"Happy Holidays"

LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 27, NO. 08

FORT MYERS, FLORIDA
DANIEL SCHWARTZ, M.D.

DECEMBER 2003

Lee County Medical Society & Alliance
cordially invite you to attend
Our Annual Holiday Party
At the ***Veranda Restaurant***

2122 Second Street
Downtown Fort Myers
Monday, December 8, 2003
7:00 p.m. - 11:00 p.m.
Sponsor: Atlantic States Bank

Alliance Holiday Basket Raffle with proceeds to benefit a local charity.

Cash Bar RSVP by 12/3/03
$40.00 Per Person

GENERAL MEMBERSHIP MEETING

January 15, 2004
Royal Palm Yacht club
2360 West First Street
Downtown Fort Myers
6:30 p.m. - Social Time
7:00 p.m. - Dinner

Installation of Officers
Speaker: Rick Lentz, M.D., FMA President

Reservations:
LCMS, P.O. Box 60041
Fort Myers, FL 33906-0041
Tel - 936-1645 Fax - 936-0533

Inserts

1. DOCTOR OF THE DAY SIGN UP FORM
2. LETTER FROM AHCA ABOUT LABORATORY LICENSES
3. MEDICAL LIABILITY CLAIMANTS COMPENSATION AMENDMENT PETITION
4. JANUARY MEMBERSHIP MEETING FLYER

In This Issue. . .

President's Message

"WHO'S NEXT?"

Ralph Gregg, M.D.

It's a good thing the Medical Society's President's term only lasts one year because after about the halfway point these messages begin to sound the same. As a lame duck President at the end of his term, I promise to mercifully make this one brief. The past twelve months have obviously been an active time for the Medical Society leadership and members. I believe the highlight of the year was the Doctors' march on the Capitol. We showed up in great numbers and delivered a strong and angry message. Although the results were certainly mixed, the organization and execution of this event was, in my opinion, just as important. More doctors were involved and excited to be making a difference than I have ever seen before. As we move forward, organized medicine's greatest challenge will be to expand this sense of involvement. Believe me, when working with doctors, this is tough.

The coming year will most likely be dominated by the issues surrounding Medicare cuts and contingency fee reform. It never ends. Your President will be Dr. Douglas Stevens. Doug is a solo ENT surgeon who has several years' experience on the LCMS Board of Governors. He is also a member of the FMA House of Delegates. Doug will undoubtedly bring an aggressive approach to his job next year. If you have any doubts, just refer to his now infamous "Let It Burn" article from earlier this year. Thankfully the majority of Board and Committee members will continue to serve next year. Their largely unseen work makes this organization run. I would like to thank our Executive Director, Anne Wilke, who is the heart of the Lee County Medical Society. We are all indebted to her and her staff. The coming year holds great promise for making Florida a better place for doctors and patients. All it will take is time and money. Happy Holidays.

OFFICE OF INSURANCE REGULATION RELEASES "PRESUMED FACTOR" FOR MEDICAL LIABILITY RATES

The Florida Office of Insurance Regulation (Office) has released the presumed factor, which medical malpractice insurers must use in setting new rates. The Office announced that the presumed factor is a negative 7.8%. Legislation aimed at reforming the state's medical malpractice insurance market called for this number to be developed and published by November 14, 2003.

Director of the Office of Insurance Regulation Kevin McCarty said, "This completes the next step in implementation of the medical malpractice reform enacted by the Legislature. However, we don't anticipate filings with net negative effect on rates. Even after application of the presumed factor, we anticipate insurers will file for rate increases. This is primarily due to the rate need of the industry, which has continued to develop over the last year. We do, however, expect any requests for rate increases to be moderated by the presumed factor.

The new law requires that insurers exclusively adopting the presumed factor make such rates effective no later than January 1, 2004. Those insurers must apply the resulting rates retroactive to September 15th for new and renewal business. Refunds will have to be issued as appropriate. The presumed factor reflects the impact on insurance rates of the reforms contained in the recent medical malpractice reform legislation.

