



# Bulletin

Editor: John W. Snead, M.D.

## 2009 Meetings and Events

### LCMS Alliance Event

#### Foundation Winter Gathering

Saturday, February 7, 2009  
7 p.m.

At the home of  
Dr. and Mrs. Howard Barrow  
(see insert for more information)

### LCMS General Meeting

Thursday, March 19, 2009

Location to be announced

Please contact the Medical Society Office  
to make your reservations

**Lee County Medical Society**

PO Box 60041

Fort Myers, FL 33906

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## Inserts

- 2009 Legislative Brochure
- Work Force Survey Results
- OptaComp Ad
- Alliance Winter Gathering

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## President's Message

## LCMS and Things to Come

Larry Hobbs, M.D.



The LCMS has been in existence since 1927, representing all physicians in our area. It has advocated our common interests and concerns in partnership with the FMA via legislative and regulatory processes. It provides a resource to the community for physician referrals and addresses patient concerns as well. Its committee structure has helped with grievances and helps prepare for disasters, set ethical standards and helps with public school healthcare issues. The LCMS mission statement states that "the LCMS is to unite the medical profession of Lee County into one compact organization".

With the LMHS acquisition of Southwest Regional and Gulf Coast Hospitals in 2006, the LCMS and its president, Dr. Erick Burton helped the hospital medical staff develop the concept of the Physician Leadership Council which directly reports to the health system's BOD. We also provided unbiased legal representation to consult on the development of the hospital's medical staff bylaws. Still many physicians practicing independently feel threatened. These physicians developed an organization that would help facilitate a dialog with the hospital system's BOD and administration while preserving their independence. The Independent Physician Association of Lee County (IPALC) has many missions that are listed on their website.

I attended a recent IPALC meeting which featured Dr. Ronald Castellanos and Jim Nathan speaking about the current state of healthcare nationally and in Lee County. They also spoke about a possible future alignment of physicians and hospital interests in our ultimate goal of providing healthcare to our patients. Dr. Castellanos is a physician member of the national MedPAC committee which advises the federal government on Medicare related issues. He pointed out that Part A Medicare at its present spending will become bankrupt by 2018. Also if the government does not permanently fix provider reimbursement, the present SGR will cut physician reimbursement by over 20% in 2010. He noted that there is a need for fundamental change for Medicare to stay solvent. He also pointed out that presently 60% of all medical practices in the U.S. are 1 or 2

man groups receiving fee for service. In the not too distant future, Medicare will have to "pay across providers" and hold them accountable for quality and resource use. He encouraged all physicians to become involved with PQRI as a learning curve with some modest financial benefit to understand and work with these upcoming changes. Dr. Castellanos felt that the goal is to align incentives with possible financial and clinical integration.

Mr. Nathan pointed out that our region's payer mix is primarily Medicare with little employer based indemnity insurance and a large uninsured and underinsured population. He states that we will see the rapid development of Medicare A and B bundling especially for the re-hospitalized patient. He indicated that accountable care organizations (ACOs) will be charged with dividing those payments. We might see certain insurance companies trying to fill that role. In essence he referred to Lee County as "the bleeding edge of Medicare change". Mr. Nathan then addressed the issue of the acquisition of the two hospitals. He stated that we should not get bogged down on the reasons of the acquisition. "It was not intended to be destructive to physicians", he stated. He spoke of the recent bond downgrade by Moody's partly due to the fact that LMHS only controls 15% of the outpatient market. He stated that we should develop some proven models of cooperation and begin by looking for pieces of answers and opportunities rather than looking for the one big answer.

The discussion of some of the IPALC leadership with Mr. Nathan then centered on what to do next in developing an ACO model. This model would legally align clinical and financial incentives of physicians and the hospital system to better succeed in the developing Medicare reimbursement structure. The LCMS has been charged with working with the IPALC and the LMHS to help bring ideas to all willing physicians on the potential models that are already in existence. We would help located experts in this process and bring them to Lee County for discussion. Look for notices in the very near future from the Society about these educational meetings and please attend. The LCMS will continue to represent all physicians; independent, contracted and employed and their interests.

