

# LEE COUNTY MEDICAL SOCIETY

# Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 27, NO. 06

FORT MYERS, FLORIDA  
Mary C. Blue, M.D.

OCTOBER 2003

## GENERAL MEMBERSHIP MEETING

NOMEETINGINOCTOBER

NOVEMBERMEETING

**THURSDAY, NOVEMBER 20, 2003**  
**HIV/AIDS AND DOMESTIC VIOLENCE**  
Royal Palm Yacht Club  
2360 West First Street  
Downtown Fort Myers  
6:00 p.m. – Dinner/7:00 p.m. – Program

### Speakers:

James E. Harrell MD, Domestic Violence  
Robert Schwartz MD, Infectious Disease

LCMS Members Dinner NC, CME \$50-Total \$50  
Retired, Applicants, Spouses, Physician member  
PAs Dinner \$25, CME \$50-Total \$75  
Non-Members Dinner \$25, CME \$100-Total  
\$125

Please RSVP:

LCMS, PO Box 60041, Ft Myers, FL 33906  
Tel: 239-936-1645 Fax: 239-936-0533

## Inserts

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## President's Message

### "FOR THE PEOPLE"

Ralph Gregg, M.D.



Hopefully, this will be the last message in which I discuss Tort Reform. Since we have just come through a major battle, I thought it would be a good idea to look back on our accomplishments, recognize our shortfalls, and provide some perspective. Listening to the media, you would think that the Tort Reform problem has been solved. The legislature compromised on a bill, the governor signed it, and the problem is gone. We know this not to be true. The \$500,000 cap on pain and suffering provided for in this legislation, and especially, the ability of the caps to be penetrated to \$1,000,000, will not provide the downward pressure on malpractice premiums which this state needs. However, in no way does this reform legislation represent a total defeat, as many physicians seem to think.

This Tort Reform battle has seen a maturation of the FMA as a feared and respected advocate in Tallahassee. Two years ago, when the House of Delegates voted to make Tort Reform our top legislative priority, things looked bleak. We were told by the "experts" that there was no way the Legislature would be willing to take up Tort Reform this year. Even if it did, the Legislature was controlled by trial attorneys and Reform would not have a prayer. Fortunately, the FMA was able to establish a strong relationship with Governor Bush. This led to the Governor's Task Force, which clearly validated the existence of a crisis as well as our proposed solutions. We moved our bill through the House, but were forced to accept a compromise in the Senate: a hollow victory. However, when you look at it through a trial lawyer's point of view, things look different. They outspent us by more than 4 to 1. Their lobbyists told them Tort Reform would never come to the floor for debate, yet now caps for pain and suffering awards are part of Florida law. A precedent has been set. The crisis in Florida has been acknowledged. As this crisis worsens, the question will now become how much do we need to lower the caps, not whether or not we need them. Unlike many doctors, the trial attorneys understand this, and it kills them. The Tort Reform bill that the Governor signed is a large piece of legislation. It encompasses not only caps, but many other areas that affect our practices. No one is confident of the full impact of this legislation or even if it will survive a Supreme Court challenge. Only time will tell.

This year, the FMA House of Delegates voted to move from defense, Tort Reform, to offense, Contingency Fee Limits. The FMA will pursue a Constitutional Amendment, which limits attorneys' contingency fees to 30% of the first \$250,000 of a malpractice settlement or judgment and 10% thereafter. These limits are similar to those in place in California under MICRA. This effort can be seen as the other shoe falling after Tort Reform. Florida doctors know we need to reduce outrageous judgments, but when there is a legitimate award, we want the patient to get the bulk of that award. In addition, malpractice carriers believe that this amendment would have a significant impact on malpractice rates. In states where these controls exist, there is a great reduction in frivolous lawsuits. Furthermore, attorneys are more willing to pursue more reasonable settlements because there are no "jackpots" to be won.

To achieve this reform, the Florida constitution requires an amendment. To pursue this reform, we are going to need a "war-time" grass-roots effort from all physicians, and not just FMA members. The FMA must collect 600,000 verified signatures in support of the amendment by January 15, 2004. In addition, we need in excess of \$10,000,000 to fund the amendment campaign. This means that we will be asking for \$1,000 from each physician. The trial bar will not accept our efforts graciously. They have already declared war and proclaimed a war chest is already there to fight us. This fight will be challenging, but it will be worth it for us and for our patients. The alternative is to continue to passively let the quality of the Florida practice environment erode until the system is not there for us or our patients. Expect a call to arms.

Editor's Note: Enclosed are a petition form and a contribution form.

## IN MEMORY OF RAMPAL SINGH, M.D. 5/16/1963 - 9/3/2003

With the passing of Dr. Rampal Singh Lee County has lost a fine physician, Florida Heart Associates a dear partner and friend, his family a loving son, husband and father, and the world a great human being.