If an insurer believes that adoption of the presumed factor would result in an excessive, inadequate, or unfairly discriminatory rate they may submit additional data in the required filing that, when combined with the presumed factor, results in an adequate rate.

Testifying before the Senate Banking and Insurance Committee, recently, Office of Insurance Regulation Deputy Director Steve Roddenberry explained that if a filing results in a rate increase, the increase would be applied prospectively. These filings will be reviewed by the Office on a prior approval basis.

The medical malpractice reform law was passed during a special legislative session in August. Funds were provided for the hiring of an independent firm to develop the presumed factor, prior to it being reviewed by the Office. The Office sought quotes from eight firms and received bids from three – eventually selecting Deloitte-Touche for the work. Deloitte-Touche identified two sections of the medical malpractice reform legislation in which it was able to determine values that together comprise the final presumed factor. Deloitte-Touche calculated that the caps on non- economic damages would yield 5.3% in rate level impact and reforms in the bad faith provisions of Florida law would result in a rate level impact of 2.5% - totaling the 7.8% presumed factor. Deloitte-Touche was careful to note that many stakeholders could be confused by the end result of the reforms. Some may have expected an overall drop in rates by the amount of the presumed factor, rather than an increase. In the end, the presumed factor has simply moderated the expected increases.

An example of the concept would be if an insurer's indicated premium rate change is +40.0% and the estimated rate level impact from tort reform is 37.5%, insurance consumers would NOT see a rate reduction of 37.5% but a net premium increase of 2.5% (e.g., 40.0% - 37.5%).

THIS DOES NOT HELP ENOUGH TO CHANGE PHYSICIAN MEDICAL LIABILITY RATES WHICH ARE ALREADY UNAFFORDABLE.

WHAT CAN YOU DO?

JUMP ON THE BANDWAGON AND START COLLECTING SIGNATURES ON PETITIONS TO LOWER ATTORNEY CONTINGENCY FEES.

Insurance companies have indicated caps on attorney contingency fees will do more to lower medical liability insurance rates than the legislation that passed. The Lee County Medical Society had 3,000 petitions go to the election office the week of November 17, 2003 for validation. We need 30,000 petitions validated for Lee County to be placed on the ballot in 2004. A copy of the petition is enclosed please copy and distribute to your voting patients.

FAILURE IS NOT AN OPTION!

As I Recall...

Roger D. Scott, M.D.

HOLLY

It's Christmastime and in need of a fitting story, I have chosen to tell you about Holly. Holly (an animal not a plant) appeared on Christmas Eve, about 1974 or 1975, at our house on Shaddelee Drive. You want to take a guess as to what species she was? Don't know? Well hang on for Holly's story.

My next to youngest daughter (Lara) was about three and quite precocious. She was fascinated by merry-go-rounds and other rides beginning (in utero) at Disneyworld's inaugural and many subsequent visits. A small carnival of 5 or 6 little kiddie rides came to town in November and setup on US 41 about where Carrabbas is now. We took Lara almost every night to ride all the rides. She would repeatedly ride the miniature cars & trucks merry-go-round, but one night she apparently developed "desert hypnosis". (It has been proven that many people driving for long distances on a straight road in the desert will become hypnotized and in a trance drive off the road.) Lara, with eyes wide open, simply fell out of her car onto the platform, and the heavy "bus" following her car ran over her leg before I could pull her off the platform. There was much contusion & swelling, but emergency x-rays revealed the bones intact. We returned to the carnival within a few days.

The Shetland ponies going round and round was another favorite so we signed up for a drawing for a pony to be given away at Christmas. A couple of days before Christmas a phone call advised that Lara had won the pony. How could this be? It had to be a "rigged" (crooked) drawing for I had entered ever so many contests over the years but never won even a booby prize and here we have won an unwanted worn-out pony! I said "no", but the wife and daughter said "YES" and that was that. Fortunately, we had a large yard with about a half acre area fenced so the pony was delivered late Christmas Eve.