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#### **Lee County Medical Society Mission Statement & Disclosure Policy**

*The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization; extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.*

*All LCMS Board of Governors and Committee meeting minutes are available for all members to review.*

## Membership Activity

### **Relocated**

**Jacob L. Glock, M.D.**  
**Southwest Florida Fertility Center, PA**  
15730 New Hampshire Court Ste 101  
Fort Myers, FL 33908  
Phone: 561-3430 Fax: 561-6980

### **Stephen F. Scholle, M.D., Ph.D.**

**Family Medicine**  
1661 Estero Blvd Ste 1  
Fort Myers Beach, FL 33932  
Phone: 765-0007 Fax: 765-0247

### **Jonathan Daitch, M.D.**

**Michael Frey, M.D.**  
**Advanced Pain Mgmt & Spine Spec**  
8255 College Parkway, Suite 200  
Fort Myers, FL 33919  
Phone: 437-8000 Fax: 437-8012

### **Solo Practice**

**John Bishop, M.D.**  
**Wound Care and Hyperbaric Medicine**  
will move into Solo Practice and remain at  
3945 Fowler Street  
Fort Myers, FL 33901  
Phone: 939-8345 Fax: 939-8202

### **Resigned**

**Robert Brueck, M.D.**

## New Member Applicant

**Janet Flores Cheng, M.D.**—Dr. Cheng graduated from May Medical School in Rochester, MN where she obtained her MD degree in 1993. She completed her internship and residency at Mayo Clinic (1993-97). She is a board certified dermatologist with Advanced Dermatology Specialties, PA at 643 Cape Coral Parkway East, Cape Coral, FL 33904.

## Members in the News

**S. Scott Greer, DO** has been appointed chief for the Primary Care Section of Lee Memorial Health System. Dr. Greer's responsibilities include reviewing credentials for physicians who wish to practice within the health system. He will also preside over inpatients concerns involving primary care.

He has served SW Florida patients since 2005. He is in practice at Greer Health Care and Associates at 9671 Gladiolus Drive Ste 109, Fort Myers, FL 33908.

**LCMS Website: [leecountymedicalsociety.org](http://leecountymedicalsociety.org)**

## Participation Tools for Physician Quality Reporting Initiative (PQRI) 2009 Now Available

The PQRI is currently underway for 2009. Of the 153 measures in the 2009 PQRI, 112 were developed by the PCPI (Physician Consortium for Performance Improvement), oftentimes in collaboration with the National Committee for Quality Assurance and/or a medical specialty society.

The American Medical Association has created participation tools to assist physicians and other eligible professionals who may elect to participate in the PQRI program for 2009. These tools for the claims-based reporting of individual quality measures and measures groups are designed to facilitate the data collection required to report clinical performance data.

- Tools for each of the 131 individual quality measures that can be reported through claims-based submission are available.
- New for 2009: New tools have been developed for the 6 measures groups that can be reported through claims-based submission. These include a data collection sheet that incorporates all of the individual measure-specific information in one step-by-step worksheet for clinical use and office/billing staff use.

The tools for individual measures and measures groups can be accessed online at [www.ama-assn.org/go/toolsMedicarePQRI](http://www.ama-assn.org/go/toolsMedicarePQRI).

Additional information on the PQRI program, including detailed technical specifications for the measures, can be found on the CMS Web site at [www.cms.hhs.gov/pqri](http://www.cms.hhs.gov/pqri).



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## As I Recall...

Roger D. Scott, M.D.

## Blue Streak

We stood there on the two dirt ruts of a very primitive road looking towards the north as a peculiar blue streak appeared in the distance. We were just children in 1930-31, but our attention remained fixed on the enlarging **blue streak** as it came closer and closer to our sawmill. (Perhaps you remember from the movie, *Lawrence of Arabia*, the scene when Lawrence saw a blur on the horizon that approached in a similar manner and became Omar Sharif (the sheik) on a horse.) As it materialized before us, it appeared as the newest, biggest, prettiest, and different style automobile (car/auto we had ever seen. In those years many of the cars (and we were very rarely exposed to cars) were Ford's Model T's or Model A's, and in fact my oldest brother had a yellow convertible Model A with a rumble seat in the back. His car did not in anyway approach the style and beauty of this new blue streak. And so this article is a reflection of our family's new car (I don't ever remember us having a car before, but I know that Daddy must've had one, probably a Model A Ford sedan.).

Daddy had been to Jacksonville on business and stopped by the Florida State Fair where the Ford Motor Company had on display the first eight cylinder Lincoln brought to Florida. I guess Daddy just fell in love with it and bought it right there and was told that he owned the first eight cylinder Lincoln ever sold in the state of Florida.

This style was considered a touring car. For you car buffs, I believe this was a model "K" Lincoln (125 HP), and I don't believe the "L" Lincoln (150 HP) was made until 1932. As this particular car had been a showpiece for display at the fair, it had its own custom made body (coach) of sky blue steel and had many new distinguishing features. It was four-door with the front doors hinged to the front like our modern cars, and the back doors hinged to the back unlike our modern cars. The front seat was wide but with three people in front, the middle person was pressed against the stick gear shift (which also allowed "freewheeling") arising from the floor of the car. The backseat was very spacious. There were two small "jump seats" in front of the backseat, but behind the front seat. (In case you've never heard of jump seats before, they are individual fold-down seats hinged to the back of the front seat and the passenger would face the rear passengers and lean their back on the rear of the front seat. (Can you visualize that description?))