Rampal was born in India and came to this country at the age of eight. He was the salutatorian of Plantation High School in Plantation, Florida. He graduated magna cum laude in biology from Brown University and received his medical degree with honors from Baylor College of Medicine. He completed his Internal Medicine internship and residency as well as his Cardiology fellowship at New York Hospital Cornell Medical Center. He was a fellow of the American College of Cardiology and was certified by the American Board of Internal Medicine in Cardiovascular Disease, Nuclear Cardiology and Interventional Cardiology. In 1994, he joined Florida Heart Associates of Southwest Florida, which later became Florida Heart Associates.

During the nine years that he practiced medicine here in Lee County, patients and colleagues grew to love him. As his partner, I also learned to admire and respect him. Rampal was intelligent and yet quiet, modest and unassuming. His work ethic was impeccable. He had a big following of patients. They all benefited from his professional skill, his dedication to the practice of medicine, but above all his compassion. Besides his great academic achievements, his personal success, which he treasured most, was his family: his lovely wife Namita, his three wonderful children Neil, Nikita and Arjun, his supportive parents and brother. Rampal was good with people. He had an enormously wide range of friends and colleagues. He had the wonderful ability to make everyone feel special.

Rampal had every gift but length of years. He was diagnosed with esophageal cancer in June of this year. Despite treatment he passed away three months later on September 3rd, quietly in the comfort of his home surrounded by his loving family. He had just turned 40. When an older person dies, one may find some comfort in knowing that the person had lived a long and fruitful life. It seems so unfair for a young adult to die just when life's adventure is about to begin. Losing a friend and colleague can be hard, because friends are usually close to us in age, and when they die we are reminded of our own mortality. It changed our perspective of life. We suddenly realized the significance of every day, the preciousness of each relationship and the need to stop postponing what we always wanted to do.

Rampal was a good man. He was a kind man. He was a real gentleman. During the three months of his illness, I had been stopped by countless people, including colleagues, staffs, friends and patients, asking me how he was doing. People who were genuinely concerned about his well-being. The large presence at his memorial service and the many hundreds of heart-felt messages that he received bear testimony that he was indeed a greatly loved and deeply admired individual.

Rampal is gone from us forever and we mourn his passing. All that we can do now is remember him as he lived and find some consolation in the Christian faith that death is not the end. The late Dr. King once said, "Death is not a period that ends the great sentence of life, but a comma that punctuates it to more lofty significance. Death is not a blind alley that leads the human race into a state of nothingness, but an open door which leads man into life eternal." An ancient Chinese philosopher wrote in one of his books, "Death and life are not far apart...when I look for their origins, it goes back into infinity; when I look for the end, it proceeds without termination...life is the follower of death, and death is the predecessor of life." The Sikh religion believes in reincarnation and spiritual rebirth. Whether we believe in it or not, we know Rampal's spirit lives on. Wherever and whatever he will be, I am sure he will again be an inspiration and enrich everyone and everything around him.

Dr. Singh will be missed. As we grieve our loss, his departure will create a void in our heart that may seem permanent; but when healing begins, the void will be filled with love and warm memories. Rampal, we bid you farewell. You were a wonderful person.

Written by Henry Hon, For Florida Heart Associates

## As I Recall...

Roger D. Scott, M.D.

### THE BEAR

The News-Press' recent reports of a black bear being sighted in the western part of Colonial Boulevard called to mind a similar incident of a few years ago when the newspaper also reported black bear sightings in the same location. In fact, the bear had even been seen running through some yards in the homes of that area. One day during this time, a Florida Wildlife & Game officer became a patient of mine, and we developed a very good rapport. Well, now it is necessary to give you some background so that you might better understand the rest of this story. Stuart Harrison, M.D., a great friend & general surgeon, had a problem with weight gain and decided that he would lose weight by running. Stu had a very hairy body and would do his jogging sans a top wearing only his shorts and jogging shoes. The bear had been sighted in the early A.M.s and this was a time when Stu was also running. Most of you remember Stuart, but may not realize that I often played jokes on him, as he was the perfect "fall guy". It is difficult to explain exactly what I'm trying to say about him, certainly nothing disrespectful, as I really loved him, as did so many others. Now back to the story. The officer agreed to contact Stuart and ask for an interview to make certain that he was not being mistaken for the "bear" that had been sighted running along Colonial. This, of course, infuriated Stuart at being compared to a bear! Over the years in the O.R. dressing area I had told him that he was so hairy that he looked like a bear so naturally he accused innocent old me of "sicking" (sending) the officer on him. I, with "fingers crossed", demurely denied any knowledge of this, but told him I could understand how the officer could make such a mistake, which further infuriated him! Of course Stuart never believed me.