Much joy was seen in the eyes of the child on Christmas morning. Mother and daughter named this pony "Holly" and appointed guess who to be the groom (not as in marriage but as in caretaker). In those days (& still so) I operated at 7:30 most mornings so now this meant getting up 20 or 30 minutes earlier to feed and water Holly.

I'm not sure how long we had Holly, but it was way too long! My routine was to get dressed for work (when I was a physician instead of a health-care provider I usually wore a suit) and then take food and water through the gate to Holly's feeding trough. One morning after a rough "on-call" night, I was filling the trough & turned around to see Holly standing outside the fence smiling at me. I was so tired, I had left the gate ajar, and out she went. As I gently approached her, she began to walk away and she wouldn't be coaxed, so I reached for her, and the man vs. pony race was on! Her legs weren't as long as mine but she certainly had the speed. She ran to the riverside of the house and then Southwest on the seawall with me in my white suit in the fog in hot pursuit! It must have been a quarter or half mile that I chased that animal along the seawall, through yards, back across Shaddelee, and through several more yards. I gave up the chase because I had a full day's work ahead of me and the OR was waiting.

Defeated and exhausted, I made it back to the house (before cell phones) and phoned the sheriff to advise him of the situation. Holly was headed towards McGregor Boulevard at a busy time of day and the fog was heavy. My fear was not only for Holly's life but also possibly the life of some human (yes, we cared about people before there were personal injury attorneys on TV).

I finished my surgeries safely that day but Holly remained on my mind. About noon the sheriff's office called advising that Holly had been captured uninjured somewhere between McGregor and Cleveland. Holly was returned to her pen and shortly thereafter sent to a nice farm. Lara didn't seem to miss her, and I certainly didn't miss being a groom!

Thus, the legend of *the man in the white suit in the fog chasing the white pony down the seawall & through the yards in the mist* was born.

Happy "Holly"-days and very best wishes for all of you in the coming year.

LEE COUNTY MEDICAL SOCIETY BULLETIN
P.O. Box 60041
Fort Myers, Florida 33906-0041
Phone: (239) 936-1645
Fax: (239) 936-0533
E-Mail: awilke@lcmsfl.org
Website: www.leecountymedicalsociety.org
FMA: www.fmaonline.org
AMA: www.ama-assn.org
The Lee County Medical Society Bulletin is published monthly, with the June and August editions omitted.

CO-EDITORS
Mary C. Blue, M.D.
John W. Snead, M.D.
Daniel R. Schwartz, M.D.

EDITORIAL BOARD PRESIDENT
Ralph Gregg, M.D.

PRESIDENT ELECT
Douglas Stevens, M.D.

SECRETARY
Julio L. Rodriguez, M.D.

TREASURER
Richard Murray, M.D.

PAST PRESIDENT
Eliot Hoffman, M.D.

MEMBERS-AT-LARGE
Daniel Dosoretz, M.D. (03)
Ronica Kluge, M.D. (03)
Daniel P. Robertson, M.D. (03)
M. Erick Burton, M.D. (04)
Cherrie Morris, M.D. (04)
Dean Traiger, M.D. (04)

MANAGING EDITOR
Ann Wilke, 936-1645
The editors welcome contributions from members. Opinions expressed in the *Bulletin* are those of the individual authors and do not necessarily reflect policies of the Society.

PRINTERS
Distinct Impressions 482-6262

MEMBERSHIP ACTIVITY

RETIRED
Bruce Bacon, M.D. (Retired)

MOVED FROM AREA
Norman Duerbeck, M.D.
Anthony Gioia, M.D.