The entire interior was plushly furnished. The steering wheel was much larger than our current cars and had four large spokes making it sometimes difficult for a short person to see over the top of the wheel. The instrument panel was in the center dash with only a few dials or gauges showing speed, fuel level, radiator water temperature and maybe something else. Also on the dash was a manual pull out throttle (to run the engine faster) and a pullout choke (These functions are performed automatically on modern cars, but I believe that some modern airplanes have manual chokes and throttles!) The choke was used when starting the car as it made a richer mixture (more gas than air) in the carburetor.

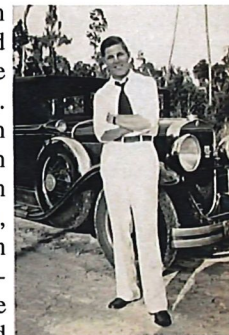
Now the most amazing thing on the dash was an electric cigarette lighter that was pulled out to light a cigarette in the front all the way to the back seat but different from our detached lighters today in that it was attached by an electric cord on a spring reel in the dash. The starter button was on the driver's side floor.

The emergency brake was a large lever arising from the floor. I think that pretty well covers the interior of the car.

The almost vertical windshield was plain glass as shatterproof glass had not yet been invented. I believe there was one windshield wiper on the drivers side but I'm not sure whether it was electric or manually operated. There was a very distinctive radiator grill with a 17-inch headlight and horn mounted on each end of a bar across the radiator. The horn button was in the center of the steering wheel, and if you pressed the left side of the button the city horn would make a gentle "beep-beep" sound and pressing the right side of the button produced the loud country horn sound "ah-ooh-gah". The wheels had wire-spokes with wide white wall tires. (The modern white wall is a meager white stripe.) There was a spare tire and wheel with a strapped-on "parking light" mounted on each side of the car in the back end of the front fenders. (Flat tires were a common occurrence on all old tires until well after World War II.) Running boards extended from the back of the front fender to the front of the back fender. A generous toolkit was hidden in one of the running boards. This included a crank for the engine in case the electric ignition failed, and many other tools for on-the-road repairs.

On a folding rack above the back bumper was strapped a large blue trunk containing various-size fitted suitcases, which when properly placed in the trunk left not a single inch of vacant space. The trunk could be unstrapped and carried into the house and then the suitcases packed and replaced in the trunk and the trunk reattached to the rack. This was certainly great for long and lengthy stay trips or the trunk might be removed and the rack folded when not needed for traveling. I must admit this was a car for the open road and not the back dirt roads so often seen not only in Florida but in many other states. We often got stuck in the dirt roads because of the heavy weight (5,000+ pounds) of the car. One time I remember us driving along and the engine caught fire. Daddy used my potty to scoop sand up to throw on the burning engine.

The car was much more suited to city travel and was great when we moved to Live Oak, Florida in 1933. I was Mother's chauffeur until 1941 when the car was sold and used as a "bus" between Live Oak and Jasper Florida for some years. Not many of these Lincoln's last today but one was recently rebuilt and sold for \$344,000!



Brother Frank in 1932. Note Spare tire with attached light, radiator & headlight



Mother 1933, Live Oak, FL - Note white wall tire, door hinges and trunk, running board and spare tire.

## News From The Lee County Medical Society Alliance & Foundation

Mary Macchiaroli, LCMS Alliance Co-President

As another year of leadership in the Lee County Medical Society comes to a close, all the leaders of the Lee County Medical Society Alliance would like to thank Dr. Dean Traiger for his time and commitment over the past year. If you have attended a meeting in the last year, you can appreciate the time Dean has put into his role and his unique ability to bring a sense of humor to even the most tense meeting. Thank you Dean for putting so much thought and time into your tenure as president. It was always a pleasure working with you!

Dr. Larry Hobbs was installed as president on Thursday, January 15<sup>th</sup>. How one can be a rock star, an ER doctor (moving his ER to a whole new hospital!) and the president of the Medical Society all at once, is beyond me, but if anyone can do it, Larry can. Larry, we look forward to working with you in the year ahead.

On another note, the Alliance Foundation will be hosting a fundraising evening on Saturday, February 7<sup>th</sup>, at the home of Dr. and Mrs. Howard Barrow. All proceeds from the evening will benefit the many causes supported by the Lee County Medical Society Alliance Foundation, including Stride Right, Medi-bags and mini-grants. The evening will be a fun, festive affair catered by JG Websters. You won't want to miss it!