It was in the mid-1970s I believe (as we were in the new Lee Memorial Hospital that had six floors and explosive anesthetics were being used) that I came out of the operating room in a somewhat fatigued state to change from scrubs to "civilian clothes". I removed my operating room conductive shoes and put on my loafers. The loafers felt a bit tight and I attributed that to possibly swollen feet from a long time in the operating room. After getting to my office it seemed the shoes became tighter and tighter so I removed them and found that they were two sizes smaller than my shoes. My goodness, I had in error put on someone else's shoes similar to mine. At the completion of office hours, I went to the hospital and found my shoes and returned the other pair. The next morning the operating staff was all in a dither. "Dr. Scott did you hear what happened to Dr. Harrison yesterday?" He was like a raging bull as he thought someone had stolen or hidden his loafers for when he came out of the operating room he could not find his street shoes. He even searched all of the lockers, cabinets, operating rooms and any place that one might hide his loafers, but couldn't find them so he had to wear his bloody operating room shoes to his office to see patients. The next day Stuart found his shoes and immediately called to accuse me of having hidden his shoes. It truly was an accident, but I couldn't have planned a more perfect trick. Even though I admitted to him that I had accidentally taken his shoes, he never really believed my innocence. (This paragraph is duplicated from the October 1999 AIR article.) Stuart (Stephen Harrison was born April 18, 1939 and died September 30, 1997. He graduated from SUNY Downstate; interned and some residency at Albert Einstein in Philly & completed his residency at Cooper Hospital in Camden. He then served as a major in the Army for two years. In 1972 he came to Lee County and practiced with Sam Knight for one year in Lehigh Acres and then moved to Ft. Myers. Our first meeting was when he made a courtesy call at my office, and I "generously" offered to let him take my ER calls as that had helped me greatly in starting my practice. He did accept, but all the subsequent years he enjoyed telling (with eyes rolled back) and with facial expressions only he could make, how I graciously "dumped the ER on him". I tried very hard to figure out how his locker could be completely packed with Styrofoam peanuts so that when he opened the door all would pour out. Stuart, you departed this earth way too soon for there were so many people who needed you. He was my friend, and I know he wasn't mad at me for the tricks played for me hopefully he will be sure to unlock the Pearly Gates of Heaven for me.

Congratulations to the following 1973 arrivals: Bruce Bacon, Ahmad Azam, & Charles Shook (all three Surgeons); Edward Steinmetz our first Neurologist & the only one to have used our Museum "torture device" – a Pneumoccephalogram chair; Steve Bernstein (GI); Harvey Triflet, (now retired) our first Cardiologist joined by a second one, Horace (Bud) Dancy in December; Allen Shevach (OB-GYN); Phillip Andrews (ENT); Jack Devor (EYE); Harold Westervelt (ORTHIO) deceased; Howard Harris (IM retired but left us with three fine young physicians), and if my memory is correct Ellen Sayet our first Oncologist as well as the first female physician. You have after 30 years certainly earned the title of OLD DOCTORS, and we wish you the best for the future.

We certainly regret the passing of young Dr. Singh who was a fine man.



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@lcmssfl.org  
Website: www.lee-county-medical-society.org  
FMA: www.fmaonline.org  
AMA: www.ama-assn.org

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## CO-EDITORS

Mary C. Blue, M.D.  
John W. Snead, M.D.  
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## 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

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2003 Florida Medical Association Annual Meeting  
REPORT OF FLORIDA MEDICAL ASSOCIATION ANNUAL MEETING

Steven R. West, M.D.

During the FMA Annual Meeting held over the Labor Day weekend at the Westin Diplomat in Hollywood, Florida, Governor Jeb Bush surprised the House of Delegates with an appearance Friday night. The Governor pledged to go back with us to the legislature to improve the tort reform bill. Important recommendations of the Governor's Liability Task Force are left out such as joint and civil liability, periodic payment and bad faith. The Governor commented that the liability reform bill took a major legislative effort. However, the final version is not perfect. The Governor made it clear that if the bill does not help solve the crisis in Florida, he is committed to go back to the legislature to improve the law.

The Florida House Speaker, Johnnie Byrd, Republican District 62, was the Good Government speaker and received the Legislator of the Year award. As Speaker of the House, Johnnie Byrd stood resolute with the Governor in support of meaningful tort reform. Physicians throughout the state showed their appreciation for the Speaker by raising over \$30,000 for Johnnie Byrd's senatorial campaign to become a United States Senator.



Dr. Steven West, House Speaker Johnnie Byrd, and Dr. James Rubenstein

The only Democrat in the Florida congressional delegation that voted for tort reform at the federal level is Congressman E. Allen Boyd, Jr. Congressman Boyd was awarded the Legislative Appreciation Award during the Good Government Luncheon. Congressman Boyd is contemplating a run for the U.S. Senate, seeking the Democratic nomination. During the weekend, Congressman Boyd also received contributions from physicians who were appreciative of his efforts. Over \$15,000 was raised for the Congressman.