LCMS STATS

October 16 - November 14, 2003

	Current	YTD
PHONE CALLS RECEIVED	**592**	**5470**
From Physicians and Office Staff	161	1151
For Referrals	265	1847
For Background Checks	23	268
Filing Complaints	6	38
Regarding Non-Members	16	195
Regarding Alliance	8	112
Regarding CMS, FMA, and AMA	11	249
Miscellaneous Calls	102	1610
APPLICATIONS SENT TO PHYSICIANS	**21**	**82**
MEETINGS	**5**	**53**
Attended on behalf of LCMS	2	21
Society Meetings	3	37
DIRECTORIES DISTRIBUTED	**92**	**947**

LCMS ALLIANCE NEWS

Respectfully submitted by Linda Chazal, Co-President

Our year is just starting but already we're having a terrific time with lots of new members. At the same time we also need to concentrate on trying to help our physicians in the practice of aiding patients. The recently passed cap on non-economic damages will help the medical liability problem, but this is only a partial fix.

Petition Drive

We're making progress on collecting signatures but we still have a long way to go. Many physicians' offices have found it very effective to provide waiting patients with a letter from the doctors explaining our efforts. At the end of the office visit the patient is handed a petition to fill out and sign. Almost everyone, when provided with this information by his/her doctor enthusiastically embraces the effort. A letter can be obtained from Ann Wilke. Give EVERY patient the letter and a petition. This will work! Surveys indicate that if this initiative is placed on the ballot (via this petition drive) it will pass overwhelmingly. You can guess the small number who would vote against it. When the petitions are signed PLEASE get them to the Medical Society Office ASAP. Timing is important.

I can't tell you how encouraging it is to see the great participation by so many capable Alliance members. The number of involved Alliance members drives our organization.

Holiday Sharing Card

Please support our Holiday Sharing Card! Your name will be listed with other contributing members on a special greeting card that will be sent to all Alliance families just in time for the holidays. All funds go directly to the AMA Education, Research and Service Scholarships that support our medical schools and aspiring physicians. You choose the medical school that will receive your generous contribution.

FPIC TO OFFER LCMS MEMBERS DISCOUNT PROGRAM ON MEDICAL MALPRACTICE INSURANCE

For the first time ever, FPIC will begin offering a discount to members of county medical societies. The 5 percent discount is now available to those either joining FPIC for the first time or those renewing their policies. The discount can only be combined with loss free credits for greater savings off your premium. This discount cannot be combined with any other societal, association, or program discount.

To qualify for this new discount, physicians must be members in good standing with the county medical society.

This new discount program further strengthens FPIC's relationship with organized medicine. We encourage you to let your voice be heard and get involved. County medical societies play a vital role by acting as a voice for physicians and their patients. They also advocate high ethical standards in education and the quality of healthcare.

In addition, FPIC would like to thank the county medical society for their continued support and hopes to continue this long-lasting relationship well into the future.

For additional information on the discount program contact Patrick C. Ellis, Director of Market Development, 800-741-3742, ext 3071 or ellis@fpic.com

2004 DOCTOR OF THE DAY PROGRAM

The 2004 Legislative Session is quickly approaching and the FMA is looking for physicians to participate in the Doctor of the Day program. The 2004 Legislative Session begins Tuesday, March 2, 2004 and adjourns Friday, April 30, 2004. Physicians who are willing to spend a day in Tallahassee during the Legislative Session perform an invaluable service by providing health care for members of the legislature and legislative employees. In addition, the program continues to be a vital component in improving and strengthening physician-legislator relations. The FMA will schedule two (2) physicians for each day of the legislative session, one for the House of Representatives and one for the Senate. If you are interested in serving as Doctor of the Day, please fill out the form enclosed in the BULLETIN and return it to the FMA, Michelle Jacquis, P.O. Box 10269, Tallahassee, FL 32302 or by fax to (850) 222-8827.

REPORT FROM AHCA ON LABORATORY LICENSURE

The Florida Medical Association (FMA) recently asked the Agency for Health Care Administration (AHCA) to consider allowing physicians who inadvertently allowed their state clinical lab license to lapse to go through the renewal process rather than apply for a new license. In January 2003, AHCA sent to all lab licensees a notice that stated that due to fiscal constraints it will no longer send renewal notices and forms to licensees except those mandated by the Clinical Laboratory Improvement Amendments (CLIA). The letter stated that providers are required to download the licensure renewal form from the AHCA Web site, and submit it with the renewal fee 60 days before the date that the licensure is due to expire.