And finally, the Alliance is actively looking for those special volunteers that want to take charge in May and lead it through the coming year. If you are interested or have any questions, please contact Mary Macchiaroli at [missmarymacc@gmail.com](mailto:missmarymacc@gmail.com).

## Lee County Medical Society Meeting & Installation of 2009 Officers



2008 outgoing president Dr. Traiger hands over gavel to Dr. Hobbs as Dr. West, FMA President looks on.



Life Members Drs. Ed Guttery, Gene Cox, Horace Dansby III & Richard Davis received certificates from Dr. Traiger



2009 Board is sworn in by FMA President Dr. Steven West. A list of your new Board is on page 10 of the Bulletin.

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## What's New with the Florida Board of Medicine

Crystal A. Sanford, CPM, Florida Board of Medicine

### 1. Federation of State Medical Boards (FSMB)

The FSMB is conducting research on demonstrating competence as a condition of continued licensure. Referred to as *Maintenance of Licensure*, the Board discussed this at their annual meeting and determined there is not enough evidence at this time to make any changes to Florida's re-licensure laws, although they do support FSMB's continued research in this area.

### 2. Workforce Survey

The Board is looking forward to a Department Report on the recent surveys conducted by physicians during 2007 (voluntary) and 2008 (mandatory) renewals. Data from these surveys will be used by the Board and the Department of Health to make decisions about the future of health care in Florida. Speaking of renewal, due to sound fiscal handling of the budget, the Board voted to reduce the renewal fee to \$360 last year.

### 3. Licensure Process

The application process has been streamlined to reduce application processing time from 120 to 97 days thanks to changes in the approval process and electronically filing fingerprint cards. The newest licensure advancement is the online application status check system which allows applicants to check the status of their application online at any time.

### 4. Communication with Physicians

If the Board has your e-mail address, you have been receiving quarterly messages from Robert Cline, M.D. and you have had the opportunity to provide input on what is important to you and your practice. So, please update your practitioner profile and provide an email address.

### 5. Recent Legislation

2008 legislation:

- Expanded the authority of the Physician Assistant Council to expand PA prescribing to include antipsychotics and parenteral medications. Nothing has changed yet in current PA formulary.
- Expanded availability of practitioners Resource Network (PRN) to medical students.
- USF and FIU Schools of Medicine authorized to use Medical Faculty Certificates to allow out-of-state physicians to practice as part of their teaching duties.

If you have any questions about recent legislation or rules and laws that may affect your practice, you may email us at [mqa\\_medicine@doh.state.fl.us](mailto:mqa_medicine@doh.state.fl.us) and we'll do our best to assist you.

### 6. Top Ten Tips To Avoid Problems with Your License

There are a few laws and rules that every physician practicing in Florida should know and knowing these things will help physicians avoid unnecessary disciplinary action.

### 7. Stay in Touch

1. Physicians must update their profile within 15 days of any change. [s.456.042, f.s.]
2. Physicians must notify the Board prior to relocating a practice. [s.456.035, 458.319(3), s.458.327(2)(e), F.S. & Rule 64B8-10, FAC]
3. Do not pre-sign prescription pads [s.458.331(1)(aa), f.s.]
4. Know the rules on advertising. [s.456.002, f.s. & Rule 64B8-11, FAC]
5. If you treat your family, friends and employees, you must maintain medical records. [s.458.331(1)(r)&(m), f.s.]
6. Know patient boundaries: a prescription creates a physician/patient relationship. [s.458.331(1)(j) & s. 458.329, F.S.]
7. Avoid wrong site/patient surgery: Make the right incision on the right patient, at the correct site. [s.456.072(1)(bb)]
8. Prescribing without a history and physical is a standard of care violation and a violation of Board Rule: Do not prescribe on the Internet. [s.456.042, f.s.]
9. Know the rules about reproduction of medical records and know what you can and cannot charge. Also, consider providing your patients with one (1) complimentary set of his/her medical records upon request, free of charge [s.456.042, f.s.]
10. Minor offenses are handled through a citation process. The first citation issued for an offense, although public record, is not considered disciplinary action. [Rule 64B8-8.017, FAC]

Never be left in the dark. You can access the Board of Medicine's website 24-hours a day at [www.doh.state.fl.us/mqa/medical](http://www.doh.state.fl.us/mqa/medical). From this site you can access information regarding the laws and rules, frequently requested forms, profession updates, current events, renewal information, FDA/DEA alerts and much more. You can also join our web board from this site and receive information as soon as it is released.