Ed Homan, M.D. was honored at the Good Government Luncheon as the Legislator of the Year. Dr. Homan is an orthopedic surgeon from the Tampa Bay area. Having a Doctor in the House is a great asset. Dr. Homan is serving us well and has made a great personal sacrifice to do so.

At the Good Government Luncheon, Senator J. D. Alexander, Senator Jeff Atwater, Senator Evelyn Lynn, and Senator Stephen Wise as well as Representative Allan Bense, Representative Dudley Goodlette, Representative Connie Mack, Representative Stacy Ritter, Representative Marco Rubio, and Representative Eleanor Sobel all received the 2003 Friends of Medicine Award. This award was given to them primarily because of their efforts during the legislative session to support meaningful tort reform. The Susan and V.A. Marks, M.D. Lifetime Achievement Award went to Dr. John and Senator Anna Cowin. Senator Anna Cowin has been a great supporter of the Florida Medical Association's legislative agenda over the years. Her husband, Dr. John Cowin, has gone beyond the call of duty helping raise funds as well as committing personal funds to Senator Cowin's campaigns. Dr. Cowin serves on the FLAMPAC Board.

The Immediate Past President of the Florida Medical Association, Robert E. Cline, M.D., was the recipient of the Ed Annis, M.D. Award for Political Activism. Dr. Cline, during the past year as President of the Florida Medical Association, did an outstanding job representing us in Tallahassee and Washington, D.C. He was relentlessly traveling throughout the state developing support among the public, patients and physicians for meaningful tort reform. Dr. Cline has set the standard for political activism and leadership for future Florida Medical Association presidents.

On Saturday, August 30<sup>th</sup>, the Florida Medical Association House of Delegates voted to pass a constitutional amendment to limit the attorneys' contingency fees on medical liability cases. The fees will be limited if this constitutional amendment is passed at 30% on the initial \$250,000 and 10% on the remaining award. This would mean that the injured patient who needs the funds to take care of themselves would receive the lion's share of the award and not the attorney. We have already started collecting money to support this monumental effort. Over \$190,000 was collected on Sunday from the delegates at the meeting. We need to at least obtain \$1,000 from each M.D. and D.O. in Florida to fund this campaign. Arrangements are being made by the Florida Medical Association to bill every doctor for his or her fair share in the very near future. It is most important that each of you send a check to the Florida Medical Association as soon as possible. We are setting up ways to solicit these funds. Please make the checks payable to "Citizens For A Fair Share, Inc." and mail them to the Florida Medical Association, P.O. Box 10269, Tallahassee, FL 32302.

This constitutional initiative will also require 600,000 signatures to get this amendment on the ballot. You can print the petitions by going on line to the FMA website [www.fmaonline.org](http://www.fmaonline.org). Talking points and instructions to help you collect signatures can be found on the FMA website.

During the House of Delegates, there was a large amount of debate regarding a proposal to cap non-economic damages at \$250,000 by a constitutional amendment. This resolution was referred to the FMA Board of Governors for study with regards to feasibility and resources for funding this amendment. There was a strong feeling by many members of the House of Delegates that this may not be the appropriate time to move forward with this initiative in light of the recent liability legislation that has been enacted into law.

We also heard reports from Dr. Dennis Agliano, who is the newly elected President-Elect of the FMA. He is working to streamline the review process for fraudulent expert witness testimony. He hopes to obtain a commitment from the Board of Medicine for strict censure that would include license suspensions for those who provide fraudulent testimony in a malpractice case.

Finally, I was unopposed for the position of FMA Secretary. I also ran for AMA delegate and to my surprise I won that election despite a field of candidates that are all extremely well qualified and dedicated to our profession. I want to thank all of the members of the Lee County Delegation as well as all the members of the LCMS for your support. Our President Ralph Gregg spoke eloquently several times on the House floor. You can be very proud of your Delegation as well as your Executive Director, Ann Wilke, Howard Barrow, Michael Fletcher, James Fuller, Eliot Hoffman, Richard Murray, Julio Rodriguez, Jim Rubenstein, Alan Siegel, Dean Traiger and Doug Stevens represented you very well. Dr. Larry Hobbs served as a delegate for the Florida College of Emergency Room Physicians. Please thank these individuals when you see them.

## REPORT ON REFERENCE COMMITTEE I

Michael Fletcher, M.D.

Reference Committee I handles Health Education and Public Policy. This Committee had very little activity and discussion.

My summary report for the membership was that it was an overall enjoyable experience. Great food and facilities! The Governor's support on tort reform is overwhelmingly encouraging for future progress. The unity and motivation of our members is truly inspiring.

I will make every effort for fundraising and signatures for the constitutional initiative.

## LEE COUNTY MEDICAL SOCIETY 2003 RESOLUTIONS

The Lee County Medical Society submitted six resolutions to the Florida Medical Association Annual Meeting. Below is a list of the resolutions, the physicians that submitted them, and the action taken by the FMA House of Delegates.