AHCA has responded to the FMA's request. They have declined to change their original decision. This means that the 1,200 laboratories that missed the renewal deadline must apply for a new license, as renewal is not being allowed. A copy of the letter is enclosed in the Bulletin.

A DOCTOR WITH GOOD HANDWRITING? EFFECTIVE JULY 1, IT'S NO LONGER JUST A PROFESSIONAL OXYMORON; IT'S THE LAW.

Florida Statutes (Section 1. Section 456.42) now mandate that "a written prescription for a medicinal drug issued by a healthcare practitioner [...] must be legibly printed or typed so as to be capable of being understood by the pharmacist filling the prescription; must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed in both textual and numerical formats, and the directions for use of the drug; must be dated with the month written out in textual letters; and must be signed by the prescribing practitioner on the day when issued." So make a note. Or... dictate one.

Lee County Health Department

SARS, FLU AND RSV

by Michael Barnaby

"We've had three relatively mild flu seasons, and I think people have short memories and may forget how ill they can get from influenza," says Dr. Carolyn Bridges, a medical epidemiologist and flu specialist at the Centers for Disease Control and Prevention. Medically speaking, it's highly unlikely this streak will continue.

A point to keep in mind is that this will also be the first post-SARS flu season, and SARS has raised public awareness of respiratory illnesses in general. We don't know, but this knowledge could spur demand for influenza vaccine. "People are reading and seeing a lot more than usual about respiratory diseases, and we hope that will lead to increased interest in individuals' stepping forward and getting immunized," said Dr. John Agwunobi, secretary of the Florida Department of Health. Flu vaccination rates, even among groups most at risk for serious influenza episodes, routinely fall well below 50 percent.

Another seasonal situation to keep in mind is presented by RSV. In Florida, RSV infections typically peak during the months of October through February. The Florida Department of Health's Respiratory Syncytial Virus Surveillance System monitors seasonal and geographic patterns associated with the detection of RSV. Sentinel providers report weekly the total number of RSV tests performed and the total number positive. Based on data reported by sentinel providers in previous years, the 2003-2004 RSV season is now underway.

Respiratory viral illness will present some diagnostic challenges. Remember the common illnesses first – flu and RSV. However, physicians and ER's should be alert for clusters of atypical pneumonia. Hospital, office and home patients should be encouraged to cover their mouth and nose when coughing or sneezing, and be reminded to wash their hands frequently.

MEDICAL CLINIC REGISTRATION

Florida law now requires that a medical clinic that is not wholly owned by a physician or a direct member of the physician's family become licensed by the State of Florida. The Agency for Health Care Administration is administering this program. It is imperative that all clinics that fall under the law register, as the fines for failing to do so in a timely manner are substantial. In addition, failure to register constitutes a felony; and all charges and reimbursement claims made by an unregistered clinic are noncompensable and unenforceable.

Section 400.903, Florida Statutes, sets forth the exemptions, i.e., the entities that do not have to register. In addition to clinics owned by physicians, the following entities are included in the list of facilities that ***do not*** have to register:

1. Mental health facilities licensed pursuant to Chapter 394, Florida Statutes
2. Hospitals and other facilities licensed pursuant to Chapter 395, Florida Statutes
3. Substance abuse facilities licensed pursuant to Chapter 397, Florida Statutes
4. Nursing homes licensed pursuant to Chapter 400, Florida Statutes
5. Entities that are exempt from federal taxation
6. Community college or university clinics
7. Clinical facilities affiliated with accredited medical schools

Medical clinics that are required to be licensed under this law will be subject to inspection. They must also employ a medical director who is responsible for the clinic's activities. The medical director's duties shall include ensuring that all practitioners at the clinic are in compliance with licensure and billing laws. Any physician thinking of becoming a clinic's medical director should obtain a copy of Section 400.915, Florida Statutes, before agreeing to do so. The statute sets forth the areas for which the medical director will be responsible. Medical directors who fail to ensure compliance in these areas can be prosecuted by their licensure board as well as in criminal court, and may also be liable in civil court for their acts.