## Your 2009 Lee County Legislators & Representatives

The Florida Legislature Convenes Tuesday, March 3, 2009 and ends Friday, May 1, 2009

### STATE OF FLORIDA GOVERNOR

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Crystal Fitzgerald

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*Tallahassee addresses may change, please visit the official Internet site of the Florida Legislature at [www.leg.state.fl.us](http://www.leg.state.fl.us).  
See insert for Legislative Brochure.*

**HOW TO WRITE YOUR LEGISLATOR**

1. Know your legislators' district(s) and the correct spelling of their names. Refer to district maps and directories.
2. Use the following format for addresses:

**SENATORS:**

The Honorable John Doe  
The Florida State Senate  
The Capitol, Suite - - -  
Tallahassee, FL 32399

**GOVERNOR:**

The Honorable John Doe Governor  
The Capitol, Tallahassee, FL 32399

**Lt. GOVERNOR:**

The Honorable John Doe Lt. Governor  
The Capitol, Tallahassee, FL 32399

**REPRESENTATIVES:**

The Honorable John Doe  
Florida House of Representatives  
The Capitol, Suite - - -  
Tallahassee, FL 32399

**CABINET:**

The Honorable John Doe  
Title  
The Capitol, Tallahassee, FL 32399

3. Write on personal stationery, LCMS letterhead, or on plain paper. A personal letter is best! Your return address should be on the letter, not just the envelope. This will enable your legislator to reply.
4. Do not use postcards or form letters except when advised to do so by the FMA legislative Affairs Office or the CMS Legislative Committee
5. A good rule to follow is one subject per letter. Try to keep your letter to one page no matter how important the issue. This gives your letter more impact and makes a reply easier. It also takes up less the staff's and legislator's time
6. Make clear the position of the issue you are on, and ask the legislator to support your position.
7. Refer to exact bill numbers if available and short or popular titles.
8. Don't threaten or write in a belligerent tone.
9. Don't remind them of broken promises
10. Don't write so often that your letters lose their impact.
11. Illustrate your position with a local example.
12. Sign your name legibly and type your name under your signature.
13. Time your letters to arrive far enough in advance to be effective.

## Economic Blues Trickle Down to Physicians

Robert Lowes

Although most physicians are not losing their jobs or homes, they're nonetheless feeling the repercussions of the recession that began in December 2007 and deepened during the financial crisis in the fall of 2008. Symptoms large and small abound of a financial slump in medicine:

- Fifty-six percent of hospitals told the American Hospital Association in November that physicians were seeking more financial support, ranging from reimbursement for on-call duty to outright employment.
- Roughly 1 in 2 physicians plan to attend fewer continuing medical education conferences in 2009 that require overnight travel, according to a September survey by the publication *Medical Meetings*.
- Some physicians may be receiving fewer holiday gifts, a sure sign of belt tightening among patients. Internist Sheree Lipkis, MD, in Glenview, Illinois, has noticed a decline in such gifts from previous years from her patients. "Some of them have lost their jobs," Dr. Lipkis told *Medscape Medical News*.

Physicians like Dr. Lipkis might expect that rising unemployment and curtailed consumer spending would reduce patient volume, but that's not a universal pattern. To be sure, elective surgery has tailed off. Six in 10 plastic surgeons, for example, report a decrease in cosmetic procedures during the first 8 months of 2008, according to the American Society of Plastic Surgeons. Yet most primary-care physicians interviewed by *Medscape Medical News* say they haven't slowed down. "Patient numbers are stable," said internist C. B. Dehlin, DO, in Lansing, Michigan. "Maybe we're just caring for the 90% of Michiganders that have jobs."

### Patients Postponing Care, Skipping Tests and Treatments

Full schedules for primary-care physicians may be misleading, though. Thirty-six percent of Americans are postponing needed care, while another 30% are skipping tests and treatments outright, according to a survey in October 2008 by the Henry J. Kaiser Family Foundation, and both categories are up 7 percentage points since April 2008. However, with many primary-care physicians ordinarily drowning in patients, reduced demand may simply translate into a shorter waiting time for an appointment slot as opposed to an open slot.

Also, the payment cycles of commercial insurers may have temporarily softened the effect of the recession for physicians who enjoyed crowded waiting rooms in late 2008. By that time, many if not most insured patients had met their annual deductible, motivating them to load up on needed care before year's end while it was less expensive. Dr. Lipkis said that's the reason why the last few months of 2008 were busier than usual for her. Come January 2009, the prospect of shouldering the entire cost of an office visit or procedure may discourage insured patients from making an appointment.