- *Review Of Requirements For CME Accreditation* / Joe Isley, M.D.  
This Resolution was adopted with a slight change to the wording in the resolution. Now the FMA will endeavor to simplify the CME process for organizations and will also simplify the process to expand opportunities for organizations that wish to provide CME at a reasonable cost and with less paper work.
- *Unfair Co-payments for Seniors on Medicare HMOs* / Julio Rodriguez, M.D.  
Resolution adopted
- *Parity For Mental Health Coverage* / Steven Machlin, M.D.  
This resolution is FMA policy and was filed and reaffirmed.
- *Advanced Notification by Physicians Without Hospital Privileges to Their Patients* / Howard Barrow, M.D.  
This resolution was referred to the FMA Board of Governors for their findings.
- *Medical Savings Account Expansion* / Raymond Kordonowy, M.D.  
This resolution is FMA policy and was filed and reaffirmed.
- *Repeal of Interpreter Requirement* / Ralph Gregg, M.D. and Lower West Coast Caucus  
Resolution was adopted with a slight amendment. The FMA Delegates to the AMA Annual Meeting will introduce a resolution calling for legislative actions to remove the requirement that physicians provide interpreters.

THE LEE COUNTY MEDICAL SOCIETY HAD GREAT SUCCESS WITH THE RESOLUTIONS WE SUBMITTED AT THE FMA ANNUAL MEETING.

THE MEDICAL LIABILITY CLAIMANT'S  
COMPENSATION AMENDMENT

## Constitutional Amendment Information

The Florida Medical Association House of Delegates voted to seek a constitutional amendment to limit contingency fees.

In order to get this issue on the ballot we will need 50,000 petitions from Lee County signed by Florida registered voters sent to your county medical society by January 15, 2004.

## Directions for Obtaining Petition Signatures:

(Please make copies of the petition on white paper until we distribute petition pads to your office.)

- Remember all letters to patients must have a disclaimer. Please contact the FMA at 1-800-762-0233 for proper verbiage.
- Physicians **ASK** your patients, staff, family, all your friends and neighbors who are registered voters to sign a petition. (If they live in another county, we will accept and forward to that county.)
- A petition with a blank line will not be accepted. Each line must be filled out completely.
- A petition must be signed, in ink, by a person registered to vote in Florida. Only one signature per petition for it to be valid.
- The signature on the petition must match the name as listed on the voter ID card.
- Petitions must be sent to your County Medical Society Executive, Ann Wilke, no later than January 15, 2004, for verification by the Supervisor of Elections by January 31, 2004.

The approved petition must not be altered in any fashion; however, you may attach instructions or explanations on a separate piece of paper.

Mail to: Lee County Medical Society, P.O. Box 6004, 1 Fort Myers, FL 33906-0041

Drop off to: Lee County Medical Society, 3805 Fowler Street, Ste 2, Fort Myers, FL 33901

HIPAA TRANSACTION AND CODE SET STANDARDS  
EDUCATIONAL PROGRAM, OCTOBER 29, 2003

Once the Transaction Code Set (TCS) October deadline is passed, practice managers will need information about how the TCS standard is being applied. Are you experiencing difficulty submitting electronic claims? Are you saddled with cash flow problems? Are billing services up to speed? Are you seeing problems with state Medicaid programs or Medicare? What are successful strategies for coping with uncooperative payers? These and other topics will be discussed during a one-hour conference on October 29, sponsored by the AMA's Office of Group Practice Liaison. Contact Carrie Waller with any questions at [carrie.waller@mam-assn.org](mailto:carrie.waller@mam-assn.org) or 312-464-4546.

## BE AWARE OF MISLEADING SOLICITATIONS

Physicians are reminded to be careful of misleading or confusing solicitations that seek to take advantage of their busy schedules. Physicians need to read carefully solicitations that appear to be an invitation to merely list their name in a consumer guide. The real purpose of such a solicitation may be to obtain subscriptions to the guide. Individual state attorney generals are equipped to handle attempts at fraud aimed at signing up physicians for unwanted subscriptions.

CONGRATULATIONS  
STEVEN R. WEST, M.D.

Steven R. West, M.D. was installed as Secretary of the FMA without opposition and he was elected AMA Delegate from Florida.

AMA PAST PRESIDENT ELECTED PRESIDENT-  
ELECT OF WORLD MEDICAL ASSOCIATION

Yank Coble, M.D., Immediate Past President of the American Medical Association was elected President-Elect of the World Medical Association this afternoon. Congratulations to Dr. Coble and to the AMA.

## Vote

It's Your Future

Encourage patients, family, friends,  
and neighbors to vote.

All must register to vote to pass  
constitutional amendment.