Please Note: Many of you have received advertisements from attorneys entitled "Clinic Licensing Alert" or something similar. The attorneys are using scare tactics, leading doctors to believe they need to register their office with AHCA or face suspension of their license or criminal penalties. The ads suggest that all this can be avoided by seeking legal assistance from the attorney. You need to be aware that **the law only requires medical clinics that are not wholly owned by a physician or physicians or direct members of the family to become licensed.** The FMA has worked hard to get this information to our members but there is still misinformation being dispersed. Email legal@medone.org

NEW MEMBER APPLICANTS

Application for Membership

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

JUAN CARRERE, M.D. – GASTROENTEROLOGY
Medical School: University of the Republic of Uruguay, Montevideo, Uruguay (1985-93)
Residency: Mt. Sinai Medical Center, New York, NY (1995-98)
Fellowship: Yale University, Norwalk Hospital, Norwalk, CT (1998-2001)
Board Certification: American Board of Internal Medicine in Internal Medicine and Gastroenterology
Dr. Carrere is in group practice with Gastroenterology Associates at 63 Barkley Circle, Suite 103, Fort Myers, FL 33907.

JOHN DEBARROS, M.D. – GENERAL/COLORECTAL SURGERY
Medical School: University of Connecticut, Farmington, CT (1990-95)
Internship: University of Connecticut, Farmington, CT (1995-98)
Residency: University of Connecticut, Farmington, CT (1998-99)
Hartford Hospital, Hartford, CT (1999-2002)
Fellowship: Cleveland Clinic, Fort Lauderdale, FL (2002-2003)
Dr. DeBarros is employed by Surgical Associates of Southwest Florida, 2675 Winkler Avenue, Ste 300, Fort Myers, FL 33901.

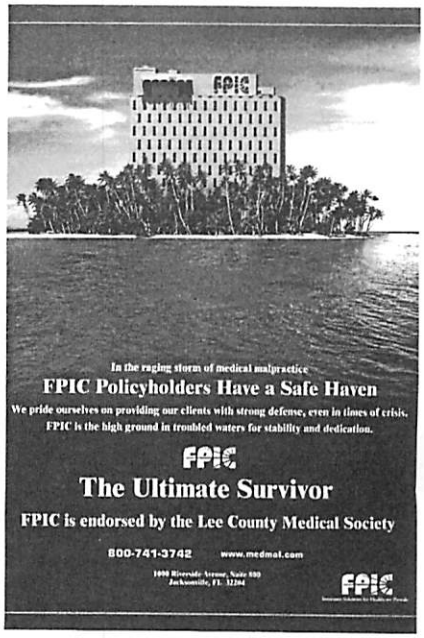
MICHAEL NOVOTNEY, M.D. – GENERAL/VASCULAR SURGERY
Medical School: University of Missouri, Columbia, MO (1990-94)
Internship: University of Washington, Seattle, WA (1994-99)
Residency: University of South Florida, Tampa, FL (1999-2001)
Board Certification: American Board of Surgery in General and Vascular Surgery
Dr. Novotney is employed by Surgical Associates of Southwest Florida, 2675 Winkler Avenue, Ste 300, Fort Myers, FL 33901.

ROBERT STRATHMAN, M.D. – OBSTETRICS AND GYNECOLOGY
Medical School: St. George's University, Grenada, West Indies (1983-87)
Internship & Residency: Brooklyn Hospital Center, Brooklyn, NY (1987-91)
Board Certification: American Board of Obstetrics and Gynecology
Dr. Strathman is in solo practice at 1530 Lee Blvd Ste 230, Lehigh Acres, FL 33936.

A MEASURE OF SUCCESS

To Laugh Often and much; to win the respect of intelligent people, and the affection of children; to earn the appreciation of honest critics, and endure the betrayal of false friends; To appreciate beauty; To find the best in others; to leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; to know that even one life has breathed easier because you lived. This is to have succeeded.