If patients — insured or not — do book an appointment, there's also the possibility that they may not pay up afterward. The Kaiser Family Foundation found that one third of Americans were struggling to pay their medical bills in fall 2008, up from one quarter in 2006. Not surprisingly, a St. Louis collection agency called Account Resolution has seen the dollar volume of delinquent accounts received from physicians increase by roughly 25% in the last half of 2008, says company president James Hill, Jr. "These trends are happening all across the country," Mr. Hill said. And they only stand to worsen with unemployment expected to hit 8.3% by the end of 2009, according to financial research firm Standard & Poor's.

One component of the current recession — the credit crunch — has made it harder for some physicians to borrow money to start a practice or expand an existing one. "Automatic loans for anyone with a medical degree are a thing of the past," practice management consultant Michael LaPenna in Kentwood, Michigan, told *Medscape Medical News*. Besides requiring physicians to put up security for term loans, cautious banks are asking physicians with an existing line of credit to prove that they have enough accounts receivable to justify the amount of money made available.

### Improve Marketing to Current and New Patients

Practices with openings in their schedules should try to make it easier for patients to make appointments, suggested Hobie Collins, a practice management consultant with the Medical Group Management Association in Louisville, Kentucky. Extended weekday hours, for example, cater to employed patients who might find it hard to come in otherwise. "Eliminate as many barriers as you can," said Mr. Collins.

Stepped up marketing can also help fill up the waiting room. Target your existing patients first, advises practice management consultant Jeff Denning in La Jolla, California. "Go through your charts and see who's overdue for preventive or follow-up care, and give them a call," Mr. Denning said. A practice Web site may help a surgical specialist attract new cases.

Cost control is an indispensable virtue during a recession. "Remember the motto from the Great Depression," Mr. LaPenna said. "Use it up, wear it out, make it do, or do without." To achieve the right economy of scale, Mr. LaPenna said, physicians may have to go beyond mere downsizing and consider merging with another practice.

How drastic the solution needs to be, of course, depends on the length and severity of the recession. Dr. Lipkis, for one, will be watching how many tins of popcorn and bottles of wine she receives from patients when the winter holidays come around in 2009. In the meantime, she's giving thanks.

Dr. Lipkis said: "We remind our staff during stressful days how lucky we are to have jobs and be financially afloat."

## Cover Florida

Steven West, M.D., FMA President

*"Cover Florida allows insurers to create innovative health insurance products that are affordable and guaranteed to Floridians who have been without insurance for at least six months, or who are recently unemployed – even if there are pre-existing health conditions. The coverage is voluntary for both individuals and for employers, and employees can even take their coverage with them if they change jobs."*

*Cover Florida gives uninsured Floridians the opportunity to take charge of their own preventive health care. Cover Florida benefit options include a robust set of benefits, such as coverage for preventive services, screenings, and office visits, as well as office surgery, urgent care, prescription drugs, durable medical equipment, and diabetic supplies."*

**- Governor Charlie Crist**

Only days into the new year, the State of Florida is making strides to address its large number of uninsured patients. Last year, Governor Crist announced Cover Florida (*visit their website at [www.coverfloridahealthcare.com](http://www.coverfloridahealthcare.com)*), a groundbreaking health insurance program that will provide health coverage to Floridians in need from six of the state's largest insurance carriers.

Here is some important information about the plan: Cover Florida is "guarantee issued," which means applicants cannot be turned away; however, Cover Florida is not for everyone. Though many could benefit from the program, Cover Florida will likely not satisfy the needs of all uninsured patients in Florida, particularly many with the greatest needs. Cover Florida is limited, and in fact offers more restrictions than plans in Florida's group or individual insurance markets. It remains a viable option for those who are already in stable health and want access to preventive care, as well as a buffer in the unfortunate event of necessary hospitalization. For those with current medical conditions who need consistent care, Cover Florida currently leaves much to be desired.

Unlike conventional plans, Cover Florida is not required to provide coverage for the state's mandated benefits. At the same time, Cover Florida plans must cover a range of preventive, diagnostic, surgical and emergency services. Rather than offering unlimited care, Cover Florida plans cap utilization, which is intended to maximize the services available to enrollees while containing costs for consumers. The fact is, few patients are likely to receive care that approaches these limits.

Cover Florida plans cannot be evaluated as a single entity. Plans are offered through six insurers, and each must offer at least one preventive plan for basic services and one catastrophic plan which includes coverage for hospitalization. There is wide variety among plans. (*for more info visit <http://www.fmaonline.org/informz/comparisonsandsummary.pdf>*) Some provide strong coverage with low premiums, but others miss the mark, leaving patients with high deductibles and overly restrictive limits on care.

Unfortunately, the latter describes the comprehensive plan offered by Blue Cross Blue Shield of Florida, which is one of just two Cover Florida plans offered statewide. The Blue Cross plan has a \$3,000 annual deductible, a \$25,000 annual maximum and a \$50,000 lifetime maximum. The other statewide carrier, United HealthCare, offers a substantially more impressive package. United's comprehensive plan has no annual maximum and a \$500,000 lifetime maximum, in addition to low copayments for both primary and specialty care.