## MEMBERSHIP ACTIVITY

## MOVED

Kip Cullimore, M.D.  
Anthony Fransway, M.D.  
Marvin Porter, M.D.  
Stanley Schwartz, M.D.  
Shari Skinner, M.D.  
Associates in Dermatology  
8381 Riverwalk Park Blvd., Ste 101  
Fort Myers, FL 33919

## RELOCATED

Robert Walker, M.D.

2004 Dues Notices  
Are In The Mail  
We Have Changed  
Our Billing Schedule  
For Offices With  
Year Endings Of  
September and  
October

## LCMS STATS

August 18, 2003 - September 15, 2003

	Current	YTD
PHONE CALLS RECEIVED	512	4286
From Physicians and Office Staff	97	864
For Referrals	164	1443
For Background Checks	30	214
Filing Complaints	3	30
Regarding Non-Members	29	166
Regarding Alliance	4	66
Regarding CMS, FMA, and AMA	28	196
Miscellaneous Calls	157	1307
APPLICATIONS SENT TO PHYSICIANS	21	61
MEETINGS	4	46
Attended on behalf of LCMS	2	16
Society Meetings	2	30
DIRECTORIES DISTRIBUTED	20	108



## WWW.FLORIDAHEALTHSTAT.COM

The Agency for Healthcare Administration has redesigned their website [www.floridahealthstat.com](http://www.floridahealthstat.com). This website is aimed at consumers and physicians. It is very easy to navigate and very understandable it offers an abundance of information that would prove useful to patients and physicians. It includes the following topics:

**Reports & Guides** offers statistics, graphs, brochures and various studies and reports that would be of interest to consumers.

**Rx Stat** offers information on prescriptions, discount prescription information, Senior Savior Program, and Rx glossary.

**Facility and Provider Locator** will provide information on Florida medical facilities and physicians and very importantly directions on how to get there.

**Children's Health** has three sub categories 1) *Cool Kid Stuff* has articles and games specifically designed for younger children 2) *Teen Topics* has information that is geared toward teenagers and what is relevant to them 3) *For Parents* helps with topics for parents to look after the welfare of their children.

**Seniors Health** provides information for seniors on Medicare, Medicaid, and health care advance directives. It also provides information on health care facilities, glossary and health care terms, and the Florida Nursing Home Guide

**Insurance Stat** can help you access a wealth of insurance information including the Florida HMO report. Helps you find links to the Florida Department of Financial Services, Florida Kid Care, and the SHINE Program (Serving Health Insurance Needs of Elders).

**Health Data** gives you access to Florida's inpatient and outpatient hospital databases. Customize or use preformatted information about medical conditions and/or procedures.

**Provider Stat** provides Florida Guideline Database (link to the National Guidelines Clearinghouse), specialty definitions, Florida Physician Profiling, Physician Partnership Program (Approved physicians are appointed as expert/consultants for the Agency for Health Care Administration), and Health Licensee information.



## INFORMATION ON THE VACCINE FOR CHILDREN (VFC) PROGRAM

David Fee

Bureau of Immunization, LCPHU

The Vaccines for Children (VFC) program was created as part of the federal Omnibus Budget Reconciliation Act, Section 1928 of the Social Security Act, in August 1993. The goal of this federally funded program is to improve vaccine availability nationwide by providing vaccines at no cost to VFC-eligible children through public and private providers enrolled in the program. The program is regulated by the Centers for Disease Control and Prevention's (CDC) National Immunization Program (NIP). The VFC program is now operational in all 50 states and eight territories including the Virgin Islands, Puerto Rico and Guam.

Florida Began its VFC program in October 1994 under the administration of the Department of Health, Bureau of Immunization. VFC vaccines are purchased under contract by the Bureau of Immunization and are supplied to enrolled VFC providers at no cost. \* (\*Taken from the Department of Health, Vaccine for Children Provider Handbook, 2002)

In exchange for enrollment and participation in the VFC program, the medical provider agrees to provide immunizations at no cost to **clients 0 through 18 years of age** who meet the following criteria:

- Are enrolled in Medicaid; or
- Have no health insurance; or
- Are American Indian and Alaskan Native; or
- Are covered by health insurance that does not provide for immunizations

Children with health insurance that covers vaccinations are not eligible to receive VFC program provided vaccines. There are no income restrictions imposed by the VFC program as long as the child meets other enrollment criteria. Although there is to be no charge for the vaccine administered to VFC eligible children, office visits may be charged and Medicaid and Medicaid HMO's may be billed an administration fee.

The VFC program has had great success in the United States with increasing Immunization Coverage Levels among children in the United States. This has been achieved mainly because the private medical providers have become a vital part of the vaccine administration network as a result of the VFC program. Children no longer have to receive immunizations by another provider. This allows children to remain with their medical provider for ALL health care needs including immunizations. Thus assuring a continuum of care for these children. Prior to the creation of the VFC program, many children were referred to other providers to receive needed immunizations, thus creating missed immunization opportunities and reduced immunization coverage levels.