~ Ralph Waldo Emerson ~



THE ANATOMY OF PATIENT COMPLAINTS

Ann Wilke, Executive Director
Lee County Medical Society

In my Twenty-nine years as the Executive Director of the Lee County Medical Society, I filled varied roles from lobbyist to light bulb changer, but one of the most valuable roles we fill for the LCMS physicians is that of dealing with patient complaints regarding their medical care.

We work to resolve the complaints from patients of LCMS members. The LCMS has no involvement in complaints regarding physicians who are not LCMS members. The only recourse to patients of non-members is to complain to the Florida Board of Medicine.

We receive several calls a month from patients with complaints. Rarely do these calls involve incidents of possible malpractice, violation of law or of medical ethics, but those that do receive prompt and thorough investigation through the LCMS grievance process.

Most calls we receive result from patient dissatisfaction. Some complaints involve dissatisfaction with medical treatment or with drugs prescribed or NOT prescribed. Others involve patient dissatisfaction with an encounter in a medical practice – but not necessarily with a physician. Often, complaints come from reasonable patients with legitimate concerns that should receive more attention. And, at times, complaints come from patients who are not reasonable and who have already been difficult for a medical staff to manage. Some complaints are not based in reality or even upon reasonable expectations. Regardless of the nature of the complainant or the concern, complaints can, if not resolved, become difficult and time –consuming problems for physicians and their staffs.

Patients who call the LCMS are frustrated. A call to us is often not their first call to find assistance with their concerns. They have told their story many times and their frustration and impatience has grown with each retelling.

We have one initial approach to dealing with these calls: We listen. Sometimes this is all that is needed to defuse the situation. Acknowledging a person's frustration and directing them toward resolution often is sufficient action. The LCMS staff can also clarify practice standards and laws governing issues such as release of records, billing and termination of physician/patient relationships.

Communication between a physician, physician practice and a patient can be invaluable in resolving concerns. Patients are urged to write their complaints in a letter to the physician to outline the concerns, copying the LCMS. There seems to be very good follow through by physicians when these letters are received, as we have few patients complain of no response. Again, these efforts go a long way in avoiding a continuation of the patient dissatisfaction and the escalation of the frustration into a more serious action.

If our efforts to facilitate complaints fail, or if the situation is of a nature that would not call for further patient/physician communication, the LCMS formal grievance process is put into motion by a formal written complaint and a signed medical records release. The complaint is then reviewed by the FMA General Counsel and, generally, returned to the LCMS Grievance Committee for review and resolution. After many years of facilitation patient/physician communication, we are able to resolve most complaints we receive before they become formal grievances. This is a substantial benefit not only to our member physicians, but to the patients whom we all serve.

We do receive complaints regarding the quality of medical care, but more often complaints involve patients feeling that their problems were not given the time and attention they expected. Rudeness or abruptness by an office staff member is another common concern.

Very often, the complaint does not directly involve action or inaction by a physician, but rather by his staff. Medical staffs are trained, out of necessity, to take care of patients concerns that the physician does not have time to meet. They are functioning as representatives of that physician and dissatisfaction with their actions will be viewed as dissatisfaction with the physician. It is therefore crucial that physicians be aware of the nature of patient complaints and what has been done to resolve them. Physicians need to know if their patients are satisfied, that they have been listened to, and that attention is given to their requests.

A physician should be satisfied that the staff members who are the conduit to his patients are trained in good communication skills and understand the process of conflict resolution (See *Tips for Physician Office Staffs*) Do you call your office on occasion to hear how your phone is being answered? What first impression do patients get of your office and of you? We at the LCMS make calls to physician offices many times a day. Like all business, some have receptionists who are more skilled than others in being pleasant and efficient.

Does your staff make you aware of complaints and how they are being handled – BEFORE the situations become more difficult to resolve? Having staff members who fail to tell you of escalating problems may be creating larger problems down the road. To avoid this event, you may have one staff person which is skilled at dealing with difficult situations who could be designated to take complaints and communicate them to you. In addition, instruct your staff to document all interactions with patients who have complaints, keeping a record of the efforts to resolve the patient's concerns.