Certain counties offer a greater range of Cover Florida plans to choose from, which vary in overall quality. Florida Health Care Plan, available in Volusia and Flagler counties, offers a comprehensive plan with no annual deductible and no annual or lifetime maximums. In contrast, Jackson Memorial Health Plan, available in the Miami-Dade area, offers four comprehensive plans with annual deductibles ranging from \$500 to \$5,000 and services capped at \$15,000 annually. Stronger comprehensive plans are offered by Medical Health Plan and Total Health Choice, offered in Dade and Broward counties. These plans provide no deductible, no lifetime maximum, and no maximum for in-patient hospital visits, though annual services are capped at \$50,000 and \$40,000 respectively.

Ultimately, Cover Florida is not ideal. Yet any program that expands access to preventive and specialty care is an undeniable asset. For all of its shortcomings, Cover Florida promises to expand important health benefits to patients who would otherwise have no access to care. As we make our way into the new year, let us acknowledge our progress, while addressing issues which will require focus and attention in the coming months. Cover Florida certainly indicates progress, and will serve as an important step forward for the physicians and patients of our state.

*Taken from FMA President's Weekly Report - 1/5/09.*

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## Meet Your 2009 Board of Governors & Officers

The following physicians were installed at the January 15, 2009, Lee County Medical Society General membership meeting:

### Board of Governors Officers and Committee Chairs:



**Larry Hobbs, M.D. President**  
*Emergency Medicine*  
2727 Winkler Avenue  
Fort Myers, FL 33901  
939-8611



**Craig Sweet, M.D., President - Elect**  
*Reproductive Endocrinology*  
12611 World Plaza Lane #53  
Fort Myers, FL 33907  
275-8118



**Shahid Sultan, M.D., Secretary**  
*Neonatology*  
9981 HealthPark Circle Ste 281  
Fort Myers, FL 33908  
432-3645



**Cherrie Morris, M.D. Treasurer**  
*Obstetrics/Gynecology*  
9981 Health Park Circle, Ste 283  
Fort Myers, FL 33908  
432-3500



**Dean Traiger, M.D., Past President**  
*Family Medicine*  
1304 SE 8th Terrace  
Cape Coral, FL 33990  
574-7344



**Ralph Gregg, M.D., Delegate Chair**  
*Anesthesiology*  
16929 Timberlakes Drive  
Fort Myers, FL 33908  
332-5344



**Steven R. West, M.D., FMA President**  
*Cardiology*  
13411 Parker Commons Blvd Ste 101  
Fort Myers, FL 33912  
415-4900



**Audrey Farahmand, M.D., Chair**  
**Committee on Ethical and Judicial Affairs**  
*Plastic Surgery*  
13710 Metropolis Ave Ste 104  
Fort Myers, FL 33912  
332-2388

### Board of Governors Members-at-Large of the :



**Howard Barrow, M.D.**  
*Otolaryngology*  
1419 Viscaya Parkway  
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772-2171



**Barry Blitz, M.D.**  
*Urology*  
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Fort Myers, FL 33908  
689-8800



**Stuart Bobman, M.D.**  
*Radiology*  
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Fort Myers, FL 33901  
936-2316



**James Butler, D.O.**  
*Cardiology*  
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Fort Myers, FL 33912  
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**Valerie Dyke, M.D.**  
*Surgery-General & Colon/Rectal*  
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Fort Myers, FL 33901  
275-0728



**Douglas Henricks, M.D.**  
*Internal Medicine*  
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Fort Myers, FL 33919  
275-0040



**Stephen J. Laquis, M.D.**  
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**Richard Macchiaroli, M.D.**  
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Fort Myers, FL 33908  
432-3825



**Kenneth Towe, M.D.**  
*Cardiology*  
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Fort Myers, FL 33907  
938-2000

## Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries

### Provider Types Affected

CR 6139 impacts all physicians, providers, and suppliers (or their staffs) who make inquiries to Medicare contractors (carriers, Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Medicare Administrative Contractors (A/B MACs), or Durable Medical Equipment Medicare Administrative Contractors (DME MACs)). Inquiries include written inquiries or calls made to Medicare contractor provider contact centers, including calls to Interactive Voice Response (IVR) systems.

### What You Need to Know When Making Inquiries

CR 6139, from which this article is taken, addresses the necessary provider authentication requirements to complete IVR transactions and calls with a Customer Service Representative (CSR).

