagious. You really don't want to catch it. What will people say about your attitude?

NEXT MONTH - PART 2:

*Satisfied Internal Customers Create Satisfied External Customers...
Handling The Special Needs of My Patients...*

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DISABLED PERSON PARKING PERMIT - NEW REGULATIONS

The following information is provided to clarify the law pertaining to Disabled Persons Parking Permits in an effort to assist you as the physician, the county tax collectors and Division of Motor Vehicles to better serve the individuals affected by this law.

The 1996 Legislature made major changes to section 320.0848, Florida Statutes. It required all individuals who have been issued a parking permit prior to January 2, 1997, to have their disability recertified by a physician or other appropriate certifying authority named in that law. When recertification began, the new permits were issued with a red year decal and a label with the individual's Florida driver license number or Florida identification card number affixed to one side. This allows law enforcement to quickly determine when a permit is valid and when one has not been recertified to conform to the change of law. It is also a way to verify that the owner of the permit is either driving the vehicle or is being transported in the vehicle that is parked in the handicapped parking space. All parking permits had to be recertified by April 1, 1998.

The law was amended again by the 1998 Legislature. Recertification is required for renewals until April 1, 1999. On that date any disability that was certified as long-term or permanent, may be renewed without having the application signed by the certifying authority.

Physicians, Osteopathic or Podiatric physicians, Chiropractors and Optometrists who are licensed in another state, may certify a disability.

The qualifications were amended to remove "unable to walk 200 feet" as one of the disabilities. If the individual is unable to walk 200 feet without stopping to rest, it must be due to one of the six conditions shown in (the attached copy) of section 320.0848, Florida Statutes, and form HSMV 83039 (Rev. 6/98 or 7/98). Copies of the application may be made as long as the information entered is original. These applications are available in the county tax collectors offices. Make certain that you use the application forms that were revised 6/98 or 7/98.

There are 2 kinds of parking permits:

1. A TEMPORARY PERMIT is issued for the time period indicated by the certifying authority on form HSMV 83039 (Rev. 6/98 or 7/98), Application For Disabled Person Parking Permit Placard. This permit is not to exceed one year.
2. A PERMANENT disability is due to a condition that is long term or will never improve. This permit is issued for four years to expire on the individual's birthday.

REQUIREMENTS TO PURCHASE A PARKING PERMIT:

Applicant: Complete the applicant section of form HSMV 83039. The Florida driver license number or Florida identification number (issued by Division of Driver Licenses) must be entered in that section.

Certifying Authority: The Physician's Statement of Certification must be completed by entering the patient's name and checking the disability. The physician's name must be printed and signed. Also, the office address, phone number, medical license number and the state in which the license was issued must be completed.

If additional information or applications are needed, please contact your county tax collector's office. (A copy of the application is included in this Bulletin, and can be copied on white paper.)

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