Physicians can also focus their efforts on patient communication. The First Professionals Insurance Company (FPIC), which insures many Florida physicians against malpractice, has many years of experience in risk management and helping physicians avoid legal encounters in patient relationships. They advise physicians to use a number of RELATION TECHNIQUES:

1. Encourage the patient to ask questions and be willing to explain procedures and answer questions.
2. Be courteous to relatives and be willing to answer general questions about the patient's condition without compromising confidentiality.
3. Return phone calls promptly.
4. Give the patient your full time. Patients resent interruptions.
5. Respect patient confidentiality even in social situations. Instruct staff on the importance of confidentiality in all settings.
6. Accept without judgment a patient's refusal to follow recommendations (document, but don't criticize).
7. Reprimand staff away from the patient's presence.
8. Avoid criticism of another physician's care to the patient
9. Resolve complaints and misunderstandings about care, the bill, or other matters yourself before resentment builds.
10. I would add to this list: Call the Lee County Medical Society, or have your office staff call the LCMS if we can help with clarification of issues such as release of records, billing, and termination of physician/patient relationships. We are here to assist and have become experienced listeners! Let us help you resolve emerging problems BEFORE they escalate into difficult problems.

The Lee County Medical Society Grievance Committee reviews all local grievances that are not judicial in nature; this helps to prevent them from going to the Board of Medicine. The Grievance Committee is made up of 9 LCMS members. Patient complaints are given to a committee member to review; a Committee member then calls both physician and patient involved in the dispute. Then the grievance is brought before the Grievance Committee for a consensus of how the complaint should be resolved. Not all grievances make it to Committee and our chair, Dr. Thad Goodwin ,helps to resolve these grievances fairly for both patient and physician. This is an added benefit of membership.

TIPS FOR PHYSICIAN OFFICE STAFFS

1. Initiate personal contact with the patient by expressing warmth and individual attention
2. Remember, you may represent the first, last, and most durable impression that the patient has of your office and therefore of your physician. You can make it a favorable one by your demeanor.
3. If there are to be unavoidable delays in the office schedule, explaining the reason to the patient. If the delay continues, inform and reassure the patient. Most patients will understand if they know you haven't ignored or forgotten them.
4. Respond quickly: Remember that patients can be fearful, uncomfortable, and frequently intolerant.
5. Maintain strict confidentiality. Do not discuss any patient's problems outside the office. Even when discussing any matter pertaining to a patient with one of your staff colleagues, remember to never do so in a public place. Within the office, do not discuss patient circumstances within the hearing of other patients.
6. Always alert your physician about disgruntled or hostile patients so that the physician may act to investigate and defuse the situation immediately. Frequently patients will tell you things that they will not say to the physician. BE sure to inform your physician of any significant statement made by the patient and express your perceptions of the patients' mood and attitude.
7. Develop a consistent routine in office procedures so that patients receive comparable answers to the same questions. If you don't know the answer to a particular question, don't improvise.
8. Never give advice beyond your competence. Refer to your supervisor or to the physician. If neither is available, assure the patient of a prompt response and follow through at the earliest possible time after contacting the appropriate person.
9. Beware of excessive familiarity. Some patients resent being addressed by their first names or terms of endearment. Unless you know the patient very well, keep your communications at a formal level.
10. Studies have shown that patients remember only a small portion of what they are told. Encourage patients to write down the physician's instructions and any questions they may have for the physicians.
11. Document all interaction with patients who have complaints, keeping a record of your efforts to resolve their concerns.

This article was originally written by Susan Crowley, Executive Director of the Alachua County Medical Society and is reproduced with changes with her permission.

LEE COUNTY MEDICAL SOCIETY
P.O. BOX 60041
FORT MYERS, FL 33906-0041

PRSRT STD
U.S. POSTAGE
PAID
FT. MYERS, FL
PERMIT NO. 534