If you are not already a VFC provider, please consider becoming one. Your help in immunizing the children

of Lee County and SW Florida is essential in guaranteeing the public health of the community. For information on becoming a VFC provider, please call David Fee, Bureau of Immunization, Ft. Myers Field Office at (239) 338-2733 or e-mail at [David\\_Fee@doh.state.fl.us](mailto:David_Fee@doh.state.fl.us).



## AMA APPLAUDS CMS PLANNED REIMBURSEMENT RATE INCREASE FOR PNEUMOCOCCAL VACCINE

The AMA recently applauded the Centers for Medicare and Medicaid Services (CMS) for notifying the nation's physicians of its intention to correct the payment rate for pneumococcal vaccine. "As physicians make buying decisions now on vaccines for the coming winter, the AMA and its member physicians appreciate this advance notice from CMS that reimbursement rates will increase to \$18.62 by the time physicians file for reimbursement," said AMA Trustee Ronald M. Davis, M.D.

The CMS released this information at a time when a majority of pneumococcal vaccine is purchased – the four-month period of August through November. The rate is scheduled to go into effect on Oct. 1. "Seniors' ability to access this vaccine for pneumonia is instrumental in fighting it, and we hope that CMS' rate correction notice will help increase resistance to pneumonia through greater access to the vaccine," said Dr. Davis. The AMA will inform physicians as more information on the reimbursement increase becomes available.

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## 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.



#### CHRISTOPHER GASKIN, M.D. – RADIOLOGY

**Medical School:** University of Florida College of Medicine, (1993-97)

**Internship:** Duke University, Durham, NC (1997-98)

**Residency:** Duke University, Durham, NC (1998-02)

**Board Certification:** American Board of Radiology

Dr. Gaskin is in group practice with Radiology Regional Center at 3680 Broadway, Fort Myers, FL 33901.



#### PAUL A. HANNA, M.D. – INTERNAL MEDICINE/CARDIOVASCULAR DISEASE

**Medical School:** New York Medical College, Valhalla, NY (1990-94)

**Internship:** New York University Medical Center, New York, NY (1994-95)

**Residency:** New York University Medical Center, New York, NY (1995-97)

**Fellowship:** Pennsylvania State University College of Medicine, Hershey, PA (1997-2000)

**Board Certification:** American Board of Internal Medicine in Internal Medicine and Cardiovascular Disease

Dr. Hanna is in group practice with Southwest Florida Heart Group at 8540 College Parkway, Fort Myers, FL 33919.



#### JOHN LIVECCHI, M.D. – OPHTHALMOLOGY/OCULOPLASTICS

**Medical School:** Faculty of Medicine and Surgery, University of Rome, Italy (1972-77)

**Internship:** Long Island College Hospital, Brooklyn, NY (1978-79)

**Residency:** Downstate Medical Center, SUNY, Brooklyn, NY (1979-82)

**Fellowship:** Wayne State University School of Medicine, Detroit, MI (1982-83)

**Board Certification:** American Board of Ophthalmology

Dr. Livecchi is in group practice with Eye Centers of Florida at 4101 Evans Avenue, Fort Myers, FL 33901.



#### STEVEN ISSERMAN, M.D. – INTERNAL MEDICINE/CARDIOVASCULAR DISEASE

**Medical School:** University of Miami, Miami, FL (1992-96)

**Internship:** Harvard Medical School, Cambridge, MA (1996-97)

**Residency:** Harvard Medical School, Cambridge, MA (1997-99)

**Fellowship:** Tufts University, Boston, MA (2000-03)

**Board Certification:** American Board of Internal Medicine in Internal Medicine

Dr. Isserman is in group practice with Southwest Florida Heart Group at 8540 College Parkway, Fort Myers, FL 33919.

## FLORIDA MEDICAL QUALITY ASSURANCE PRACTITIONER PROFILING

[www.doh.state.fl.us](http://www.doh.state.fl.us)

The Department of Health has a website that provides the public with information on all licensed Florida physicians. As patients are becoming more active and more involved in the selection of physicians they are now turning to the web to search for information. The DOH Website address to check your profile is <http://www.doh.state.fl.us/irm00/profiling/searchform.asp>, information includes:

- Education and training, including other health related degrees, professional and post graduate training and your specialty,
- Current practice and mailing addresses,
- Staff privileges and faculty appointments,
- Reported financial responsibility,
- Legal actions taken,
- Final disciplinary action taken by the Board of Medicine, and
- Any liability claims filed against you which exceed \$5,000.

The DOH requests that you review your profile regularly and keep it up to date. If you have any changes to report do so immediately. By law, you are responsible for updating your profile information within 45 days after a change in each section of your profile.