Effective March 1, 2009, when you call either the IVR system, or a CSR, the Centers for Medicare & Medicaid Services (CMS) will require you to provide three data elements for authentication: 1) Your National Provider Identifier (NPI); 2) Your Provider Transaction Access Number (PTAN); and 3) The last 5-digits of your tax identification number (TIN).

Make sure that your staffs are aware of this requirement for provider authentication.

### Background

In order to comply with the requirements of the Privacy Act of 1974 and of the Health Insurance Portability and Accountability Act, customer service staff at Medicare fee-for-service provider contact centers must properly authenticate callers and writers before disclosing protected health information.

Because of issues with the public availability of previous authentication elements, CMS has addressed the current provider authentication process for providers who use the IVR system or call a CSR. To better safeguard providers' information before sharing information on claims status, beneficiary eligibility, and other provider related questions, CR 6139, from which this article is taken, announces that CMS has added the last 5-digits of the provider's TIN as an additional element in the provider authentication process. Your Medicare contractor's system will verify that the NPI, PTAN, and last 5-digits of the TIN are correct and belong to you before providing the information you request.

As a result of CR 6139, the *Disclosure Desk Reference* for Provider Contact Centers, which contains the information Medicare contractors use to authenticate the identity of callers and writers, is updated in the *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 3 (Provider Inquiries), Section 30 (Disclosure of Information) and Chapter 6 (Provider Customer Service Program), Section 80 (Disclosure of Information) to reflect these changes.

### Disappearing Ink

It has come to the attention of the state office that there is a certain brand of pen on the market that when it reaches a certain temperature, the ink disappears. The manufacturer is Pilot and the name is FriXion Ball. This is a thermo-sensitive gel ink pen intended to be erasable. Obviously, an erasable pen should never be used on a legal document.

Please, if such a pen is in your possession, do not use on birth or death certificates or patient files.

### Florida Office of Legislative Services Seeks Volunteers

The 2009 Legislative Session begins Tuesday, March 3, 2009, and the Florida Office of Legislative Services is looking for physicians to participate in the legislature's Doctor of the Day program. The legislature needs two 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 contact Althea Houston with the Florida Office of Legislative Services at 850-488-6803. The 2009 Legislative Session is scheduled to adjourn Friday, May 1, 2009.

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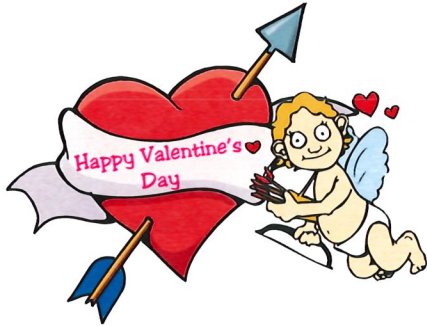
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## Lee County Medical Society

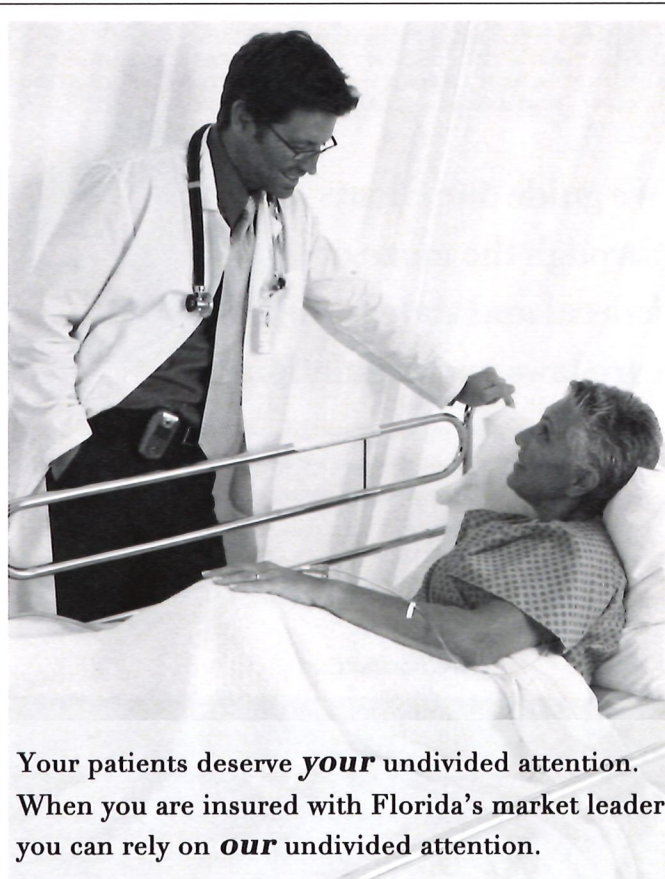
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