If you see the need for corrections, print a copy of your profile. Changes will be accepted by

• Mail:  
Department of Health,  
Division of Medical Quality Assurance  
Bureau of Operations - Profiling  
Section  
4052 Bald Cypress Way, Bin #C10  
Tallahassee, Florida 32399-3260

• Email: [Profiling@doh.state.fl.us](mailto:Profiling@doh.state.fl.us)  
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## IS IT TIME TO CONSIDER E-MAIL IN YOUR PRACTICE?

By Jerry Hermanson, MBA, CHE

Is the phone constantly ringing in your practice? Is there always a stack of phone messages waiting for your response? Does it seem like your staff is always on the phone trying to contact a patient? Is there an answer to this seemingly out of control situation? Maybe there is. Have you considered using e-mail to communicate with your patients?

In a recent poll conducted by Harris Interactive, approximately 90% of patients surveyed wanted the ability to communicate with their doctor via E-mail while only 15% of doctors were willing to do so. Other surveys have documented that over 54% of the population is making use of the Internet with the fastest growing group being those over 65 years of age. With such apparent demand on the part of patients, every practice should consider the use of E-mail.

Proper use of e-mail should reduce the time both you and your staff spend returning phone calls. Now, when you return a call you have a better than average chance that you will get the patient's answering machine. What do you do then? Do you leave a message that will generate another return call from the patient? Do you just keep calling back until you get the patient? With an e-mail response you have completed the cycle and know the patient has gotten your message the first time.

Most proponents of e-mail suggest that it be used for non-urgent communications with patients. Establishing such a policy and a good working definition of non-urgent communications is a must before you give out your e-mail address. There are a number of other considerations you must address before you begin accepting e-mails.

A good starting place is a review of the "AMA Guidelines for Patient-Physician Electronic Mail." (H-478.007) The guidelines are separated into "Communications Guidelines" and "Medicolegal and Administrative Guidelines." The communications guidelines address issues such as establishing turnaround time for responses from you or your staff. By notifying a patient that your office will review e-mails once a day, you create an expectation for the patient not to expect a response immediately. If the patient e-mail is of a more urgent nature, time wise, they will know to call the office instead.

Other guidelines addressed under communication in the AMA policy deal with the need to establish the types of transactions which will be accepted via e-mail such as appointment scheduling, prescription renewals and other topics you approve. It is also suggested that you should address privacy issues in your policy such as who will see the patient's e-mail in the office. In addition, you will want to consider sending an automatic reply to patients letting them know that you have received their e-mail and reminding them of your response time guideline.

Medicolegal and Administrative Guidelines addressed by the AMA include the

establishment of a patient-clinician agreement for the informed consent for the use of e-mail. Such an agreement, which should be signed by each patient prior to giving them your e-mail address, should include your communications guidelines and describe the security mechanisms in place. Security mechanisms you may want to consider include the use of password-protected screen savers for all desktop workstations in the office, never forwarding patient-identifiable information to a third party without the patient's express permission, not sharing professional e-mail accounts with family members, double checking "To" fields prior to sending messages and your back-up routine for saving e-mails.

When communicating with your patients via e-mail it is suggested that you make paper copies to be placed in the patient's medical record just as you should make a note of any voice communications with your patients for their records. While sending group e-mail to your patients may be an effective way to give out general information to a large group at one time, you should never allow the names or e-mail addresses of group members to be viewable by other patients in the group. It is also important to establish a policy and let your patients know that you will not share their e-mail address with any marketing interest. In addition to HIPAA considerations, you don't want your patients being bombarded with e-mail solicitations because you gave out their addresses.

Get started by developing your policies and procedures for the use of e-mail and putting them in a printed document that can be given to patients. In addition to the suggested policies and guidelines above, you should think about how you want the e-mail to be used in your practice. Just as important is determining how you don't want e-mail to be used. It's just as important for your patients to know what not to put in their e-mails as what to include.

Once you have determined the "rules" for the use of e-mail in your practice, advertise it to your patients. You can place a sign in the waiting room announcing your willingness to communicate with patients via e-mail. If they are interested they can be directed to your receptionist who can give them your written guidelines and rules for the use of e-mail. Once the patient has read the document they can be given a copy of the patient-clinician agreement to sign indicating their agreement to the terms of use you have established. Once you have received a signed agreement, the patient can be given your e-mail address(es). You should consider putting a copy of the signed agreement in the patient's chart. If you are going to limit e-mail to patients who have signed your agreement, you will want to create a log of patients who have signed agreements for your reference. You may also consider blocking e-mail from your system if the sender is not on the list. Most e-mail systems will allow this and it can protect you from

communicating with patients who have not agreed to your policies and guidelines. Such a feature will also allow you to delete any patient who does not comply with your rules in the future.

The use of e-mail in your practice can go a long way to improving patient-physician relationships if used properly. While many physicians have expressed concern that patients will misuse e-mail, inundating the office with messages, experiences related by doctors using e-mail have not shown that to be the case. So why not give it a try?

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